



COVID-19 PRIMARY ASSESSMENT CHART
DRIVE-THROUGH TESTING FOR CENTRAL ZONE (Version 3. 2020May05)

Preferred Patient Contact #: _____ Alternate Contact #: _____

Email: _____

If referred: Swab regardless of case definition.
If self-referred: Must meet case definition.

If the self-referred patient or patient / resident / client does **NOT** meet case definition, they do **NOT** require a swab.
For patients presenting with concern of COVID-19 / SARS-CoV-2 infection (check any boxes that apply):

Case Definition – Must present with at least TWO of the following five symptoms:

- Measured temperature (at home or within clinical setting) of greater than 38.0° C
- History of new or worsening cough
- Sore throat
- Runny nose
- Headache

Inquire and document the following Exposure Criteria:

- Travel outside of Nova Scotia within the past 14 days Location: _____
- Contact with a known or suspected case (symptomatic person) within the past 14 days (includes a person with symptoms who has travelled outside Nova Scotia in the past 14 days).

Adult and Pediatric Medical Risk Factors (check all that apply):

- | | |
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| <input type="checkbox"/> Immune suppression* | <input type="checkbox"/> Chronic or congenital heart disease (i.e. CHF, IHD) |
| <input type="checkbox"/> Age: Less than one year or greater than 65 years | <input type="checkbox"/> Neurodegenerative disorder |
| <input type="checkbox"/> Diabetes mellitus (type 1 and type 2) | <input type="checkbox"/> Current or recent smoking history (e.g. tobacco, cannabis, vaping) |
| <input type="checkbox"/> Pulmonary disease / diseases affecting oxygen carrying (e.g. asthma – treated within 12 months, COPD, emphysema, pulmonary fibrosis, CF, sickle cell disease) | <input type="checkbox"/> Medication: ACE-I (e.g.: Ramipril, Lisinopril, Captopril, Enalapril or medication that ends in "pril") |

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

If there are medical risk factors, proceed to page two.

If there are no medical risk factors, swab patient and check all that apply:

- Swab collected
- Written instruction provided to patient
- Patient released
- Additional documentation, if required, completed in nursing / progress notes

Name of Assessor (Printed)	Signature of Assessor	Date (YYYY/MON/DD)	Time
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