

COVID-19 Assessment Information: Evaluating Persons with Fever and Acute Respiratory Illness (updated 2/28/2020)

- 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:	Interview date:	
Address:		Phone:	
Assessment Criteria	Yes	No	Comments
A) Did/Does the patient have a fever? (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) Does the patient have symptoms of lower respiratory illness (LRI) (e.g. cough or shortness of breath)?			Symptom onset date: ___/___/___ <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing Other Symptoms (list): _____
C) Does the patient require hospitalization for severe LRI (e.g., pneumonia, ARDS)?			
D) Has the patient tested negative for other common respiratory pathogens? (e.g., influenza)?			
E) In the 14 days before symptom onset, did the patient: i. Have close contact with a lab-confirmed COVID-19 patient?			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: _____
ii. Travel from affected geographic areas*? CDC Coronavirus Travel Information: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html			Dates: ___/___/___ to ___/___/___ Arrival in US: ___/___/___ Locations visited in 14 days before symptom onset: _____
Suspect COVID-19 if you answered YES to <ul style="list-style-type: none"> • A or B <u>and</u> Ei, OR • A <u>and</u> B <u>and</u> C <u>and</u> Eii, OR • A <u>and</u> B <u>and</u> C <u>and</u> D 		*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