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Emergency Department

**Exposure Screen: Does the patient have any of the following risk factors?**

Close contact to confirmed patient with coronavirus, COVID-19? **{YES/NO}**

Have a known diagnosis of COVID-19: **{YES/NO}**

History of travel from any geographic areas of concern within the 14 days prior to symptom onset \*? **{YES/NO}**

If so, what country(s)/area and dates of travel: **{NA/country(s) and dates}**

Is the patient a healthcare worker? **{YES/NO}, if yes, what is role and where do they work?**

If exposure screen above positive (yes to any of the above) patient must have a mask placed on them immediately.

\*Note that the concerning geographic areas are being updated regularly, and the CDC website should be reviewed for most up to date information.

**Chief Complaint:**

@CHIEFCOMPLAINT@

**HPI:**

@NAME@, @AGE@, @SEX@, presents with **{cough/runny nose/sore throat}.**

**{Narrative}.**

Symptoms began **{today/yesterday/several days ago}.**

Associated symptoms include **{fever/headache/cough/sore throat}.**

Severity of symptoms is described as **{mild/moderate/severe}.**

Onset of symptoms was **{sudden/gradual/intermittent}.**

**Historian:**

**{Patient/parent}**

**Review of Systems:**

**Constitution: {ROS: Const, fever/weakness/malaise}**

**ENT: {ROS: ENT as per HPI}**

**EYES:** Negative for discharge

**CARDIO:** Negative for chest pain

**RESP: {ROS: respiratory}**

**MUSC:** Negative for muscle aches, joint pain

**SKIN:**  Negative for rash

**NEURO:** Negative for headache

**Past Medical History:**

@MEDICALHX@

@SURGICALHX@

**Social History:**

@SOCH@

**Family History:**

@FAMHX@

**Medications:**

@AVSMEDLIST@

@ALGENC@

**Physical Exam:**

**@VS@**

**General Appear: {exam: general appearance alert/well appearing/toxic/non-toxic}**

**Ears/Nose/Throat: {exam: ENT}**

**Eyes:** no discharge

**Neck:** supple, FROM

**Cardiovascular:** regular rate and rhythm without murmur

**Respiratory: {exam: respiratory}**

**Neurologic:** alert and oriented

Type(s) of Personal Protection Equipment (PPE) worn during exam:  **{mask, eyeshield, gowns, gloves, none}**

**Medical Decision Making:**

Nursing notes were reviewed: **{Yes/No/NA}**

I reviewed the following historical information: **{medical records/labs/radiographs/notes/none}**

Pulse ox was reviewed: **{YES/NO}**

**Laboratory studies**: **{Yes/No/NA}**

**Radiologic Imaging studies**:

{not indicated or give interpretation}

Independently interpreted by ED provider: **{labs/EKG/Rad/NA}**

Discussed patient with another provider: **{Yes/No/NA}**

DOH must be contacted if patient's screen is concerning for COVID-19 infection. Please contact the DOH to determine whether or not patient should be tested for COVID-19. They will most likely require result of respiratory panel prior to making decision whether or not to test for COVID-19.

DOH can be reached by calling XXXXXXXX or XXXXXXXXX (after hours).

If DOH determines that testing is indicated, please order the Coronavirus panel, contact our lab to let them know to send the specimens and fill out the {Person Under Investigation Form (PUI)} form.

The DOH was contacted: **{YES/NO}**

Patient will be tested for COVID-19: **{YES/N0}**

**ED Course/Assessment/Plan:**

**{ED course/assessment/plan/differential diagnoses considered}**

Are there any pending lab tests upon patient discharge from ED, if "yes" please list which ones? **{YES/NO}**

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**Condition:**  **{DISCHARGE CONDITION}**

**Disposition: {Patient Disposition}**

**Diagnosis: {diagnosis}**

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