



COVID-19 Diagnosis Specificity 2020-10

According to your clinical acumen and in the light of clinical indicators mentioned below, please confirm the diagnosis specificity, if known, and/or other associated pre-existing underlying comorbid diagnoses/conditions encompassing the spectrum of COVID-19. Please select option(s) from below as applicable.

- COVID-19 with respiratory manifestations *
- COVID-19 with bilateral pneumonia *
 - Etiology:
 - Viral
 - Bacterial
 - Fungal
 - Aspiration
 - VAP
- COVID-19 with GI manifestations *
- COVID-19 with neurological manifestations *
- COVID-19 with psychological manifestations *
- COVID-19 with other pre-existing underlying medical conditions *
- COVID-19 with other manifestations *
- Other explanation of clinical findings
- Not known
- No further explanation required

Rational for query (this query is being asked because...):

Please include date and location of documentation.

*** Please specify**

**** Specify where documentation is found**

***** Specify the other sign and symptom, and where it is in the medical record**

Disclaimer: This is a tool for data collection and curation, and is not suitable for – nor does it replace – clinical diagnosis or advice based on the patient’s needs.

Signs & Symptoms (select all that apply):

Please include date and location of documentation.

- Pre-symptomatic/asymptomatic
- Fever ** [in adults: 38°C (100.4°F); in older adults: 37.8°C (100°F) with/without chills (oral temperature)]
- Cough (or exacerbation of chronic cough) **
- Sore throat or difficulty swallowing **
- Runny nose, nasal congestion or sneezing (not allergic) **
- Shortness of breath or difficulty breathing ** [SpO₂ ≤ 92% on room air; P/F ratio < 300]
- Severe chest pain or tightness **
- Cyanosis of lips or face **
- COVID toes **
- Gastrointestinal symptoms (select all that apply) **
 - Nausea
 - Vomiting
 - Diarrhea
 - Loss of appetite
 - Abdominal pain
 - Other: _____
- Neurological symptoms (select all that apply) **
 - New loss of smell (anosmia)
 - Inability to taste
 - Muscle pain (myalgia)
 - Muscle weakness
 - Fatigue
 - Tingling and numbness in the hands and feet
 - Headache
 - Dizziness
 - New confusion
 - Lethargy
 - Inability to arouse or loss of consciousness
 - Delirium
 - Seizures
 - Stroke
 - Other: _____
- Psychological symptoms (select all that apply) **
 - Stress
 - Anxiety
 - Depression
 - Other: _____
- Poor feeding (in young children) **

Groups at higher risk for severe illness (select all that apply):

Please include date and location of documentation.

- People aged 65 years and older
- Residents of a long-term care facility or nursing home
- Chronic lung disease **
 - Specify:
 - COPD (emphysema, chronic bronchitis)
 - Idiopathic pulmonary fibrosis
 - Cystic fibrosis
 - Other: _____
- Bronchial asthma **
- Diabetes [poor glycemic control (HbA1c \geq 8%)] **
 - Specify:
 - Type I
 - Type II
 - Gestational diabetes
- Severe heart disease **
 - Specify:
 - Heart failure
 - Coronary artery disease
 - Congenital heart disease
 - Cardiomyopathy
 - Other: _____
- Chronic kidney disease on dialysis treatment (renal replacement therapy) **
- Liver disease **
 - Specify:
 - Cirrhosis
 - Autoimmune hepatitis
 - Other: _____
- Immunocompromised **
 - Specify:
 - Cancer patient on chemotherapy
 - Advanced uncontrolled HIV infection
 - Bone marrow or organ transplant recipient
 - Chronic heavy steroid usage
 - Other: _____
- Pulmonary hypertension **
- Systemic hypertension **
- Obstructive sleep apnea **
- Severely obese [BMI > 40] **
- Tobacco smoking **
- Other (please specify) ***: _____

Other risk factors (select all that apply):

- Front line healthcare workers **
- Recent international travel to a COVID-19 affected country **
- Recent close contact with a COVID-19 case **

Treatment received (select all that apply):

- Isolation
- Quarantine
- Oxygen therapy by nasal prongs/mask
- Oxygen therapy through high-flow nasal canula
- Awake early self-proning
- Non-invasive or invasive ventilation
- IV fluids
- Fluid restrictions/diuretics
- IV antibiotics: _____
- Corticosteroid therapy
 - Specify:
 - Dexamethasone
 - Methylprednisolone
 - Other: _____
- Convalescent plasma transfusion (plasmapheresis)
- Hydroxychloroquine or chloroquine
- Hydroxychloroquine or chloroquine in combination with azithromycin
- Antiviral drugs
 - Specify:
 - Remdesivir
 - Lopinavir/Ritonavir
- Interleukin-6 (IL-6) inhibitors
 - Specify:
 - Tocilizumab
 - Sarilumab
- Sepsis work-up
- Other treatment/specifications:

