**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Crew Member Completing Screening Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Service:** \_\_\_/\_\_\_\_/2020 **Call Back Number for Patient (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Inclusion Questions |  |  |  |
| Does the patient **only** have symptoms of an upper respiratory viral illness?  cough, nasal and chest congestion, sore throat, body aches | Yes | No | Symptoms started \_\_\_/\_\_\_\_/2020 |
| Is the patient less than 60 years old? | Yes | No | Age \_\_\_\_\_ |
| Patient has no significant comorbidities? | Yes | No |  |
| Diabetes, heart disease, chronic lung disease (COPD/Asthma, etc), chronic renal disease (on dialysis), liver disease, cancer, autoimmune disorders, chemotherapy patients, patients on immunosuppressant medications and pregnant women |  |  |  |
| Are vital signs within these acceptable limits? | Yes | No |  |
| Resp. Rate: 8-20 breaths per minute or age appropriate limits | RR\_\_\_\_\_\_ |
| O2 Sat: greater than or equal to 92% | Yes | No | Pox\_\_\_\_\_% |
| Heart Rate greater than 50 and less than 110 bpm or age appropriate limits | Yes | No | HR\_\_\_\_\_\_ |
| Systolic BP 90 or greater than age appropriate lower limits | Yes | No | BP\_\_\_\_\_/\_\_\_\_ |
| GCS: 15 | Yes | No | GCS\_\_\_\_\_ |

**If YES to all of the above: Patient is a candidate for non-transport without medical control contact. Proceed to Exclusions.**

|  |  |  |
| --- | --- | --- |
| Exclusion Questions | | |
| Chest pain, other than just with coughing? | Yes | No |
| Shortness of breath with activity (that is more than usual)? | Yes | No |
| Syncope? | Yes | No |
| Cyanotic? | Yes | No |
| Respiratory Distress?  Ask the patient to take a deep breath and count as high as they can. If they can count to 15+ in the same breath, they are probably not in respiratory distress. | Yes | No | Count number  \_\_\_\_\_\_ |

**If YES to all Inclusion and NO to all Exclusion questions and at least one of the following conditions are met, patient is low risk and may be informed no transport is indicated** and be givenCOVID Home Resources Handout with hotline and virtual visit information. If patient still wants to be transported, contact medical control. Follow Medical Controls direction regarding transport.

|  |  |  |
| --- | --- | --- |
| Patient can take care of themselves and has access to resources? | Yes | No |
| Patient has a support system that will take care of them? | Yes | No |

If patient does not meet low risk criteria and the health system is not overwhelmed, treat and transport.

If patient does not meet low risk criteria and the health system is overwhelmed, and in the opinion of the EMS crew the patient does not need transport, contact Medical Control to determine if patient requires transport? Follow Medical Controls direction.

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Transported? | Yes | No | Hospital |
| Medical Control Contacted? Not necessary if low risk | Yes | No |  |

|  |  |  |
| --- | --- | --- |
| Patient is asymptomatic? | Yes | No |
| Just has concerns about COVID-19 or COVID-19 exposure? | Yes | No |

If yes to both, asymptomatic and just has concerns about COVID-19 or COVID-19 exposure, no in person medical care advised per CDC recommendations. Advise that no transport is indicated and just provide patient with COVID Home Resources Handout with hotline and virtual visit information. If patient still wants to be transported, contact medical control. Follow Medical Controls direction regarding transport.

Suggested wording "*Based on your age, medical history, and our current assessment, you may have COVID-19 but your condition is not currently severe.  Unfortunately, there is currently little we can do to treat COVID-19 besides rest, hydration and taking acetaminophen and/or NSAIDS for pains and fever. Fortunately, you don't meet criteria for evaluation in the emergency department. In order to limit exposures and preserve resources, we recommend no transport for you to the hospital at this time but will give you alternative information regarding home care, alternative access and recommendations.  If you want additional help or assessment, please contact a hotline or get a virtual visit with the contact information listed on the handout.  There are symptoms listed on the top of this handout indicating need for emergency medical care and if you or your family develop any of those criteria, do not hesitate to call us again or go directly to the emergency department."*

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| --- | --- | --- | --- |
| Age | Pulse Range | Respiratory Rate Range | Systolic BP lowest normal |
| Newborn | 120-160 | 30-60 | 60 |
| Up to 1 year | 100-140 | 30-60 | 70 |
| 1-3 years | 100-140 | 20-40 | 76 |
| 4-6 years | 80-120 | 20-30 | 80 |
| 7-9 years | 80-120 | 16-24 | 84 |
| 10-12 years | 80-120 | 16-20 | 90 |
| 13-14 years | 60-100 | 16-20 | 90 |