Managing Suspected Cases of COVID-19 in Ambulatory Care/ Community Pharmacy Settings

APhA

Pharmacists and pharmacy staff working in ambulatory care/community pharmacy settings may encounter patients who are displaying symptoms of the novel coronavirus disease, COVID-19. All pharmacies should have an action plan—and pharmacy personnel should be ready to implement that plan. Begin by referring to any company policies and guidance that might already exist regarding patients with active respiratory symptoms or cases of tuberculosis. If no such policies exist, consider the steps below and adapt them as appropriate to your situation using your professional judgment.

Step 1: From an acceptably safe distance and using personal protective equipment (PPE) as appropriate, review the patient's signs and symptoms, exposure, and underlying conditions. Consider to what degree the patient matches this list of COVID-19 characteristics:

- Signs and symptoms: Fever (and query antipyretic use), cough, shortness of breath, loss of taste or smell, sore throat, body aches, and chills.

- Exposure: Recent travel to, from, or through a known endemic area or contact with a diagnosed or symptomatic person.

  > Refer to your state health department and board of pharmacy for state-specific guidance on exposure considerations.

- Underlying conditions: Age (not limited to) ≥65 years; residing in any group living facility; providing long-term care; pre-existing chronic lung disease, including but not limited to moderate to severe asthma; heart disease with complications; immune compromise (iatrogenic or pathophysiologic); severe obesity (BMI >40); renal failure; kidney failure; diabetes; or pregnancy.

For additional information and important details, review the Centers for Disease Control and Prevention (CDC) resources Healthcare Professionals: Frequently Asked Questions and Answers and Information for Healthcare Professionals: COVID-19 and Underlying Conditions.

Terminology and Documentation

Pharmacists can facilitate communication with public health workers and other healthcare professionals by understanding and utilizing accepted terminology:

- Person under investigation (PUI): Any person who is currently under investigation for having the virus that causes COVID-19, or any person who was under investigation but tested negative for the virus.

- Laboratory-confirmed case of COVID-19: Any individual who has tested positive for the virus that causes COVID-19 in at least one respiratory specimen.

Health departments are responsible for documenting and tracking PUIs, which emphasizes the need for early involvement of the state and local health departments in suspected cases.

Step 2: If the patient has relevant symptoms and/or exposure to the virus, assess severity and proceed to take appropriate actions. Be familiar with local policies about testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and stay up to date as these policies evolve. Important details appear in CDC's Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19). Follow your employer's policies and procedures.

If symptoms are mild to moderate, consider which of the following options are most appropriate:

- Direct the patient to contact a primary care provider for assessment of symptom severity and next steps.

- Contact your state/local health department to potentially begin the SARS-CoV-2 testing process if the patient meets the local criteria.

- Encourage the patient to isolate at home and avoid spreading the virus.

- Counsel the patient on treating symptoms with over-the-counter medications to increase comfort and adherence while self-isolating.

- Educate the patient to seek emergency care for severe difficulty breathing.

- Educate family members or caregivers, as applicable.

If symptoms are severe, consider which of the following options are most appropriate:

- Refer the patient to the emergency room if difficulty breathing is severe.

- Refer the patient to a proper location for testing.

- Refer the patient to appropriate treatment facilities.