

COVID-19 Screening Tool

FLWSHEET TO IDENTIFY AND ASSESS FOR COVID-19

Check below if present	Patient Name _____ MRN _____ DOB _____	<div style="border: 1px solid black; padding: 5px; width: 100%;"> <i>Patient Label</i> </div>
------------------------	--	---

Assess Exposure:

Y	N	1. Had contact in the last 14 days with someone with confirmed COVID-19
Y	N	2. Lives in a facility that has COVID-19 confirmed cases in the last 14 days
Y	N	3. Tested positive for COVID-19 in the last 14 days? Date of positive test: _____

Assess for Symptoms:

In the last 14 days have you had any TWO of the following (If 'YES,' notify appropriate staff):

Y	N	1. Fever (subjective or measured)	Y	N	6. Sore throat
Y	N	2. Chills	Y	N	7. Nausea or vomiting
Y	N	3. Rigors	Y	N	8. Diarrhea
Y	N	4. Myalgia	Y	N	9. Fatigue
Y	N	5. Headache	Y	N	10. Congestion or runny nose

OR in the last 14 days have you had ONE of the following (If 'YES,' notify appropriate staff):

Y	N	1. Cough	Y	N	4. New loss of smell
Y	N	2. Shortness of breath	Y	N	5. New loss of taste
Y	N	3. Difficulty breathing			

Staff notified: _____

Date: _____

Hospital Pathway (Patient AT UTMC)
If patient is at UTMC and answers 'YES' to any symptom section above:
① Place facemask on patient
② Isolate the patient in a private room or separate area
③ Don appropriate PPE (Face mask, face shield, gown, gloves)
④ Follow UTMC Guidance for COVID-19 Path for Testing of Patients

Hospital Pathway (Patient NOT AT UTMC)
If patient is not at UTMC and answers 'YES' to any section above but has a procedure scheduled:
① Advise patient their procedure may be rescheduled
② Instruct the patient to contact their physician's office for guidance
③ Notify Front Desk at area of procedure (e.g., OR) of answers to positive screening questions

Clinic Pathway
Steps employee needs to take for suspect case:
① If patient is a known positive within 14 days - Notify their Primary Care Provider (PCP)
② If patient answers 'YES' to any section above inform their PCP and schedule a telehealth visit
③ If patient answers 'NO' to the above questions proceed with schedule appointment
- Inform them to cover their nose and mouth with a face covering when entering the building
If patient is present in clinic and any question in either section is 'YES':
① Ensure patient is wearing a face covering
② Take patient back to exam room immediately
③ Don appropriate PPE (Face mask, face shield, gown, gloves)
④ Notify PCP to assess patient and, if applicable, schedule testing for COVID-19
⑤ Refer or transfer the call to the COVID testing scheduling line at 419-383-4545

