

STEP 1 – SCREEN EVERYONE

May be completed by ANY STAFF MEMBER: CNA, MA, EMT, RN/LPN, Ward clerk, etc.

1. Have you had a fever within the past 7 days? YES or NO
2. Have you had a cough? YES or NO
3. Have you felt short of breath that is different from normal for you? YES or NO

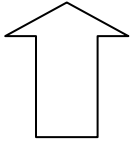
Have you already spoken to someone over the phone about these questions before coming to RCH? YES or NO

(If yes, what was their recommendation?):

<< IF ANSWERED YES TO (2) QUESTIONS, PROCEED TO >>

Education and send home if *no shortness of breath*, or trained STEP 2 RN Screening for further screening.

May screen/counsel by phone, car/curbside - if patient is unable to wait in car, Step 2 may occur in Respiratory ED before contact with physician/APP



Step 1: Read above. IF the patient screens negative, send them on their way home WITH COVID-19 EDUCATION. Obviously, if the individual is here to be with a loved one, send them into RCH to do so. **NO DOCUMENTATION needs done for these people.** Step 1 is for **PATIENTS AND VISITORS.** IF the patient/visitor screens POSITIVE during Step 1, always let them know they can still go home if they are not feeling in distress. **They DO NOT have to go into Step 2 of our screening process if they do not feel as if it is necessary.** Once again, always make sure we give COVID-19 education out. Let them know (in a tactful way) we recommend they go home. No treatment for this virus unless they are sick enough to be admitted to the hospital.

STEP 2 – RN SCREENING EXAM: COVID-19

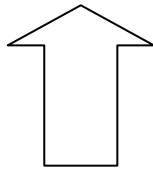
1. NAME: _____ DOB/AGE: _____ PHONE NUMBER: _____

CAR/CURBSIDE ONLY: Have you been seen at RCH or MAMC at anytime in the past? YES or

NO

- d. COPD or Asthma? YES or NO
- e. Cancer/Are you using chemotherapy? YES or NO
- f. Any illness or medicine that lowers your immune system? YES or NO
- g. Do you smoke or vape? YES or NO
- h. ARE YOU EXPERIENCING: (circle symptoms) Nausea / Vomiting / Diarrhea

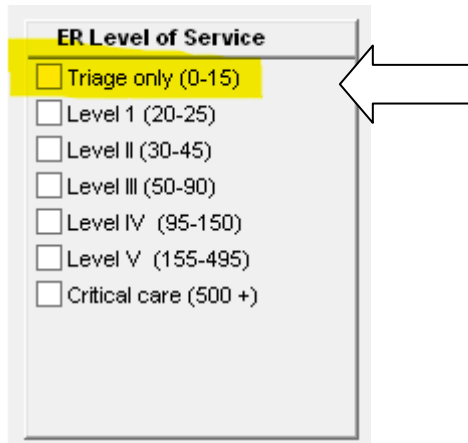
<< IF YES AND ADMITTING, MASK EVEN IF NO RESPIRATORY SYMPTOMS! >>



Step 2: Read above. We will be implementing fanny packs for curbside triage. We will make sure you have the above questions with you while triaging. In your fanny pack you will have some type of a note card to chart on. IF the patient screens positive and the RN does a medical screening on them, this patient will eventually have to be REGISTERED into our EHR as an ER patient. Charting will come when the RN doing the exam has a break from triaging curbside. Things that HAVE to be done in your documentation.

1. This patient will be registered as an ER patient
2. ED triage will be filled out with full set of vital signs and synopsis why patient is getting screened
3. Progress note(s) on what we did for patient. VS, lab work, etc.
4. ED Level needs to be done. THE ONLY THING that needs filled out for the ER Level is check boxing the "triage only" box. NO OTHER BOXES NEED CLICKED IN THE TAB. This will generate a 55\$

nurse only triage charge for the patient. PLEASE ASK IF ANY QUESTIONS.



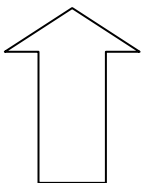
The image shows a screenshot of a form titled "ER Level of Service". The form contains a list of service levels, each with an unchecked checkbox. The first option, "Triage only (0-15)", is highlighted in yellow. A white arrow points from the right side of the form towards this highlighted option. The other options are: "Level 1 (20-25)", "Level II (30-45)", "Level III (50-90)", "Level IV (95-150)", "Level V (155-495)", and "Critical care (500 +)".

STEP 3 – ADMIT TO RESPIRATORY ED

1. Step 2 Screener: **NOTIFY** registration of Admission to ED
2. Have patient **PARK AND WAIT** until you see Staff at North Entrance ready to open the door.
3. **Step 3 Respiratory ED RN/EMS: Proceed to North Entrance** to meet patient. **DON PPE.**
 - Notify Step 2 Screener that you are ready to receive the patient.
4. Step 2 Screener: **Escort patient** to North Entrance **maintaining 3-6 feet distance** from patient.
5. If patient is in **distress**, notify Registration that a wheelchair or EMS assist is needed.
6. **Step 3 Respiratory ED RN/EMS:** If patient's **pulse ox** is <88% on room air or <90% and dyspneic, apply NC and titrate to 90-95% O2.
 - **Apply surgical mask OVER NC.**

- **NO HIGH FLOW O2** without ED attending management.
 - Do not turn on O2 without mask on patient.
7. Ensure **ED attending** has been notified if the patient is in respiratory distress
 8. Triage patient in Paragon and update Patient Profile. Enter Strep, Influenza standing order and send results to Lab.
 9. Stay tuned for further standing orders. For now, per **ED attending**.
 10. In addition to usual triage questions, ensure Step 2 RN Screening Question 8 patient history is completed and documented in Paragon:
 - High blood pressure
 - Heart disease? (coronary artery disease; *a-fib does not count*)
 - Diabetes
 - COPD or Asthma
 - Cancer/Are you using chemotherapy
 - Any illness or medicine that lowers your immune system
 - Do you smoke or vape
 - Nausea / Vomiting / Diarrhea

****DO NOT remain in room with patient if not performing care and patient is stable. We need to balance preserving PPE with decreasing healthcare worker exposure.**



Step 3: Read above. Step 3 is when the RN doing the medical screening feels as if the patient needs to be seen in our RESPIRATORY ED. Please read the steps above. IF the patient gets to Step 3, we need to make sure that the triage nurse is taking time during their shift to go into the patients chart and making a progress note on the triage assessment that was done BEFORE the patient was brought to the Respiratory ED.