

UNMH COVID-19 Risk Assessment Tool

Use this form to help assess a patient's risk for COVID-19 and determine if testing is indicated or not. **WHEN COMPLETED, send a photo of completed form via TigerConnect to "Infection Control Emergency On Call."** Infection Prevention and Control will text back to acknowledge. **If ED or inpatient: ONLY send when FLURSV results are NEGATIVE.**

****IF PLANNING TO TEST, make sure you're wearing a N95 mask and a face shield/eye protection****

Put patient sticker here

First date of symptom onset: _____

Symptoms (check all that apply)	
<input type="checkbox"/> Fever: Subjective	<input type="checkbox"/> Chills
<input type="checkbox"/> Fever: Temp > 100F (37.8C)	<input type="checkbox"/> Rhinorrhea*
<input type="checkbox"/> Cough	<input type="checkbox"/> Malaise (tired)
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Headache
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Nausea
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Myalgias (achy muscles)	<input type="checkbox"/> Nasal Congestion
<input type="checkbox"/> Hypoxia	

*Rhinorrhea NOT associated with COVID-19 infection

NOTE: Most common symptoms are shaded in gray.

Comorbidities (at higher risk for complications):

- Diabetes
- Chronic lung disease
- Congestive heart failure
- Underlying malignancy or immunosuppression
- Age > 60

Rapid FLU-RSV or Rapid Strep (RAGPA) result (No need to send for COVID-19 testing if FLURSV or RAPGA test positive; lab will cancel)

- Positive for Flu A or B (circle one)
- Positive for RSV
- Positive for Rapid Strep (RAPGA)
- Negative

Moderate Risk:
Any comorbidity OR negative FLU-RSV

Risk factors (if any checked, then individual has higher risk for COVID)

- Travel to high risk areas (local community spread)
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
Location: _____ Time frame: _____
- Known contact with COVID-19 patient
- Healthcare worker with known high/moderate risk for COVID-19 exposure

High Risk: Any of these Exposures

Planning to admit?

- Yes
- No