



Mary Lanning
HEALTHCARE

Respiratory symptom screening

Script for telephone conversations:

Hello _____. My name is _____ and I am calling from _____ to remind you about your appointment at _____. In addition, I would like to ask you a few questions as our clinics are taking additional precautions related to safety and awareness of coronavirus.

Please tell the patient about department-specific visitor policy.

Symptoms

1. Do you have any of the following symptoms (check all that apply)? Loss of taste/smell
 Fever >100 degrees F Cough Sore throat Shortness of breath

Exposure

2. a. In the last month, have you traveled to an area with widespread outbreak either within or outside of the United States? AND/OR
www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html
 b. Have you had close contact with a person known to have COVID-19, MERS-CoV or Ebola?
 Yes No

3. Have you traveled outside of the United States in the last 30 days?

Yes No

In person

Question 1	No	Yes	No	Yes	No	No	Yes
Question 2	No	No	No	No	Yes	Yes	Yes
Question 3	No	No	Yes	Yes	No	Yes	No
Follow protocol:	A	B	A	B	B	C	C

Protocol A: Treat patient as normal.

Protocol B: Put surgical mask on patient. Treat patient as normal.

Protocol C for primary care: Place mask on patient. Immediately room patient and continue care with staff wearing PPE.

Protocol C for specialty care: Refer patient to PCP. Advise patient to call to schedule. Patient will be refused at specialty clinic for the time being.

On the phone

Question 1	No	Yes	No	Yes	No	No	Yes
Question 2	No	No	No	No	Yes	Yes	Yes
Question 3	No	No	Yes	Yes	No	Yes	No
Follow protocol:	A	B	A	B	B	C	C

Respiratory symptom screening (cont.)

Protocol A: Schedule and proceed with appointment as normal.

Protocol B for primary care: Send patient to nurse for assessment to determine if patient will be scheduled.

Protocol B for specialty care: Schedule as normal and note patient will need mask if unable to contain their cough.

Protocol C for primary care: Transfer the call to nursing for immediate assessment.

Nursing will schedule patient, if necessary, note that mask is needed for patient if he/she cannot contain cough.

PPE is needed for staff.

Protocol C for specialty care: Advise the patient to call PCP. The patient will be refused specialty at the specialty clinic for the time being.

Please tell the patient about department-specific visitor policy.

Nursing triage instructions

1. If positive travel or exposure history, but no symptoms: Ask patient to self-monitor symptoms for 14 days and contact the local/state health department to report exposure and travel as recommended by the CDC. Call PCP or 911 if symptoms develop.
2. If the patient calls a department other than primary care:
 - a. If asymptomatic, recommend they practice social distancing and good hand hygiene. Follow CDC recommendations, as applicable.
 - b. If the patient has mild respiratory symptoms including sore throat, runny nose, nasal congestion, headache, temperature less than 100.4, the patient does not require further evaluation by primary care at this time. Recommend the patient self-isolate until symptoms have resolved. Also recommend continued social distancing and good hand hygiene. Follow CDC recommendations, as applicable.
 - c. If the patient is symptomatic requiring clinical triage or visit via telehealth or in person, direct the patient to the PCP. If they have no PCP, give them a list of MLH primary care clinics.
3. If the patient was told to contact PCP and is symptomatic with fever over 100.4, cough, shortness of breath (all symptoms are mild and can be managed at home safely):
 - a. Do not come to the clinic. See recommendations below and call PCP with questions or concerns.
 - b. Quarantine and self-monitor at home for patient and all exposed family members.
 - c. Treat symptomatically
 - Take Tylenol for fever unless contraindicated by other condition
 - Over-the-counter cough syrup as needed (Robitussin/Mucinex) unless contraindicated by other condition or advised not to by provider in past
 - Rest and hydrate
 - d. Return call to PCP if symptoms worsen or fail to improve over the next five to seven days.
 - If the patient is over age 60, has underlying conditions (heart/lung issues, CHF, COPD, asthma, HIV positive, chemotherapy, renal failure, diabetes, sickle cell anemia, weakened immune system, recent surgery or pregnant), and has moderate to severe symptoms:
 1. Nursing will flag the chart and re-route to boxes to allow for a daily phone call follow-up with the patient to update the provider on status as needed (per SHDHD recommendations)
 2. Nursing will use judgment to communicate findings with the provider or determine if the patient needs to be seen in clinic for physical exam or if referral to PCP for tele-med visit is an appropriate alternative disposition.
4. If the patient is symptomatic with severe difficulty breathing (struggling for each breath, speaking in single words, bluish lips) or the patient sounds like he is having a life-threatening emergency:
 - a. Call EMS
 - b. Notify the Emergency Department that a patient is in distress and will be transported.

Script for voicemail reminders:

— Hello, this message is for _____. This is _____ with Dr. _____ office calling to remind you of your appointment _____. We are taking additional precautions related to the safety and awareness of coronavirus. If you have a fever, cough, sore throat or difficulty breathing, and you have traveled within 14 days of getting sick or have had close contact with a person suspected of having COVID-19 in the last 14 days, please do not come to the clinic. Please call your primary care provider.

This is a reference only to MLH current procedures only. Please see the South Heartland District Health Department website for current information: southheartland.org