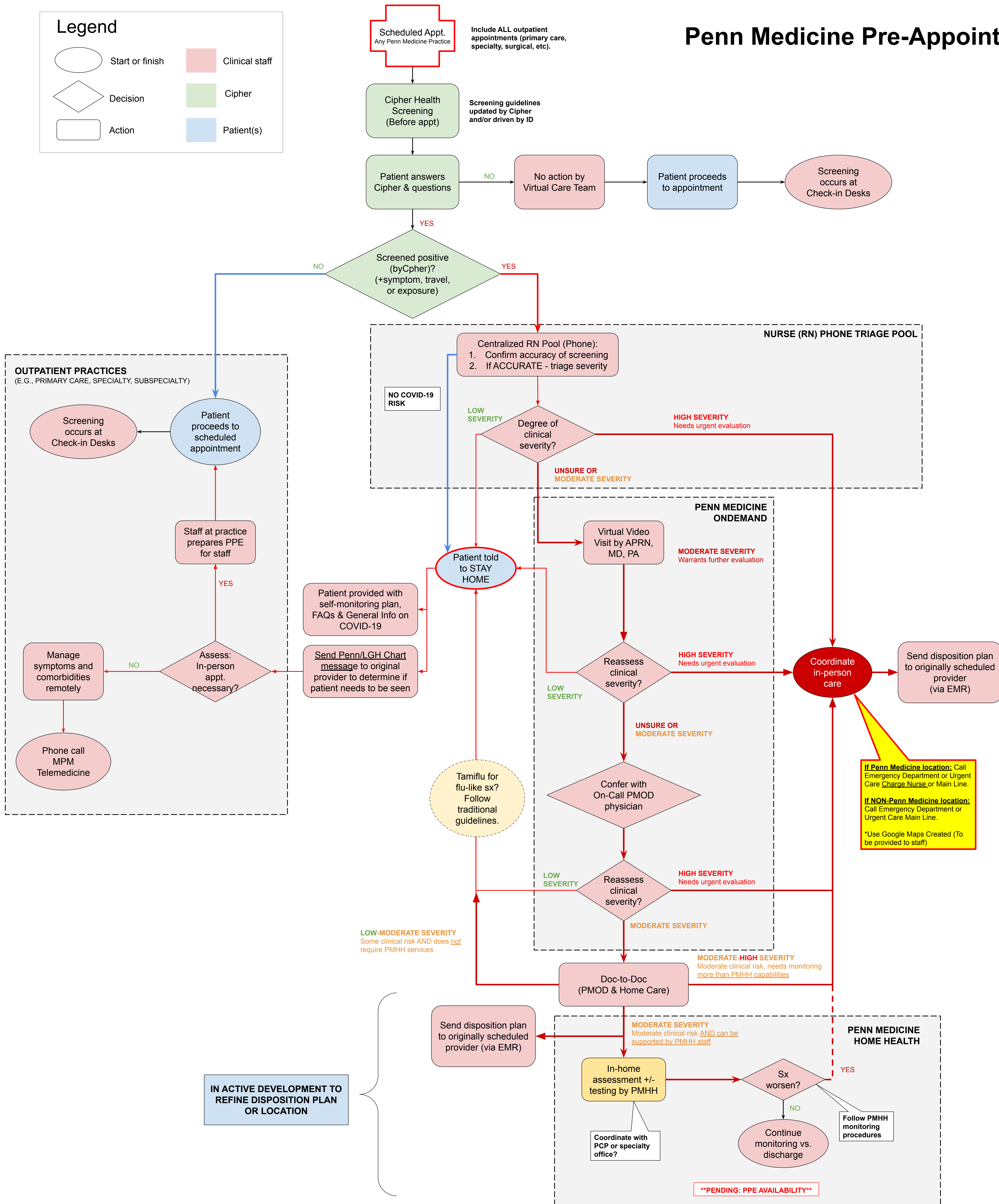
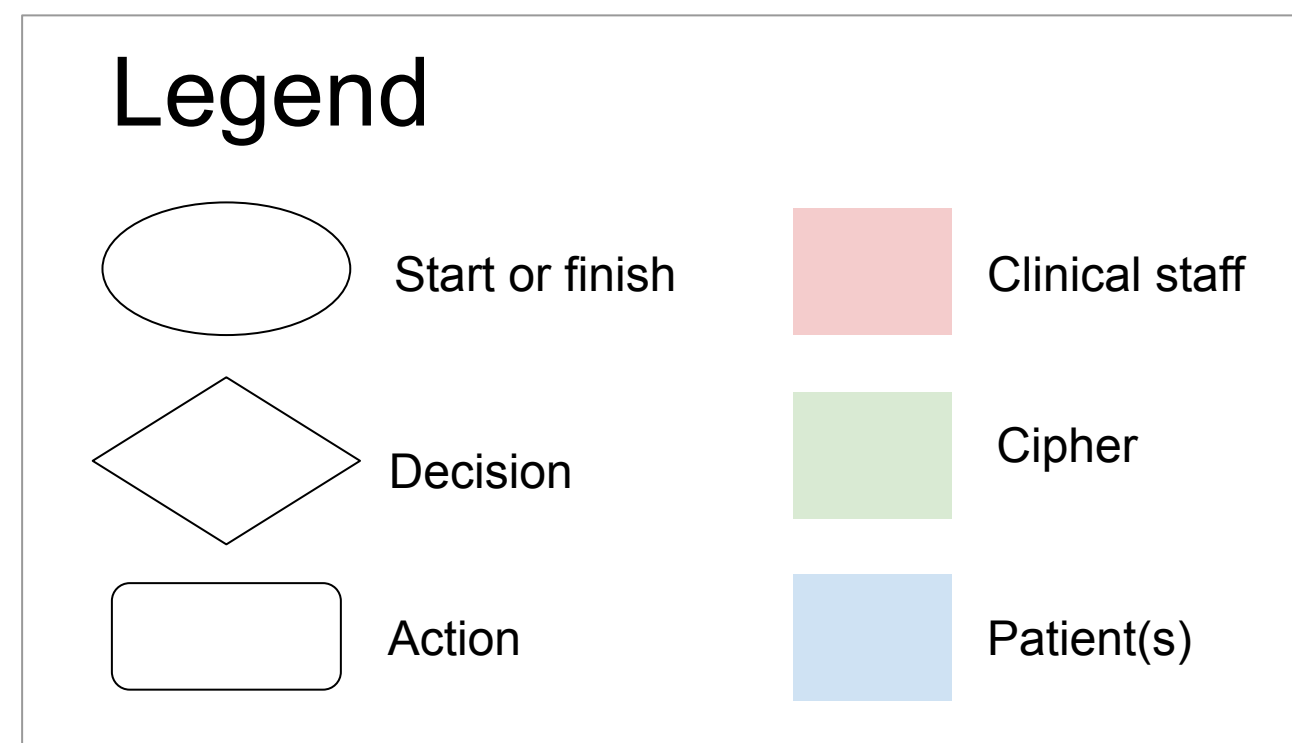


Penn Medicine Pre-Appointment COVID-19 Screening + Clinical Severity Assessment

Last Edited: March 17, 2020 (12 PM)



Part I: COVID-19 risk screening (As of March 14, 2020)

- REFER TO OUR INSTITUTIONAL BEST PRACTICE ADVISORY. THIS WILL BE UPDATED ALSO IN THE TWO NOTE TEMPLATES:
 - COVIDPREMDAPRNNP
 - COVIDPRERN

Part II: Symptom Screening for Severity Assessment

- Are you having continuous pain or pressure in the chest (not just with coughing or breathing)?
- Are you having shortness of breath? Here are some examples of what we mean: Are you breathing faster than normal? Do you feel more short of breath than usual when you walk or climb stairs? Are you wheezing?
 - (YES) Are you struggling to take each breath or having difficulty speaking because you are so short of breath?
- Is the patient difficult to arouse, or having ongoing, severe confusion? [If you are filling this out as the patient, answer No]
- Are your lips or face bluish?

If YES to 1, 2a, 3 or 4, STOP and direct to ED

- How many days have you been feeling sick with this illness? [(a) <2 days; (b) 3-4 days; (c) 5-21 days; or (d) more than 21 days]
- During this time, have you had a cough that is not usual for you?
- Since you began to feel ill, have you had any fevers?
 - (YES) Did you take your temperature with thermometer?
 - (YES) Did you take your temperature in Celsius or Fahrenheit?
 - (YES) What was your highest temperature?
- Have you had any of the following symptoms as part of this illness (choose all that apply)?
 - Muscle aches
 - Fatigue (feeling more tired or run down than usual)
 - Diarrhea
 - Headache
 - Sore throat
 - Abdominal (belly) pain
 - Runny nose
 - Shaking chills
- (If yes to fatigue) Are you so weak or dizzy that you cannot stand?
- During the time of your symptoms, have you vomited? Or have you felt Nauseous?
 - (YES) Right now, are you having trouble swallowing fluids or medications, or do you vomit each time you try to eat or drink?

Part III: Comorbidities & Risk Factors for Severe Illness

- Are you pregnant or have you given birth within the last two weeks?
- Do you have any conditions that weaken your immune system? (select all that apply)
 - Active cancer (not including previously treated cancer in remission)
 - An organ transplant or bone marrow transplant
 - An autoimmune disorder (such as rheumatoid arthritis or lupus)
 - Any condition for which you are currently taking steroids or other medications that weaken your immune system.
 - Any other condition that affects your immune system, such as HIV
 - None of the above
- Have you been told by a doctor that you have any of the following? (select all that apply)
 - Asthma, COPD, emphysema, or any other types of chronic lung Disease
 - Congestive heart failure or a weak heart
 - Over the past 2 weeks, have you had new/worsening leg swelling with weight gain of greater than 5 pounds?
 - Diabetes (Type 1 or Type 2)
 - Chronic kidney disease requiring dialysis
 - Chronic liver disease or cirrhosis
 - None of the above
- Age >65 years

HIGH SEVERITY *Emergent Evaluation*

If YES to any of the following (corresponding screening question):

- Chest pain (Q1)
- Severe or moderate SOB (Q2a, PII Q2)
- Confusion (Q3)
- Bluish lips or face (Q4)
- Severe weakness or dizziness (PII Q9)
- Trouble drinking fluids (PII Q10a)
- CHF + weight gain/leg swelling (PIII Q3bi)
- Fever & immunocompromised (any of PIII Q2a,b,c,d,e)

MODERATE: NON-URGENT *NON-Urgent Eval. (24-48 hours)*

- Any fever & 1+ comorbidities (other than immunocompromise)
- Cough & 1+ comorbidities
- Exposure + symptoms: ([Yes to fever or cough or SOB] AND [Yes to travel or close contact])

LOW SEVERITY *Self-Care, Remain at Home*

- Fever and/or cough without comorbidities
- Any other symptoms +/- comorbidities

If Penn Medicine location: Call Emergency Department or Urgent Care Charge Nurse or Main Line.
If NON-Penn Medicine location: Call Emergency Department or Urgent Care Main Line.
*Use Google Maps Created (To be provided to staff)

PENDING: PPE AVAILABILITY