Adult Respiratory Illness Clinic: Algorithm for CXR

This is designed to guide decision-making for ordering chest x-rays in the RIC. This is not a replacement for clinical judgment, which should supersede this algorithm

Vital Sign Screen:

Fever or obvious respiratory symptoms and one of the following:

- RR>30 bpm
- Respiratory distress
- SpO2 < 93% on room air



Send patient to ED

- 1. Notify ED access nurse 617-724-3890 of intention to transport and concern for COVID-19
- 2. Patient wears surgical mask
- 3. PPE for transporters: gloves and gowns and surgical mask with eye protection



Infectious diagnosis suspected, even if only partly contributing to symptoms



Two or more of the following three:

- Age >60
- High risk condition* (see orange box)
- Dyspnea (rest or exertion)



- RR>24



Manage as appropriate for alternative diagnosis (e.g. heart failure exacerbation) discharge to home



Obtain CXR:

Chest Radiograph with Abnormal findings, especially diffuse or multifocal opacities



Discharge to home

- Implement appropriate infection prevention and control measures
- Counsel patients about signs and symptoms of complicated disease
- **Consider High-risk** monitoring plan 2,5,8 day monitoring



DUE TO HIGHER RISK FOR DECOMPENSATION:

Enter High-risk monitoring plan 2,5,8 day monitoring

High risk condition:

Age ≥70

Severe chronic lung disease (e.g. asthma, bronchiectasis, cystic fibrosis, COPD, bronchopulmonary dysplasia, Cerebral Palsy with recurrent pneumonia, trach

Severe heart disease (including congenital

CD4 count <200

On immunocompromising medications (e.g. prednisone >20mg/d, chemotherapy, mycophenolate,

cyclosporine, azathioprine, tacrolimus, TNF inhibitors, monoclonal antibodies,

Long- term care facility or group home

setting