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The Experience of Screening COVID-19 Patients in General Hospitals

General hospitals are the place for huge numbers of patients visiting doctors, which are high-risk areas for virus diffusion and transmission. Due to the relatively insufficient scale of hospitals specialized for infectious disease during COVID-19 outbreak, they undertake heavy tasks of prevention and control of COVID-19 in each city.

As a huge city with a population over 20 million, the task of prevention and control of COVID-19 in Shanghai is particularly arduous. How to balance the fight with COVID-19 and the daily medical behavior at the same time is difficult. In the past month, under the unified arrangement of Shanghai Municipal Committee and Government, our hospital has carried out exploration on fast identification and effective isolation of COVID-19 patients which is most important in the prevention of cross infection general hospitals, hoping the related experiences could provide a reference for the prevention and control of general hospitals around the world.

The clinical manifestations of COVID-19 include fever, nonproductive cough, fatigue, normal or decreased leukocyte counts, and radiographic evidence of characteristic pneumonia [3,4]. Some patient' s symptoms are mild or even asymptomatic. According to the data declared by Shanghai Health Commission, all COVID-19 patients have the history of visiting Hubei province or other places, or contacting with other COVID-19 patients. Based on the characteristic of COVID-19 and our experience, we suggest the following steps for general hospitals to fast identify and effectively isolate of COVID-19 patients. Firstly, to carry out strict epidemiological investigation and fever screening for all personnel who enter the hospital, at each building open to patients, as well as at some nurse stations such as the Department of Respiratory Medicine where is at high risk of exposure to COVID-19 patients. Secondly, to establish a complete daily monitoring system of fever and pneumonia for all inpatients at the hospital, these measures could help screen out COVID-19



suspected patients at the first time. In addition, we also take some measures to reduce the visiting of non-emergent patients, as well as to strictly reduce the visitors and companion for all inpatients to avoid the possibility of cross infections in hospitals.

After screening, the fever patients will be guided to fever clinic, which was firstly set up in general hospitals during the severe acute respiratory syndrome (SARS) epidemic in 2003. The fever clinic is separated from other clinic fields, which includes five specific regions for patient registration, biochemical test, physical examination, pharmacy and treatment (RTEPT). The setting of fever clinic not only ensures the safety of other patients in the hospital area, but also improves the ability of screening, early warning, prevention and control of infectious diseases and protection of medical staffs [5,6]. However, compared with SARS, novel coronavirus nucleic acid detection and chest CT imaging are the most important examinations for COVID-19 diagnosis, which could not be performed in the existing fever clinic. Therefore, the patients need to go to another place to do CT examination and to take samples for centralized nucleic acid tests. In view of the clinical characteristics and severe epidemic situation, we rebuilt the fever clinics in our hospital to include a CT examination room for pulmonary imaging examination, a Biosafety Level 2 Laboratory for the detection of new coronavirus nucleic acid and consulting rooms used for the separation of COVID-19 patients from common fever patients. Thus, we can perform all the necessary medical procedures for the COVID-19 suspected patients in our rebuilt fever clinic, we call this one stop service “RTEPT plus” .

In our practice, we found the above-mentioned measures and upgraded fever clinics were effective in the epidemic prevention and control of COVID-19.

