

COVID-19 Outpatient Screening Tool

Patient Health Information (PHI)

| Name: | Signature: | DATE/TIME: | |
|---|------------|------------|--|
| UNIT: | | | |
| SCREENING: | NO | YES | |
| <p>1. Has the patient had any of the following symptoms in the past <u>10 days</u> (20 days for PM/MOT/immunodeficient patients)? New, worsening or different from baseline and not related to a known cause or condition (ex. allergies):</p> <ul style="list-style-type: none"> <input type="checkbox"/> fever or chills <input type="checkbox"/> cough <input type="checkbox"/> shortness of breath <input type="checkbox"/> sore throat or difficulty swallowing <input type="checkbox"/> runny nose <input type="checkbox"/> loss of smell or taste <input type="checkbox"/> body aches (muscle or joint pain) <input type="checkbox"/> eye pain or pink eye <input type="checkbox"/> unexplained headache <input type="checkbox"/> unusual fatigue, lethargy or malaise <input type="checkbox"/> unexplained fall, decreased level of consciousness or delirium <input type="checkbox"/> vomiting or nausea <input type="checkbox"/> diarrhea <input type="checkbox"/> abdominal pain <input type="checkbox"/> unexplained worsening chronic condition <p>2. Has the patient tested positive for COVID-19 in the past <u>10 days</u> (20 days for PM/MOT/immunodeficient patients)? If Yes, Date*: _____</p> <p>3. Is the patient coming from another healthcare facility?</p> <p>4. Is the patient coming from a unit or external facility with a COVID-19 outbreak?</p> <p>5. Has the patient had close contact with anyone with confirmed COVID-19 or acute respiratory illness or received an exposure notification from the COVID Alert app in the past <u>14 days</u>?</p> <p>6. Has the patient travelled outside of Canada in the past <u>14 days</u>?</p> | | | |
| ACTION: | | | |
| <p>If the patient answers YES to any of the questions above:</p> <ul style="list-style-type: none"> • ask patient to put on a procedure mask and clean their hands • don PPE (gown, gloves, procedure mask and eye protection) • move patient to a single room with droplet/contact isolation sign <p>*If the patient is asymptomatic and tested positive over 10 days ago (20 days for PM/MOT/immunodeficient patients), no isolation is required.</p> <p>Note: This screening tool should be used together with the Outpatient Screening Form D-7295</p> | | | |