

COVID-19 Non-Transport Screening Form for _____ Fire Department

Patient Name: _____ **Date of Birth:** _____

Crew Member Completing Screening Form: _____ **Time** _____

Date of Service: ___/___/2020 **Call Back Number for Patient (_____)** _____ - _____

Inclusion Questions			
Does the patient only have symptoms of an upper respiratory viral illness? cough, nasal and chest congestion, sore throat, body aches	Yes	No	Symptoms started ___/___/2020
Is the patient less than 50 years old?	Yes	No	Age _____
Patient has no significant comorbidities? Diabetes, heart disease, chronic lung disease (COPD/Asthma, etc), chronic renal disease (on dialysis), liver disease, cancer, autoimmune disorders, chemotherapy patients, patients on immunosuppressant medications and pregnant women	Yes	No	
Are vital signs within these acceptable limits?			
Resp. Rate: 8-20 breaths per minute or age appropriate limits	Yes	No	RR _____
O2 Sat: greater than or equal to 92%	Yes	No	Pox _____%
Heart Rate greater than 50 and less than 110 bpm or age appropriate limits	Yes	No	HR _____
Systolic BP 90 or greater than age appropriate lower limits	Yes	No	BP _____/_____
GCS: 15	Yes	No	GCS _____

If YES to all of the above: Patient is a candidate for non-transport without medical control contact. Proceed to Exclusions.

Exclusion Questions			
Chest pain, other than just with coughing?	Yes	No	
Shortness of breath with activity (that is more than usual)?	Yes	No	
Syncope?	Yes	No	
Cyanotic?	Yes	No	
Diaphoretic?	Yes	No	
Respiratory Distress? Ask the patient to take a deep breath and count as high as they can. If they can count to 15+ in the same breath, they are probably not in respiratory distress.	Yes	No	Count number _____
Patient is resident of long-term care facility?	Yes	No	

If YES to all Inclusion and NO to all Exclusion questions and at least one of the following conditions are met, patient is low risk and may be refused transport and be given COVID Home Resources Handout.

Patient can take care of themselves and has access to resources?	Yes	No
Patient has a support system that will take care of them?	Yes	No

If patient does not meet low risk criteria treat and transport.

If patient does not meet low risk criteria and in the opinion of the EMS crew the patient does not need transport, the patient is eligible for Region I COVID 19 Non-Transport Protocol

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Patient Transported?	Yes	No	Hospital
Medical Control Contacted? Not necessary if low risk	Yes	No	

Patient was advised to contact primary care physician if not transporting?	Yes	No
Patient is asymptomatic?	Yes	No
Just has concerns about COVID-19 or COVID-19 exposure?	Yes	No

If yes to both, asymptomatic and just has concerns about COVID-19 or COVID-19 exposure, no in person medical care advised per CDC recommendations. Do not transport and just provide patient with COVID Home Resources Handout.

Suggested wording "Based on your age, medical history, and our current assessment, you may have COVID-19 but your condition is not currently severe. Unfortunately, there is currently little we can do to treat COVID-19 besides rest, hydration and taking acetaminophen and/or NSAIDS for pains and fever. Fortunately, you don't meet criteria for evaluation in the emergency department. In order to limit exposures and preserve resources, we will not be transporting you to the hospital at this time but will give you alternative information regarding home care, alternative access and recommendations. If you want additional help or assessment, please contact a hotline or your primary care physician. There are symptoms listed on the top of this handout indicating need for emergency medical care and if you or your family develop any of those criteria, do not hesitate to call us again or go directly to the emergency department."