**NSHA INTERDISCIPLINARY CLINICAL
IWK CLINICAL MANUAL**

**Care Directive**

| Title: | Symptomatic Testing for COVID-19 | Number: | NSHA CD-CL-001
IWK CL-790 |
|--------|---------------------------------|---------|------------------|
| Sponsor: | NSHA Senior Director, IPPL
IWK Director Nursing and Professional Practice
NSHA Senior Director, Population & Public Health | Page: | 1 of 13 |
| Approved by: | NSHA HAMAC
IWK Policy and Practice Committee | Approval Date: | March 12, 2020 |
| | | Effective Date: | March 13, 2020 |
| Applies to: | Regulated Care Providers and Unregulated Care Providers as defined in this care directive | |

This Care Directive (CD) is for **SYMPTOMATIC** people requiring testing based on Public Health guidance.

For Asymptomatic patients ONLY refer to [Asymptomatic Testing for COVID-19](#).

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**Legend: Provider acronyms used in CD**

For definitions refer to [Appendix A](#)

- Registered Nurse (RN)
- Registered Respiratory Therapist (RRT)
- Physiotherapist (PT)
- Licensed Practical Nurse (LPN)
- Advanced Care Paramedic (ACP)
- Unregulated Care Providers (UCP)
- Critical Care Paramedic (CCP)
- Speech Language Pathologist (SLP)
- Medical Laboratory Technologist (MLT)
- Continuing Care Assistant (CCA)
- Care Team Assistant (CTA)
- Emergency Support Aide (ESA)
- Medical Laboratory Assistant (MLA)
- Graduate Nurse (GN)
- Graduate Practical Nurse (GPN)
- Health Care Learner

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PURPOSE

This CD provides the conditions Regulated Care Providers (RCPs) can collect a specimen, assess if required and if appropriate release, patients presenting with COVID-19 symptoms. It also provides the conditions for which an Unregulated Care Provider (UCP) can be assigned by a RCP, the task of specimen collection for patients presenting with COVID-19 symptoms.

NOTE: This Care Directive does NOT authorize the collection of a STAT/Urgent COVID-19 test (GeneXpert). A physician or nurse practitioner order is required for a STAT/Urgent COVID-19 test (GeneXpert).

POLICY

1. Patients who present have already been screened and require specimen collection.

2. Patients presenting with mild symptoms (e.g. sore throat, runny nose) require specimen collection and further assessment may be completed based on clinical judgment.

3. Patients presenting with shortness of breath or who look unwell require specimen collection and further assessment for Red Flags (see Table 1) by a Regulated Care Provider as per COVID-19 Primary Assessment Chart or COVID-19 Assessment Chart for NSHA Mental Health and Addictions Inpatients.

4. If the assessment reveals any of the following Red Flag Criteria, the RCP coordinates specimen collection and contacts the most responsible, appropriate health care practitioner as indicated below:

<table>
<thead>
<tr>
<th>Table 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Red Flags</strong></td>
</tr>
<tr>
<td>Heart rate greater than 110</td>
</tr>
<tr>
<td>Respiration rate greater than 30</td>
</tr>
</tbody>
</table>

| **Pregnancy Red Flags**         |
| Heart rate greater than 100     | Systolic Blood Pressure (SBP)     |
| or less than 50                 | less than 90 mmHg                 |
| Respiration rate greater than 20| \(O_2\) less than 94\% on room air |
| or less than 10                 | Increased work of breathing (WOB) / Unable to complete sentences |
| Temp greater than 38 °C         | Hemoptysis                         |
|                                | Altered level of consciousness    |

<table>
<thead>
<tr>
<th><strong>Additional Pregnancy Risk Factors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased BMI</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Kidney Disease</td>
</tr>
<tr>
<td>Respiratory compromise</td>
</tr>
<tr>
<td>Immunocompromised</td>
</tr>
<tr>
<td>Cardiac Disease</td>
</tr>
<tr>
<td>Severe Asthma</td>
</tr>
<tr>
<td>HIV</td>
</tr>
<tr>
<td>Hypertension</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
</tbody>
</table>
Pediatric Red Flag Vitals (If greater than 10 years use adult values)

<table>
<thead>
<tr>
<th>Peds (age)</th>
<th>HR bpm</th>
<th>Respiratory Rate</th>
<th>Red Flags All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 month</td>
<td>Greater than 180</td>
<td>Greater than 60</td>
<td>➢ Lethargy or extreme irritability</td>
</tr>
<tr>
<td>1 month – 1 year</td>
<td>Greater than 160</td>
<td>Greater than 60</td>
<td>➢ Increased work of breathing</td>
</tr>
<tr>
<td>1-4 years</td>
<td>Greater than 145</td>
<td>Greater than 50</td>
<td>➢ SpO₂ less than 96%</td>
</tr>
<tr>
<td>4-10 years</td>
<td>Greater than 125</td>
<td>Greater than 30</td>
<td>➢ Pallor or cyanosis</td>
</tr>
</tbody>
</table>

- Adult and pediatric red flags require medical/nurse practitioner (NP) consultation.
- **IWK PAC only**: Follow Red Flag Algorithm.
- **IWK (all other areas)**: Contact most responsible health care practitioner (MRHCP).
- **NSHA Mental Health and Addictions Inpatient Units**: Immediately contact MRHCP.
- **NSHA PACs/Continuing Care/VON/First Nations**: Immediately contact Primary Assessment Site Support Physician (PASS) physician (902-473-2220).
- If required, ensure patient transport as per local protocol or activate EHS. In the event of transfer, ensure specimen collection status is communicated to receiving department/unit/assessment centre.

5. Each clinical setting is responsible to determine the applicability and implementation of this CD. This CD is for the following clinical settings:

- Primary Assessment Centres/Testing Centres with or without Mobile Drive-through option
- Inpatient Units Nova Scotia Health as per:
  - Nova Scotia Health COVID-19 Risk Assessment
  - Managing Hospitalized “Orange” Patients Requiring an AGMP
  - Outbreak Management (i.e., direction from IPAC)
- Inpatient Units IWK as per:
  - COVID-19 Risk Assessment for Patients Receiving Healthcare Services within IWK Health
  - Outbreak Management (i.e., direction from IPAC)
- In-home setting (e.g., VON, Continuing Care)
- First Nations community settings as identified by First Nations Leadership
- Mental Health and Addictions Inpatient units Nova Scotia Health (Exception: ECFH and OHS)
- Emergency Departments (EDs) Nova Scotia Health
- IWK Mental Health and Addictions - Adolescent Intensive Service and Children’s Intensive Service
- IWK Birth Unit
6. The provider collecting the specimen is required to self-assess their competency to perform this CD.
   - Regulated Care Providers (RCPs) refer to COVID-19 Learning Checklist.
   - Unregulated Care Providers (UCPs) refer to COVID-19 Learning Checklist for UCPs.

7. This CD is implemented as follows (see definitions for further clarification regarding scope of employment):

   Table 2.

<table>
<thead>
<tr>
<th>Provider Group</th>
<th>Organization</th>
<th>Population</th>
<th>Care Directive Implementation</th>
<th>Assess /Collect specimen /Assign</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN, RRT and PT</td>
<td>NSHA/IWK/ VON/First Nations</td>
<td>All ages</td>
<td>Autonomously</td>
<td>Assess /Collect specimen /Assign</td>
</tr>
<tr>
<td>ACP/CCP, SLP, Dietitian</td>
<td>NSHA</td>
<td>All ages</td>
<td>In collaboration with RN, RRT and PT</td>
<td>Assess /Collect a specimen /Assign</td>
</tr>
<tr>
<td>LPN</td>
<td>NSHA/IWK/ VON/First Nations</td>
<td>All ages</td>
<td>In collaboration with RN, RRT and PT</td>
<td>Assess /Collect specimen /Assign</td>
</tr>
<tr>
<td>Graduate Nurse, Graduate Practical Nurse</td>
<td>NSHA</td>
<td>All ages</td>
<td>In collaboration with RN, RRT and PT</td>
<td>Assess /Collect specimen /Assign</td>
</tr>
<tr>
<td>MLT</td>
<td>NSHA/IWK</td>
<td>All ages</td>
<td>In collaboration with RN, RRT and PT</td>
<td>Collect a specimen</td>
</tr>
<tr>
<td>UCP</td>
<td>NSHA/IWK</td>
<td>12 years and older ONLY</td>
<td>In collaboration with regulated provider</td>
<td>ONLY collect a swab or gargle specimen</td>
</tr>
<tr>
<td>Health Care Learner</td>
<td>NSHA/IWK</td>
<td>12 years and older ONLY</td>
<td>In collaboration with preceptor</td>
<td>Assess /Collect specimen</td>
</tr>
</tbody>
</table>

7.1. Each clinical setting will determine the process of collaboration required among health care providers.

8. Collaboration will increase when the Symptomatic patient requires an assessment or has unique care needs (i.e. age related, inability to understand the collection procedure, developmental/cognitive challenges, family/support presence required).

9. Patients admitted to NSHA Mental Health and Addictions inpatient units who have been identified as a COVID-19 risk on the COVID-19 Assessment Chart for Mental Health and Addictions Inpatients must have a specimen collected as per case definition.

9.1. Any patient who is unable to participate in NSHA MHA COVID-19 Assessment Chart process must have a specimen collected.

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10. Patients to be admitted to IWK Mental Health and Addiction Services Adolescent Intensive Services will be screened using IWK Health Screening for Suspected Novel Coronavirus (COVID-19) Intake/Triage Screening Tool.

11. The name of the AP must be included on the lab requisition for COVID-19.

11.1. Dr. Robert Strang, Chief Medical Officer of Health is the AP associated with this CD.

**Exception:** All inpatient units. Include the MRHCP on the lab requisition.

12. If referred, include the referring clinician/practitioner on the lab requisition.

**PROCEDURE**

**Assessment**

1. Patients who present with mild symptoms do not require further assessment. Proceed to specimen collection.

2. If patient presents with **shortness of breath or looks unwell**, the RCP completes an assessment based on clinical judgment:
   - Use the [COVID-19 Primary Assessment Chart](#).
   - NSHA Mental Health and Addictions inpatient use the [COVID-19 Assessment Chart for Mental Health and Addictions Inpatients](#).

   **Note:** If the patient has any Red Flags as per [Table 1](#), follow the guidance within.

**Specimen Collection**

3. Initiate Routine Practices ([IWK](#) and [NSHA](#)) and the following:
   - For NSHA/VON/First Nations: [NSHA IPC-RP-015 Droplet Precautions](#) and [NSHA IPC-RP-010 Contact Precautions](#).
   - For IWK: [IWK 301.2 Application of Additional Precautions](#).

4. Determine most appropriate method of specimen collection for the practice setting.

   **NOTE:**
   - Gargle specimen is for use at IWK, Nova Scotia Health, and First Nations sites that have received the training, supplies and leadership direction for implementation.
   - STAT/Urgent COVID-19 test (GeneXpert) requires a physician or nurse practitioner order.
### Age Preferred Collection Method Alternate Collection Method Excluded Collection Method
---
0-3 years NP Swab Throat/Nares Swab Gargle specimen
4-18 years Gargle specimen* NP Swab
19 years and older NP Swab Throat/Nares Swab Gargle specimen

* Contraindications to the gargle specimen collection in children and youth:

- Those who have eaten/drank/chewed gum/brushed teeth or smoked within one hour prior to test.
- Those who have practiced gargling within two hours of the test.
- Those unable to gargle (more prevalent in children ages 4-6).
- Those with special needs such as autism, developmental delay, intellectual disability or cognitive challenges.
- Those who do not eat by mouth or have swallowing difficulties.
- Those who cannot hold their head up/sit on their own or have history of aspiration issues.

5. Collect specimen.

5.1. NP Swab:

- **For NSHA/VON/First Nations**, refer to [IPC-SC-001 Nasopharyngeal Swab Collection and Screening for Respiratory Illness](https://example.com) and [Nasopharyngeal Swab Collection by Unregulated Care Providers](https://example.com).
- For **IWK**, refer to local processes.

5.2. Gargle Specimen:

- Refer to [Instructions for the Collection of Saline Gargles for COVID-19](https://example.com) and [Kids Swish and Gargle Test](https://example.com) video.
- If any contraindications, collect an NP swab.
- If gargle not successful (child/youth unable to perform proper technique), collect NP swab or rebook.

5.3. Throat and nares Swab:

- Refer to [Instructions for the Alternate Collection of a Throat and Nares Swab for COVID-19](https://example.com) (V4; 2020-10-21).

**NOTE:** If collection supplies are low or unavailable, contact the lab for further direction and refer to the **Laboratory Updates** on the [COVID-19 Hub](https://example.com).
6. Ordering and requisition requirements:

   6.1. Complete Microbiology requisition, or

   6.2. If authorized for Meditech Order Entry, follow Ordering and Labeling COVID-19 Samples Using Meditech C/S and IWK procedure as posted.

   6.3. If using web-based registration, follow Ordering COVID-19 Test Using Web-based Form.

   6.4. Include the name of the AP/MRHCP on the site-specific lab requisition; for review and follow-up.

      • Include the 'copy to' clinician/practitioner name as appropriate.

      • For approved pre-procedure patients, check the “Pre-op specimen: Surgery date_______________” box on the appropriate lab requisition.

         o For asymptomatic pre-procedure patients, refer to CD-CL-002, IWK CL-795 Asymptomatic Testing for COVID-19.

      • Check the “For Home Care/Long Term Care admission” box on the appropriate lab requisition for admission or readmission, if applicable.

         o For asymptomatic persons for Home Care/Long Term Care admission, refer to CD-CL-002, IWK CL-795 Asymptomatic Testing for COVID-19.

   6.5. Ensure the top of the specimen container is tightened and that the requisition is not placed in the bag with the specimen.

      • Place the specimen requisition in the outside envelope of the specimen bag. If no specimen bag available, Double-bag.

   6.6. Send the specimen promptly to the local laboratory.

      • For sites or practice settings that require off-site transport to the local laboratory, follow Laboratory/Transportation - Off-Site COVID-19 Specimen Packaging for Transport and Laboratory/Transportation - Off-Site COVID-19 Specimen Packaging for Transport Job Aid.

      • All specimens will be transported to the Central Zone Laboratory at the QEII Health Sciences Centre.

Document

7. Patients who present with mild or only one symptom(s) do not require additional documentation.

8. Patients who present with shortness of breath, or look unwell, require additional documentation using COVID-19 Primary Assessment Chart, or COVID-19 Assessment Chart for Mental Health and Addictions Inpatients.

Release

9. Educate the person as per public health recommendations.

   9.1. Provide Patient Information Sheet if applicable.
10. Release (as appropriate).

10.1. If transferring to ED/Urgent Care, phone report to receiving care area.

REFERENCES


RELATED DOCUMENTS

[Coronavirus Disease (COVID-19)](#)

[Novel Coronavirus - lab testing](#)

[COVID-19 Primary Assessment Chart](#)

[COVID-19 Assessment Chart for Mental Health and Addictions Inpatients](#)

[COVID-19 Sample Collection Kits](#)

[NSHA Ordering and Labeling COVID-19 Samples at Primary Assessment Sites](#)

[Procedure for Sampling Covid-19 Using HOLOGIC Swabs](#)

[Instructions for the alternate collection of Throat and Nares for COVID-19 testing 2020-03-19](#)

[In-Home Primary Assessment for COVID-19 - Proposed Process](#)

[Intake Process for In-Home COVID-19 Specimen Collection](#)

[In-Home Primary Assessment of COVID-19 Associated Document Package](#)

[Laboratory/Transportation - Off-Site COVID-19 Specimen Packaging for Transport](#)

[Laboratory/Transportation - Off-Site COVID-19 Specimen Packaging for Transport Job Aid](#)

[Instructions for the Collection of Saline Gargles for COVID-19](#)

[Kids Swish and Gargle Test](video)
Ordering COVID-19 Test Using Web-based Form

IWK (PAC only) Red Flag Algorithm

IWK Health Screening for Suspected Novel Coronavirus (COVID-19) Intake/Triage Screening Tool

COVID-19 Risk Assessment for Patients Receiving Healthcare Services within IWK Health Centre (IWK-COVIDRIAS)

Managing Hospitalized “Orange” Patients Requiring an AGMP

Policy Directive

Nasopharyngeal Swab Collection by Unregulated Care Providers

Policies

IWK 501.1 Outbreak Management Policy

IWK 201.1 Application of Routine Practices

IWK 301.2 Application of Additional Precautions

NSHA IPC-CD-001 Outbreak Management

NSHA IPC-CD-030 Reporting Notifiable Diseases and Conditions

NSHA IPC-SC-001 Nasopharyngeal Swab Collection and Screening for Respiratory Illness

Appendix

Appendix A: Definitions

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Appendix A: Definitions

**Assessment**
Perform an appropriate physical examination of the person, including but not limited to: vital signs, respiratory assessment, cardiovascular assessment etc. May include more in-depth assessment of symptoms (e.g., frequency, severity). May only be completed by a regulated health care provider. Use assessment information to determine if consult required to appropriate Authorized Prescriber and/or specimen collection for COVID-19.

**Assignment**
Assignment is the allocation of duties (e.g., responsibility for client care, interventions, or specific tasks as part of client care) to individuals whose scope of practice or scope of employment authorizes the performance of these duties. The individual accepting the assignment is accountable for the outcomes of their actions and may perform the interventions independently because they fall within their scope of practice or employment. (NSCN, 2019)

Refer to [Assignment and Delegation Guideline for Nurses](#).

**Authorized Prescriber**
A health care professional permitted by legislation, their regulatory college, NSHA/IWK, and practice setting (where applicable) to prescribe medications and treatments. The authority to order medications is not linked to any particular health profession, and may also differ within that health care profession depending upon specific competencies and skills.

**Double-bag**
If available specimen bag does not have an outer pocket for the Lab requisition then the specimen must be double bagged. The completed specimen goes in one bag, sealed and this is placed in a second bag. Lab requisition is placed in the second bag, and sealed.

The specimen and requisition should never be placed next to each other in one bag.

**Graduate Nurse/Graduate Practical Nurse**
Newly graduated nurse or graduate from a nursing program outside of Canada who holds a conditional license with a regulatory body.

**Health Care Learner**
Enrolled in a regulated health care program.

**Most Responsible Health Care Practitioner (MRHCP)**
The physician, clinical associate, or nurse practitioner who has responsibility for directing and coordinating the care and management of an individual patient at a specific point in time.
Regulated Care Provider (RCP)  The practice of a regulated health care provider is set out by legislation. A college, association, board or other entity regulates the practice of the provider in the public interest by setting out the criteria for membership, a process for the investigation/resolution of complaints against members and provides that persons who are not admitted as members may not engage in the scope of practice as defined in the governing statute. A regulated health care provider has a governing statute; a scope of practice as defined in its governing statute; and is guided by standards of practice and a code of ethics.

For the purpose of this Care Directive a regulated care provider includes the following: NSHA/IWK Registered Nurse (RN), Licensed Practice Nurse (LPN), Advanced and Critical Care Paramedics (ACP and CCP), Registered Respiratory Therapist (RRT), Physiotherapist (PT), NSHA Speech Language Pathologist (SLP), NSHA/IWK Medical Laboratory Technologist (MLT), NSHA Dietitian with additional education and training in dysphagia (Government of Nova Scotia, 2012), NSHA Graduate Nurse, NSHA Graduate Practical Nurse, and Victorian Order of Nurses (VON) RN and LPN.

Screening  Screening Criteria and Case Definition: Gather information about a person’s current experience with COVID-19 related symptoms (present or not present) and exposure to COVID-19 (i.e., travel, contact with known COVID-19 positive person). Use screening information to determine if person requires further assessment and/or specimen collection for COVID-19.

Symptomatic  As per Table 1.

Unregulated Care Provider (UCP)  The practice of UCPs is not set out in or regulated by legislation. UCPs are accountable for their actions (which includes inactions) to their employer through a scope of employment, rather than a regulatory body (e.g., College, Association). Individual UCPs are always accountable for their actions (which includes inaction) and the decisions they make within their scope of employment.

For the purposes of this Care Directive a UCP includes the following NSHA care providers, who have successfully completed required education: Continuing Care Assistant (CCA), Care Team Assistant (CTA), Emergency Support Aide and NSHA Medical Laboratory Assistant (MLA).

IWK care providers who have successfully completed the required education for: Care Team Assistant (CTA), and IWK Medical Laboratory Assistant (MLA).
**VERSION HISTORY**

<table>
<thead>
<tr>
<th>Major Revisions (e.g. Standard 4 year review)</th>
<th>Minor Revisions (e.g. spelling correction, wording changes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 13, 2020 New</td>
<td>March 24, 2020</td>
</tr>
<tr>
<td>April 20, 2020</td>
<td>March 26, 2020</td>
</tr>
<tr>
<td>April 24, 2020</td>
<td>March 27, 2020</td>
</tr>
<tr>
<td>May 20, 2020</td>
<td>April 27, 2020 added SLPs, Dietitians</td>
</tr>
<tr>
<td>May 21, 2020</td>
<td>April 28, 2020 added clinical settings/Drive-through option/link</td>
</tr>
<tr>
<td>May 25, 2020</td>
<td>May 5, 2020 Added: Note to Policy 7.1, and Procedure 7.4 and to swab if ordered to Procedure 7.4.1</td>
</tr>
<tr>
<td>July 8, 2020 Added Mental Health Inpatients to the CD, changed Case Definition to reflect Atlantic bubble, revised procedure 5.3.2</td>
<td>May 26, 2020 removed IWK from Procedure 7.3</td>
</tr>
<tr>
<td>August 07, 2020 revision (Major revision Approved by HAMAC Aug. 17, 2020)</td>
<td>May 28, 2020 added Policy 9.2 Include referring clinician and Procedure 4.3.2. Pre-op swab</td>
</tr>
<tr>
<td>Oct. 6, 2020 Added Gargle Specimen collection option (IWK only at this time)</td>
<td>June 4, 2020 added Proc. 4.3.3. “Indicate For HC/LTC admission on the lab req, if applicable.</td>
</tr>
<tr>
<td>Oct. 14, 2020 Added to collect specimen from patients with Red Flags</td>
<td>August 20, 2020 Clarifications, added IWK MLT to RCP</td>
</tr>
<tr>
<td>Published Dec. 2, 2020 (approved Nov. 30, 2020): Added Health Care Learner, removed Screening Criteria and case definition tables (linked to national website for MHA reference to case definition), reworded/adDED policy # 1, 2, 3., policy #8 changed to “when the symptomatic pt requires an assessment”, procedure title changed to just “Assessment”, added Procedure #1. And 2., removed “Obtain a specimen from the person who meets the screening criteria…” from Specimen Collection section, added additional sub-bullets to procedure 6.3 for asymptomatic pre-procedure patients and symptomatic admission to LTC testing, removed adult gargle video and replaced with the child gargle video.</td>
<td>August 25, 2020 Clarifications, added policy statement 7.1, added IWK UCP and list of IWK UCPs to definition, corrected CTA title</td>
</tr>
<tr>
<td>Dec. 18, 2020 Removed “Designated” from Emerg setting. Added Stat (GeneXpert) requires order, added MHA and ECT Service to include MRHCP on lab req</td>
<td>Sept. 14, 2020 Added Graduate Nurse and Graduate Practical Nurse to Provider Group. Changed Symptoms as per Public Health changes. Added IWK Children’s Intensive Service Inpatients.</td>
</tr>
<tr>
<td>Mar. 27, 2021 Added IWK birth units. Changed AP to Dr. Strang. (published Apr. 1, 2021)</td>
<td>November 17, 2020 Added “nasal congestion” to list in Table 1 to reconcile with Public Health Direction. Included First Nations in note on Gargle testing. Removed VON from approver box.</td>
</tr>
<tr>
<td></td>
<td>Apr. 27, 2021 Added instructions for ordering using web-based program (Procedure 6.3). Clarified documentation requirements (Procedure 7 and 8).</td>
</tr>
<tr>
<td></td>
<td>May 4, 2021 Clarified procedure 10.1</td>
</tr>
<tr>
<td></td>
<td>May 13, 2021 Added Inpatient units to settings.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Date</th>
<th>Change Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 18, 2021</td>
<td>Updated Pregnancy Red Flags. Included IWK algorithm for Red Flags. Added Inpatient Units to include MRHCP on lab req, not Dr. Strang (published May 20, 2021)</td>
</tr>
<tr>
<td>May 25, 2021</td>
<td>Added document links to support inpatient units Policy statement 5.</td>
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</table>