Public Health England

Management of a suspected case of COVID-19

Does the patient require hospital admission with either clinical or radiological evidence of pneumonia or acute respiratory distress syndrome, or influenza-like illness?

(fever ≥37.8°C and at least one of the following which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing)

YES

Secondary care:

Patients admitted with these presentations should be tested regardless of travel history.

Infection prevention and control measures whilst awaiting test results, including isolation and cohorting of patients, should be implemented in line with the Trust seasonal influenza operational plan.

Healthcare workers should wear appropriate PPE:

- aprons, gloves, fluid repellent mask whilst assessing and treating patients
- gowns, gloves, FFP3 respirator and eye protection whilst performing aerosol generating procedures

FOR POSITIVE CASES

Notify the local PHE Health Protection Team*
only if:

- case is from long term care facility; or
- case is from prison or other prescribed place of detention; or
- case is related to a hospital outbreak; or
- any other unusual scenario

NO

Patient has COVID-19 symptoms, but is well enough to remain in the community

- new continuous cough, or
- high temperature (≥37.8°C)

YES

Stay at home (see Stay at home guidance)

NO

Consider alternative diagnoses

If illness worsens during 7-day isolation, **OR** there is no improvement of symptoms at the end of 7-day isolation:

- use the NHS111 online (111.nhs.uk), or call NHS 111
- in an emergency, call 999

Foot note - For further guidance:

* Link to local Health Protection Team lookup
Link to background information
Link to initial investigation of possible cases guidance

Link to infection prevention and control guidance
Link to primary care management guidance
Link to clinical diagnostic laboratories guidance