

## COVID-19 Assessment Information: Evaluating Persons with Fever and Acute Respiratory Illness

- Obtain a detailed travel history on ALL patients being evaluated for fever and acute respiratory illness.
- Use the assessment criteria below to determine if COVID-19 should be included in the differential diagnosis.

Name:	DOB:	Date/time:	
Address:		Phone:	
Destination:	Current Temp:	Initials	
Assessment Criteria	Yes	No	Comments
<b>A) Did/Does the patient have a fever &gt; 99.5°F</b> (Fever may not be present in some patients, use clinical judgement to guide testing.)			Fever onset date: ___/___/___ Highest measured temperature: _____ °F □ °C <input type="checkbox"/> Check if SUBJECTIVE fever only
<b>B) Does the patient have new onset of symptoms:</b> (cough, shortness of breath, sore throat, nausea, vomiting, abdominal pain, shaking/chills, muscle aches, diarrhea, headache, congestion, runny nose, loss of taste or smell)			Symptom onset date: ___/___/___ Please circle symptoms stated Other Symptoms (list): _____
<b>C) Does the patient require hospitalization for severe LRI (e.g., pneumonia, ARDS)?</b>			
<b>D) Has the patient tested negative for other common respiratory pathogens? (e.g., influenza)?</b>			Dates of contact with COVID-19 lab-confirmed case: ___/___/___ to ___/___/___ Name of COVID-19 lab-confirmed case (if known): _____ Nature of contact: <input type="checkbox"/> Family/Household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ Comments: _____
<b>E) In the 14 days before symptom onset, did the patient:</b> <b>i. Have close contact with a lab-confirmed COVID-19 patient?</b>			
<b>ii. Travel from affected geographic areas*?</b> CDC Coronavirus Travel Information: <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html</a>			Dates: ___/___/___ to ___/___/___ Arrival in US: ___/___/___ Locations visited in 14 days before symptom onset: _____
<b>Suspect COVID-19 if you answered YES to</b> <ul style="list-style-type: none"> <li>• A or B and Ei, OR</li> <li>• A and B and C and Eii, OR</li> <li>• A and B and C and D</li> </ul>		*If patient does not meet case definition but there is a high index of clinical suspicion, contact LHJ.	

**IMMEDIATELY:**

- Ensure that the patient is masked and isolated in a private room with the door closed AND
- Ensure that healthcare personnel entering the room use standard, contact, AND airborne precautions, **INCLUDING** eye protection (e.g., goggles or face shield that covers the front and sides of the face).
  - Note: Airborne precautions includes use of fit-tested NIOSH-certified N95 filtering facepiece respirator or higher.
- Notify your healthcare facility's infection control personnel.
- Perform any clinically indicated respiratory and other diagnostic tests and note results below:

Rapid Influenza: <input type="checkbox"/> A <input type="checkbox"/> B	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Rapid Strep	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Viral Respiratory Panel	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Pneumonia	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Legionella	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
Other: _____	Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done

**Other clinically relevant testing:**

**Chest X-Ray**  Not Done  Pending  Normal

Abnormal: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

- Call your [local health jurisdiction \(LHJ\)](#) with the above information to discuss the case and determine whether to test for SARS-CoV-2. (If after hours and the LHJ is not available, call the Washington State Department of Health at **206-418-5500**.)
- If instructed by your local health department, collect samples for SARS-CoV-2 testing. See 2019-nCoV tab here: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>
  - Nasopharyngeal (NP) swab\* and  Oropharyngeal (OP) swab\*
  - If readily available or if patient is intubated, lower respiratory specimen

\*synthetic swab in 2-3 ml viral transport media