



Triage Assessment for Isolating COVID-19 (and Other Respiratory Viruses)

Facility: _____

Chief Complaint: _____

Date: _____ Time: _____

Name:	DOB:
HSN:	Contact Phone:

SECTION 1:

Part A	As patients enter the Emergency Department, have them perform hand hygiene while you initiate the following screening. Rapid assessment for isolation: Does the patient have <u>ANY</u> of the following:	YES	NO
<input type="checkbox"/> Sudden onset of NEW cough or change to existing cough? <input type="checkbox"/> Fever ($\geq 38^{\circ}\text{C}$ on arrival or by patient history)? Note: over 65 and under 5 years of age, fever may not be present <input type="checkbox"/> Sore throat? <input type="checkbox"/> Shortness of breath and/or difficulty breathing? <input type="checkbox"/> Pediatric – sudden onset of any of the following: <input type="checkbox"/> Runny nose, cough, sneezing? <input type="checkbox"/> GI symptoms (under the age of 5)?		<input type="checkbox"/>	<input type="checkbox"/>

Actual Temp:
_____°C

****NOTE: > 65 and < 5 years of age – fever may not be present****

If "YES", provide patient with simple procedure mask and initiate Droplet/Contact Precautions for ILI.

All pediatric patients must receive physician assessment.

Isolate in designated treatment areas.

If patient appears unwell, proceed directly to Triage/ treatment space.

Part B	Has the patient recently had <u>ANY</u> of the following:	YES	NO
<input type="checkbox"/> Travel to BC, ON, QC, AB or outside Canada (including USA)? Where: _____ <input type="checkbox"/> Close (within 2 metres) or prolonged contact with confirmed or probable case of COVID-19 without proper PPE? <input type="checkbox"/> Travel outside of Saskatchewan to mass gathering over 25?		<input type="checkbox"/>	<input type="checkbox"/>

Patient Answers	Part A	Part B	Action	
	NO	YES	No other medical concerns	Send home with self-monitoring information.
	YES	YES		Complete Section 2 below.
	YES	NO	Has other medical concerns	Isolate in COVID area.
	NO	YES		Isolate in COVID area.
	NO	NO		Proceed to triage for regular triage process.

SECTION 2: Screening to determine if patient requires Emergency Department care or can be directed away with Self-Monitoring instructions.

Heart Rate greater than 110	HR:	Medical History (Circle any that apply)	
SpO ₂ less than 92%	SpO ₂ :	Active Cancer Treatment	Immunocompromised
Age greater than 60 years	Age:	Active Heart Issues	Active Lung Issues

If any of section 2 is outside normal limits, patient is to be seen in the Emergency Department. Isolate in the designated treatment areas. If all parts of Section 2 are within normal limits, provide patient with information for the Off Site Testing Centre. **Fax this form to the local Assessment Centre.**

Disposition: ☐ ED ☐ Home with Self-Monitoring Information ☐ Home with Testing Centre Referral and Self-Isolation Information

Signature/Designation: _____

Send to inpatient unit with patient, if admitted.

FAX TO OR WITH CONSENT IF PATIENT FOR SURGERY

☐ COVID-19 Swab sent: _____