This document applies to adult and non-pregnant patients. This document is subject to change frequently.

Current Logistics: 7th Floor University Tower (UT7) & 6North University North (6NN)
UT 7 is a mixed level of care unit: ICU Level of Care & Acute/telemetry Level of Care
6North University Tower: Acute/Telemetry Level of Care

To Request Admission for patient with Suspect COVID (COVID rule out) or Confirmed COVID (COVID positive) patient from a Nebraska Medicine Clinic, Infusion Center, External Facility (including Bellevue Medical Center):
- Contact Patient Placement Unit 402-559-2337
- You will be conferenced with a Nebraska Medicine physician based on the level of care the patient needs.
- You will be given specific instructions as to how the patient should transfer to the COVID unit.

To Request Admission from Nebraska Medicine ER or Transfer from another Nebraska Medicine Inpatient Unit:
- ICU level of Care: Contact CCM pager 402-888-7000
- Trauma patient & Suspect COVID/Positive COVID: Contact Trauma Service, Use PerfectServe (preferred method), Pager (backup method): 402-888-1938
- Acute/Telemetry level of Care: Contact Hospital Medicine COVID physicians
  PerfectServe (preferred method): Search NM COVID & you will be routed to HM COVID team
  Pager (backup method): 402-888-0301
- For patients that transfer from another Nebraska Medicine Inpatient Unit, patient will transfer back to their originating provider team when COVID is ruled out. If found to be COVID positive, patient stays in the COVID unit.

COVID testing guidance: Refer to Nebraska NOW for most up to date testing guidance.
https://now.nebraskamed.com/infectious-diseases-protocols/

Admission Guidelines for Suspect COVID & COVID Confirmed Patients needing Acute/Telemetry Level of Care:
Patients that are Suspect COVID (COVID rule outs) or COVID Confirmed (COVID positive) are cohorted to specific inpatient units based on the level of care needed. If there are questions as to whether patients should be tested for COVID as this determines the patient’s bedding location, please contact infection control 888-4646 for help with the testing decision or the most up to date testing guidelines https://now.nebraskamed.com/infectious-diseases-protocols/.

To preserve hospital resources (beds & healthcare worker exposure) and personal protective equipment, not all patients with Suspect COVID or positive COVID need admission to the hospital. Patients may need to be admitted for COVID rule outs or positive COVID if they have one of the following:
- Worsening SOB and/or increasing productive cough
- Age > 50yo and cardiac, pulmonary, renal, liver co-morbidities (chronic kidney disease, congestive heart failure, chronic obstructive pulmonary disease, and diabetes) with worsening shortness of breath, fever, and/or increasing cough
- Immunosuppressed and symptoms of shortness of breath, fever, and/or cough (Immunosuppressed Oncology patient, BMT/heme malignancy patients, Solid Organ Transplant patients, etc)
- Hypoxic with SpO2 <90-92% on room air (<90% in healthy individuals, <92% in underlying lung disease: if patient had normal oxygenation at baseline, including asthma or other immunocompromised condition)
- Tachypnea with RR >25
- Lymphopenia <1.0
- Elevated troponin
- CRP >50mg/L
- CXR: bilateral reticulonodular opacities; CT Chest: bilateral peripheral and/or basilar ground glass opacities
- Sepsis present (SOFA score greater than or equal to 2)
- Individual that has another medical illness requiring hospitalization plus there is Suspect COVID or COVID positive patient; patient needs admission to a COVID unit

As there may be patients that fall outside of these criteria, collaborative discussions are necessary to determine the best utilization of resources and provide safe patient care.

**Admission Guidelines for Suspect COVID & COVID Confirmed Patients needing ICU Level of Care:**

- All the usual issues that result in transfer to the ICU + suspected COVID or COVID positive patient
- Patients with worsening hypoxemia: patients who have escalating oxygen requirements; requiring 5L nasal cannula or more of oxygen (keeping in mind the patients baseline oxygen requirements)

**External Transfers:**

Patient placement unit (BEDS desk) does complete screening but as a safety measure, the physician accepting the outside transfer should also ask screening questions of the referring provider:

**Screening Direct Admission Requests or External Transfers needs to be done by the Nebraska Medicine physician:**

- Is patient having cough, fevers, and shortness of breath (influenza like symptoms)?
- Has patient traveled out of state in the past three weeks? If so where?
- Has patient been in close contact with someone who has traveled in the past three weeks? If so where?
- Has patient been exposed to someone who has tested positive for COVID?
- Make sure to ask the direct admitting referring physician while on the transfer call if they are testing for COVID.

We will not accept patients for transfer from other hospitals who are suspect COVID (PUI’s) or have COVID-19 (exception below, BMC) unless a higher level of care is deemed medically necessary and only after a collaborative discussion has been had between the Nebraska Medicine accepting physician and the outside referring physician. Otherwise, all hospitals will have to care for these patients. We will accept patients from Critical Access hospitals per the above.

**Bellevue Medical Center Transfers for COVID Patients:**

1. **COVID POSITIVE PATIENTS:** Transfer from BMC to Nebraska Medicine 7 UT
2. **Highly Suspect COVID RULE OUTS:** For COVID appearing patients (fever, cough, SOB) and positive travel history, interstitial infiltrates, leukopenia (IE – gut feeling this IS COVID)
   1. These patients should transfer to Nebraska Medicine 7UT after obtaining COVID testing specimen
   2. BMC ED provider to call hospitalist admit triage number to arrange transfer
3. **Lower Suspect COVID RULE OUTS:** For possible COVID symptoms (fever, cough, SOB) but none of the above additions
   1. Admit into negative airflow room at BMC after obtaining specimen
   2. Keep at BMC during rule out period
   3. If testing is positive will transfer to 7UT
4. **Undetermined need for COVID RULE OUTS:** If the patient presentation does not clearly fit into one of the above groups, consult ID on call to make determination of whether or not to transfer
5. We will continue this process for as long as there are negative airflow rooms at BMC
   1. 1 negative airflow room in ICU
   2. 4 negative airflow rooms on med/surg (2 on 3rd floor, 2 on 4th floor)
   3. 2 negative airflow rooms in OB – no plan to use these 2 rooms in this first phase as we have not yet relocated OB patients
6. If BMC negative airflow rooms are full, patients will be transferred to 7UT
7. Once 7UT is at capacity, we will re-evaluate this process, and patients will no longer transfer from BMC.