

2019 Novel Coronavirus (COVID-19) Patient Evaluation and Assessment Guidelines

General Information:

The novel coronavirus was first detected in Wuhan, China, and has spread rapidly throughout the world. Cases have been identified in multiple countries, including the United States.

It is believed COVID-19 is spread through respiratory droplet transmission. Person-to-person spread is believed to occur among people in close contact (within ~ 6 feet) with each other. It is possible that a person may be able to be infected by touching a surface or object that has been contaminated by the virus, and then touching their own mouth, nose or eyes.

Signs and Symptoms:

It is believed symptoms may appear between 2-14 days after exposure. Symptoms include mild to severe lower respiratory illness:

- Fever
- Cough
- Shortness of breath

In some instances, GI symptoms also occur including diarrhea, nausea and vomiting. Kidney failure and pneumonia have also been reported.

Epidemiologic Risk		Clinic Features
Close contact** with a person that has laboratory-confirmed COVID-19 and developed symptoms within 14 days of contact	AND	Fever* OR symptoms of lower respiratory illness (cough or shortness of breath)
History of travel within 14 days of symptom onset [‡]	AND	Fever with severe acute lower respiratory illness (i.e. pneumonia, ARDS) and without alternative explanatory diagnosis (i.e.) influenza [§]
No source of exposure has been identified		
<p>*Fever must be measured; CANNOT be subjective ** Being within 6 feet for a prolonged period (10 minutes or longer) or having direct contact with infectious secretions of a case [§]Recommended other respiratory tests are performed based on symptoms (i.e.) rapid influenza, rapid strep, respiratory viral panel) and if positive laboratory results, COVID-19 testing will not be conducted [‡]History of travel includes travel outside of the US to countries with travel advisories, and states with cases of COVID-19, attendance at mass gatherings (i.e.) conferences cruises, concerts, etc.</p>		



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Guidance for Evaluation and Management of Patients

Provider/Caller Name: _____

Provider/Caller Phone: _____

Provider/Caller Affiliated Organization: _____

Risk Assessment

Demographics

Name (last, first): _____

Address: _____

City/State/Zip: _____

Phone (home): _____ Phone (work/cell): _____

Alternate contact: Parent/Guardian Spouse Other

Name: _____ Phone: _____

Birth date: __ / __ / ____ Age: ____ Sex: Male Female Unknown

Medical Assessment & Evaluation

1. Does patient have history of travel to China, Iran, Italy, Japan or South Korea in last 14 days? Yes No

If yes Travel Destination(s) and date(s): _____

2. Does patient report a fever? Yes No Subjective

Recorded temperature: _____ °F

Were fever reducing medications used prior to patient presentation? Yes No

If yes, last dose: _____

3. Does patient have one or more of the following clinical findings of respiratory illness?

Cough Yes No

Shortness of breath Yes No

Difficulty breathing Yes No

Fatigue Yes No

Chills Yes No

Runny Nose Yes No

Congestion Yes No

Other: Yes No



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Please List: _____

4. Did the patient have a chest X-ray?

- Not performed Pending Normal Abnormal
 Pneumonia Other

Date Performed: _____

If Other: _____

5. Did the patient have a rapid influenza test?

- Not performed Pending Negative Positive

Date Performed: _____

6. Did the Patient have a respiratory panel test?

- Not performed Pending Negative Positive

Date Performed: _____

Positive for: _____

7. Do you anticipate that this patient will require admission to the hospital?

- Yes No Unknown

Decision Algorithm

