Severe Acute Respiratory Syndrome (SARS) Flow Chart

(current as of May 19, 2003)

Patient presents with (onset since February 1, 2003):

Fever (T>38°C or 100.4°F)

AND

Symptoms or respiratory illness (cough, SOB, hypoxia, difficulty breathing, or radiographic findings of pneumonia or acute respiratory distress syndrome)

Place surgical mask on patient

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Does patient meet one or more the following?

- Travel within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS. These areas include Mainland China, Hong Kong Special Administrative Region and Taiwan.
(for updated information, see http://www.cdc.gov).

OR

- Close contact within 10 days of onset of symptoms with a person known to be a suspect SARS case. Close contact is defined as having cared for, having lived with or having direct contact with respiratory secretions and/or body fluids of a patient known to be a suspect SARS case.

Note: Suspect cases with either radiographic evidence of pneumonia or respiratory distress syndrome or autopsy findings consistent with respiratory distress syndrome without an identifiable cause are defined as probable cases.

Yes (suspect case) →

Perform the following functions:

- Place surgical mask on patient (unless medically contraindicated)
- Relocate patient into private area until transfer and admission to negative-air isolation room
- Contact Infectious Diseases Fellow (Stanford pager #14217)
- Contact Infection Control (ext. 65814) – on weekends/after hours, call the Public Health Officer at (408) 299-2501
- Admit patient to negative-air isolation room under contact and airborne precautions (all persons entering room required to wear N-95 respirators, cover gowns, gloves, eye protection)

No →

Usual treatment and precautions (standard or droplet precautions depending upon diagnosis)

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Initial diagnostic testing, order the "SARS Order Set," which includes the tests listed below:

Chest radiograph, pulse oximetry, CBC + differential, blood cultures, sputum Gram's stain and culture, testing for viral respiratory pathogens including influenza A and B and respiratory syncytial virus, Legionella urine antigen test and sputum culture and DFA

Laboratories/clinicians should save any available clinical specimens (respiratory, blood, sputum) for additional testing until a specific diagnosis is made