

COVID-19 Assessment Chart

This Assessment Chart Applies Only to COVID-19 Primary Assessment Centres

Preferred Patient Contact #: _____ Alternate Contact #: _____

Email: _____

If referred: Swab regardless of screening criteria.

If self-referred: Must meet screening criteria.

For self-referred/walk-ins: If does NOT meet screening criteria, NO swab required at this time.

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

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

- Measured temperature (at home or assessment centre) of greater than 38.0 °C.
 History of new or worsening cough.

Assess for the following Screening Risk Factors:

- 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).

Medical Risk Factors (check all that apply):

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

***Immune Suppression:** Any cancer, chemotherapy, radiation therapy, any transplant (solid or hematologic), HIV/AIDS, immunosuppressive medication (e.g., chronic steroid use greater than 20mg/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.

Reportable Symptoms/Items (check all that apply):

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

Baseline Vital Signs (Note Adult and Pediatric Red Flag Values below):

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

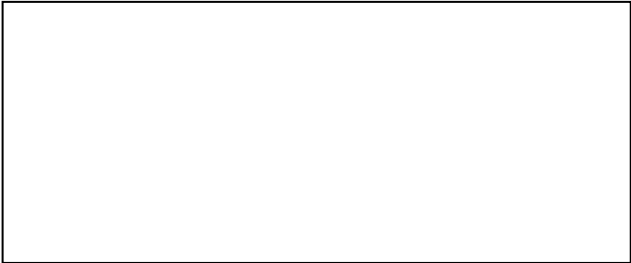
Name of Assessor (Printed)

Signature of Assessor

Date (yyyy/mon/dd)

Time

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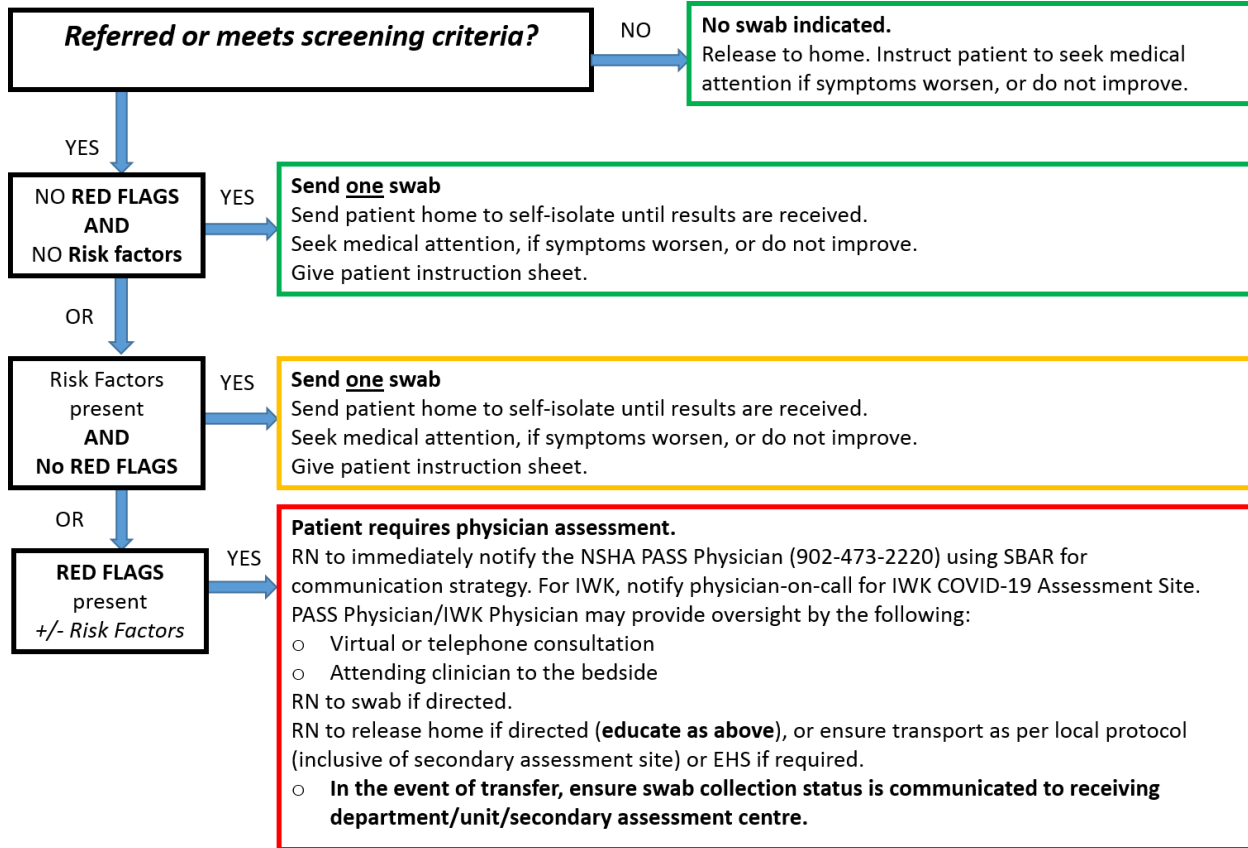
Adult and pediatric red flags +/- risk factors requires consultation.

NSHA PAC: Contact Primary Assessment Site Support Physician (PASS Physician) (902-473-2220). For CZ see below*
IWK Assessment Site: Contact physician-on-call.

Adult Red Flags		Pregnancy Red Flags	
• Heart rate greater than 110	• New confusion	• Heart rate greater than 120 or less than 50	• Hemoptysis
• Respiration rate greater than 30	• New dizziness/ • pre-syncope	• Respiration rate equal to or greater than 30 or less than 10	• Dizziness/Dehydration
• Systolic BP less than 95 mmHg	• Chest Pain	• Systolic BP less than 90 mmHg	• Increased work of breathing (WOB)/Unable to complete sentences
• SpO2 less than 92% on room air		• SpO2 less than 94% on room air	• Altered Level of Consciousness

Pediatric Red Flag Vitals (If greater than 10 years use adult values)			
Peds (age)	Heart Rate (bpm)	Respiratory Rate	Red Flags All Ages
0-1 month	Greater than 180	Greater than 60	<ul style="list-style-type: none"> • Lethargy or extreme irritability • Increased work of breathing • SpO2 less than 96% • Pallor or cyanosis
1 month –1 year	Greater than 160	Greater than 60	
1-4 years	Greater than 145	Greater than 50	
4-10 years	Greater than 125	Greater than 30	

Patient Disposition Flow Sheet



Name of Assessor (Printed)

Signature of Assessor

Date (yyyy/mon/dd)

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Advise patients NO red flags + / - Risk Factors:

As per COVID-19 Patient Information Sheet, provide education on the following:

- Self-isolate at home until contacted as positive or negative for COVID-19 by Public Health and they will advise on next steps. Drink plenty of fluids
- Wash hands with soap and water or alcohol-based hand sanitizer regularly
- Avoid touching face
- Cough into sleeve or into tissues and dispose of them and wash hands
- If **must** be in a public space, wear a **surgical mask** (don't share) and avoid crowds.
- **Call 811 for advice on where to seek healthcare** 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
 - 6) For children: Irritability, working harder to breathe, breathing faster than normal, acting differently, low energy
- **If symptoms are severe, call 911.**

For patients with Red Flags + / - Risk Factors:

- Patient requires physician/nurse practitioner assessment.
- RN to immediately notify the PASS Physician at **(902-473-2220)**/IWK physician-on-call for COVID-19 Assessment Site
- PASS Physician/IWK physician may provide oversight by the following:
 - Virtual or telephone consultation
 - Attending clinician to the bedside
- RN to swab if directed.
- RN to release home if directed (**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.
- Written instructions provided to patient as above.
- NSHA PASS Physician/IWK Physician assessment needed and arranged.
- In the event of transfer, ensure swab collection status is communicated to receiving department/unit/secondary assessment centre.
- Referred by Public Health/Infectious Diseases
- Additional documentation, if required, completed in nursing notes

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