

COVID-19 Assessment Chart

This COVID-19 Assessment Chart Applies Only to East Coast Forensic Hospital and Offender Health Services.

Patient Location:

For patients presenting with concern of COVID-19 / SARS-CoV-2 infection (check any boxes that apply):

Must present with at least ONE (1) of the symptoms below:

Measured temperature (at home or during nursing/physician assessment) of greater than 38.0°C.

History of new or worsening cough.

If does NOT meet above screening criteria: NO swab required at this time.

Ask additional questions below if the patient is asymptomatic:

Travel outside of Nova Scotia within the past 14 days.

Contact with a known or suspected case (symptomatic person) within the past 14 days (includes a symptomatic person who has travelled outside Nova Scotia in the past 14 days).

If the patient has answered yes to one of the above travel/contact questions, the patient will be isolated on contact and droplet precautions and will be monitored for 14 days for symptomology. Contact IPAC for further direction if needed.

If unsure if the patient meets screening criteria, consult the medical physician on-duty/call.

Baseline Vital Signs (Note Adult Red Flag criteria page2):

HR: _____ bpm RR: _____ BP: _____ / _____
 SpO2: _____ on room air Temperature: _____ °C

Reportable Symptoms/Items (check all that apply):

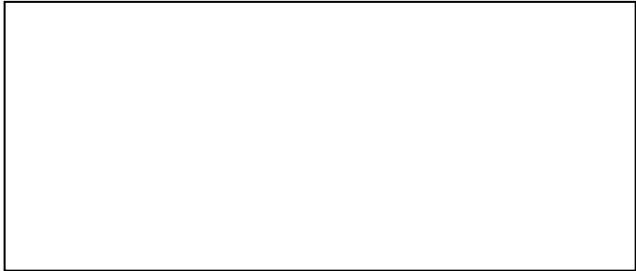
- | | |
|--|---|
| <input type="checkbox"/> URI symptoms (sore throat, nasal congestion)
<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Chest pain
<input type="checkbox"/> Malaise/fatigue
<input type="checkbox"/> Headache
<input type="checkbox"/> Vomiting | <input type="checkbox"/> Muscle / joint pain
<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Medication: ACE-I (E.g.: Ramipril, Lisinopril, Captopril, Enalapril or medication that ends in "pril") |
|--|---|

Risk Factors (check all that apply):

- Immune suppression*
- Age greater than 65 years
- Diabetes mellitus
- Chronic Pulmonary disease (e.g. asthma – treated within 12 months, COPD, emphysema, pulmonary fibrosis, CF)
- Chronic heart disease (i.e. CHF, IHD)
- Neurodegenerative disorder
- Smoking history (current)

***Immune Suppression:** Any cancer, chemotherapy, radiation therapy, any transplant (solid or hematologic), HIV/AIDS, immunosuppressive medication (eg chronic steroid use >20mg/d for > 2 weeks, cytotoxic drugs, calcineurin inhibitors, biological response modifiers, antibodies that target lymphocytes or history of immune suppression not otherwise specified.
****>2 mg/kg/day for pediatrics steroids****

 Name of Assessor (Printed) Signature of Assessor Date (dd/mm/yyyy) Time

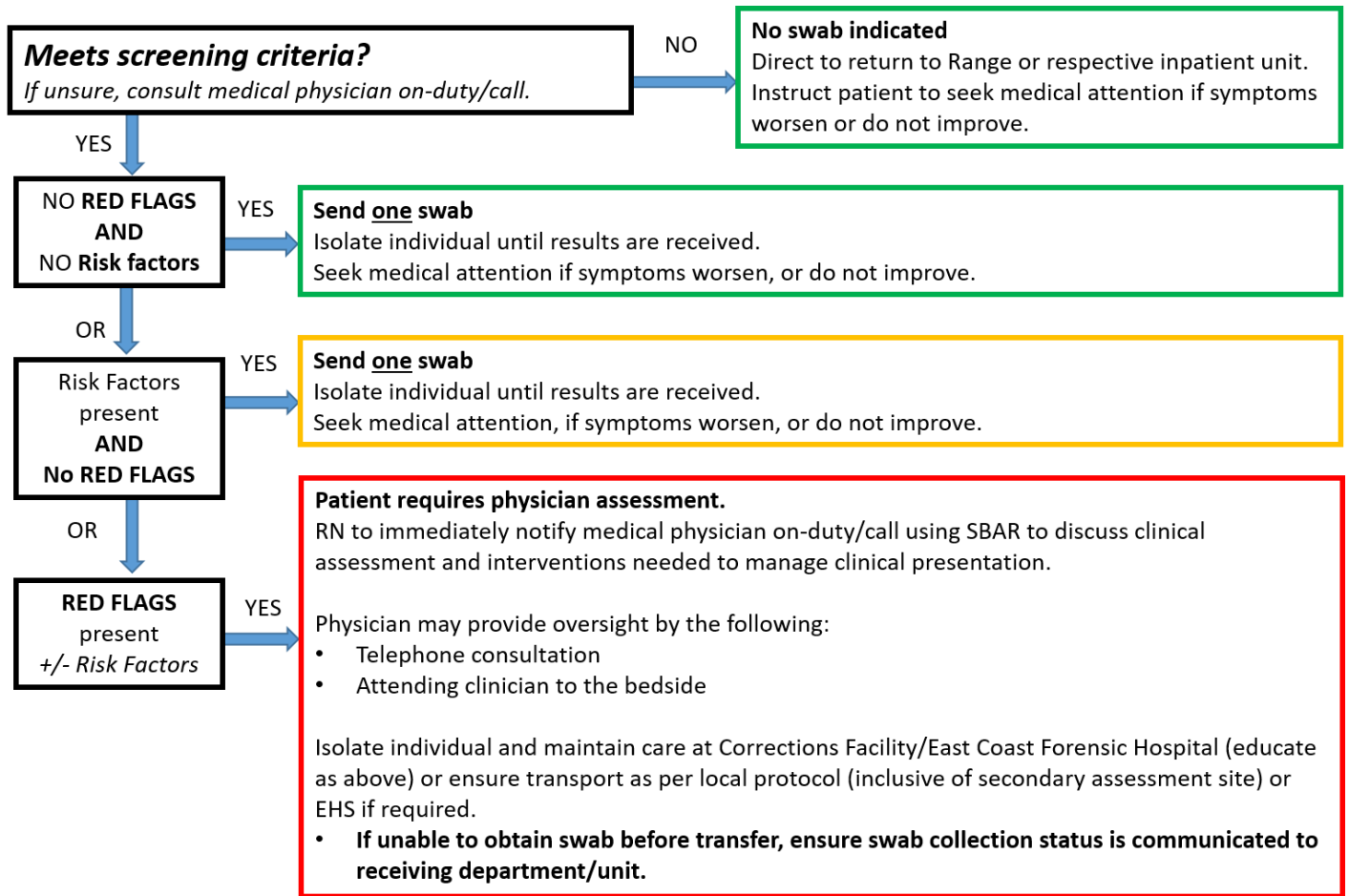


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Adult red flags +/- risk factors requires consultation with Physician on duty/call

Adult Red Flags	
Heart rate greater than 110	New confusion
Respiration rate greater than 30	New dizziness/pre-syncope
Systolic BP less than 95 mmHg	Chest Pain
SpO2 less than 92% on room air	

Patient Disposition Flow Sheet



Name of Assessor (Printed)

Signature of Assessor

Date (dd/mm/yyyy)

Time

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Advise patients who meet screening criteria but NO red flags + / - Risk Factors:

Provide education on the following:

- Isolation is required until East Coast Forensic or Offender Health Staff are notified with a positive or negative for COVID-19 by Infection Control and they will advise on next steps.
- Drink plenty of fluids
- Direct individual to wash hands with soap
- Avoid touching face
- Cough into sleeve or into tissues and dispose of them and wash hands
- When interacting face-to-face with staff, wear **surgical mask** (don't share).
- Advise Correctional Officer or NSHA nursing staff if beginning to feel unwell or if symptoms *worsen* and/or experience any of the following:
 - 1) Difficulty breathing
 - 2) Chest pain
 - 3) Palpitations or rapid heart rate
 - 4) Confusion
 - 5) Dizziness or faintness

For patients with Red Flags + / - Risk Factors:

- Individual requires physician/nurse practitioner assessment.
- RN to immediately notify the medical Physician on-duty/call.
- Physician may provide oversight by the following:
 - Telephone consultation
 - Attending clinician to the bedside
- RN to swab if directed.
- Isolate individual and maintain care at Corrections Facility/ East Coast Forensic Hospital (**educate as above**), or ensure transport as per local protocol (inclusive of secondary assessment site) or EHS if required.
 - **In the event of transfer, ensure swab collection status is communicated to receiving department/unit/secondary assessment centre.**

Check all that apply:

- Swab collected.
- Instructions provided to patient as above.
- Physician assessment needed and arranged.
- In the event of transfer, ensure swab collection status is communicated to receiving department/unit/secondary assessment centre.
- Additional documentation, if required, completed in nursing notes.

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