If no, treat as clinically indicated

Algorithm for evaluation and management of patients hospitalized with radiographic evidence of pneumonia, in the absence of known SARS activity worldwide Hospitalized with radiographic evidence of pneumonia?

Continue droplet precautions and treat as clinically indicated

Yes

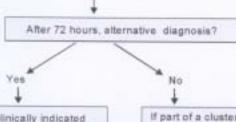
The clinician should ask the following three questions

- A. Does the patient have a history of recent travel (within 10 days) to previously SARS-affected areas1 or close contact with ill persons with a history of travel to such areas?
- B. Is the patient employed as a healthcare worker with direct patient contact?
- C. Does the patient have close contacts recently found to have radiologic evidence of pneumonia without an alternative diagnosis?

Yes to one of three questions

No to three questions. Treat as clinically indicated

- 1. Notify Health Department
- 2. Work up and evaluation for alternative diagnosis, which may include the following:
 - A. CBC with differential
 - B. Pulse oximetry
 - C. Blood cultures
 - D. Sputum Gram's stain and culture
 - E. Testing for viral respiratory pathogens such as influenza A and B, respiratory syncytial virus
 - F. Specimens for legionella and pneumococcal urinary antigen
- Health Department and clinicians should look for evidences of clustering of pneumonias (e.g., While traveling, exposure to other cases of pneumonia, clusters of pneumonia among health care workers).
- NOTE: If health department and clinician have a high suspicion for SARS, consider SARS isolation precautions (WEBSITE) and immediate initiation of Algorithm in Figure 2.



Treat as clinically indicated

If part of a cluster of pneumonia (or there are other reasons to consider at higher risk for SARS), consider SARS testing in consultation with health department.

Treat pneumonia as clinically indicated.

^{*}Previously SARS-affected areas are defined as XXXXX.