

August 25, 2020



Updated Timelines from Infectious Disease to Consider in Screening

14-day quarantine for confirmed exposures (some of which may have pending tests)

10-day isolation for confirmed positives (without immunocompromising condition)

20-day isolation for immunocompromised confirmed positives (auto-remove COVID+ banner in Epic)

Scheduling Screening Questions on Phone

- **Screening question #1 (Exposure question): In the last month** have you had any close contact with someone suspected or known to have Coronavirus/COVID 19?
- **Screening question #2 (Covid-19 Test question): In the last 14 days, have you had a Covid-19 test and are under quarantine?**
- **Screening question #3 (Symptoms question) Do you** have any symptoms of flu-like illness or upper respiratory illness? (New onset in the last 10 days of any of the following symptoms: Runny nose, sore throat, cough, shortness of breath, severe headache, fever, muscle aches, fatigue, loss of taste or smell or any GI symptoms (nausea, vomiting or diarrhea)?

If the patient answers YES to any question, escalate to the appropriate triage nurse. Otherwise, schedule as normal.

Scheduling Screening Questions on MyChart or DukeHealth

- **In the last month** have you had any close contact with someone suspected or known to have Coronavirus/COVID 19? (Yes/No)
- **In the last 14 days, have you had a Covid-19 test and or are under quarantine? (Yes/No)**
- **Do you** have any symptoms of flu-like illness or upper respiratory illness? (New onset in the last 10 days of any of the following symptoms: Runny nose, sore throat, cough, shortness of breath, severe headache, fever, muscle aches, fatigue, loss of taste or smell or any GI symptoms (nausea, vomiting or diarrhea)? (Yes/No)

If the patient selects YES, they would be instructed to call the COVID hotline.

Clinic Screening Questions:

- **Obtain Temperature (must be less than 37.5 C or 99.5 F). Follow IFUs related to taking temperature via infrared thermometers.**
- **Screening question #1 (Exposure question): In the last month have you had any close contact with someone suspected or known to have Coronavirus/COVID 19? If YES, obtain their name, DOB, cell phone number and provider they are here to see. Inform the patient that they will need to wait in their car for a phone call from their provider's office.**
- **Screening question #2 (Covid-19 Test question): In the last 14 days, have you had a Covid-19 test and or are under quarantine? If YES, obtain their name, DOB, cell phone number and provider they are here to see. Inform the patient that they will need to wait in their car for a phone call from their provider's office.**
- **Screening question #3 (Symptoms question) Do you have any symptoms of flu-like illness or upper respiratory illness? (New onset in the last 10 days of any of the following symptoms: Runny nose, sore throat, cough, shortness of breath, severe headache, fever, muscle aches, fatigue, loss of taste or smell or any GI symptoms (nausea, vomiting or diarrhea)? If YES, obtain their name, DOB, cell phone number and provider they are here to see. Inform the patient that they will need to wait in their care for a phone call from their provider's office.**
- **Visitors who answer yes to either one or both questions will be asked to go to their car and stay there to wait on the patient, unless they are a parent of a child or caregiver of the patient.**

If patient answers YES to above and is directed back to their car, the screener should do the following:

- **Notify the clinic/provider where the patient was being seen that the patient failed the "front door screening" and what they failed.**
- **The patient's provider will then determine if the patient may continue with the visit, convert the visit to a telehealth visit, reschedule the patient, or if COVID testing is indicated.**
- **Provider or provider's designee will notify patient of clinic visit outcome.**
- **If the patients answer NO to the above questions, be sure to inform the patient that they will be asked these same questions throughout their visit for their safety and the safety of our staff and providers. Provide patient with a sticker (dot of the day) to place on their clothes and to signify that they have passed screening, allow the patient to proceed to the clinic.**
- **If either the patient or visitor has any severe acute symptoms, notify licensed staff to complete assessment in exam room immediately.**

COVID Questions on Epic Travel Screen (Front Desk) – Valid 24 Hours, Positive Result red for 7 days

Travel Screening

The travel screening is complete for this patient

View previous screenings:
07/13/20 0848 07/01/20 1604 03/02/20 1457 03/02/20 1455 02/18/20 1154 02/05/20 1621 02/05/20 1552 [New Screening](#)

Communicable Disease Screening

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Have you had a COVID-19 viral test in the last 14 days?

Do you have any of the following new or worsening symptoms?

<input type="checkbox"/> None of these	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Chills	<input type="checkbox"/> Cough	<input type="button" value="📄"/>
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fever	<input type="checkbox"/> Loss of smell	
<input type="checkbox"/> Loss of taste	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Rash	<input type="checkbox"/> Runny nose	
<input type="checkbox"/> Severe headache	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Weakness				

Travel History

Have you traveled internationally in the last month?

Enter a location

No Documented Travel