COVID-19 Risk Screening Questions

Patient Matrixcare #: Date of Screening:	
	Enter yes or no
Have been in contact with someone who tested positive for, or had symptoms of	
COVID 19 in the last 14 days	
New cough, fever or shortness of breath in the last 72 hours	
Two or more of these symptoms that are new in the last 72 hours:	
• Chills	
Muscle aches	
Severe headache	
Sore throat	
Runny nose	
 Vomiting 	
Diarrhea	
 Loss of smell or loss of taste 	

If the answer to any of the above is yes:

Tested positive for COVID 19

- Staff should determine if regulatory or visit for symptom control is needed. These visits should continue to be made but staff should utilize appropriate PPE to minimize exposure.
- If no visit is needed, staff should review patient's current condition, medication regimen and supply and obtain MD orders for medications to help with symptoms as appropriate.
- Staff should enter info in Incident Tracker.
- Staff should update Netsmart:
 - Basic screen: INFECTION CONTROL: Date/Initiate droplet precautions and PPE
 - Clinical Note: INFECTION CONTROL: (Date)/Explain positive questionnaire answer(s) and need for droplet precautions and need for PPE.
- Staff should send notification to <a href="mailto:linear: linear: li