

COVID-19 Symptom Assessment Screening

Site Applicability

PHC – Long Term Care, Sub Acute Care, Acute Care, Ambulatory Care, Admitted patients in ED
Exceptions: Emergency Departments (admitted patients – see above)

Practice Level

RN, RPN, LPN

Requirements

Acute Care Admitted patients: The COVID-19 Patient Screening Assessment PowerForm (Ad Hoc) is completed on admission for all patients (**excluding** patients who are already **known** to be COVID positive or who are already under investigation for possible COVID). ([Paper version also available](#))

The Symptom Assessment Checklist in iView is completed at a minimum of once per shift for all patients; **excluding** patients who are already **known** to be COVID positive or who are already under investigation for possible COVID. (Two [Paper versions also available](#) – One for infants under 2 years and one for patients over 2 years)

Surgery same day admissions: The COVID-19 Patient Screening Assessment PowerForm (Ad Hoc) (or the paper equivalent) is completed 24 to 72 hours prior to PAC visit and again on admission to Surgical Day Care or procedure area (or on admission day if no PAC visit).

Ambulatory Care: The COVID-19 Patient Screening Assessment PowerForm (Ad Hoc) (or the paper equivalent) is completed 24 to 72 hours prior to patient's appointment at the ambulatory clinic and again when patient attends their appointment.

Long term Care: All new admissions and readmissions (following an acute care stay) are screened on arrival and for 14 days following and PRN based on direction of the MRP and Medical Health Officer.

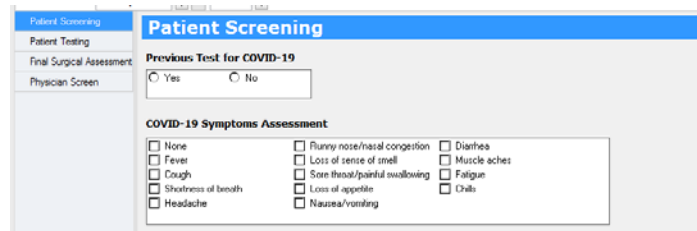
Need to Know

- Screening is intended to increase the likelihood of early detection of symptoms and to ensure patients/residents are placed on droplet/contact precautions as soon as possible to prevent transmission of the disease.
- New long term care residents and residents returning from an acute care stay will be placed in a single room with Droplet and Contact Precautions for 14 days.
- All long term care residents are monitored with a heightened vigilance to observe any change from their baseline.
- Refer to [Appendix A](#) for COVID investigation pathway

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Protocol

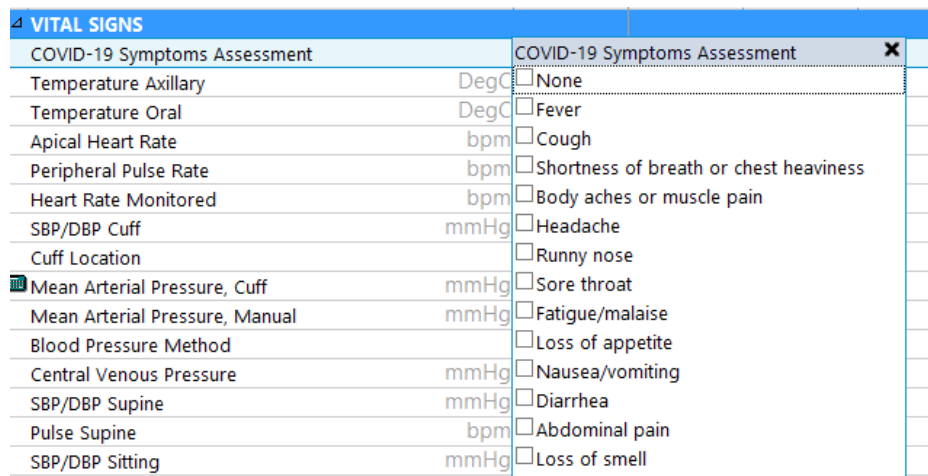
Assessment Pre-visit/Admission: From the Ad Hoc folder, complete the COVID-19 Screening Powerform or the [paper equivalent](#) (PHC-NF902 – available in FormFast and from Printing Services)



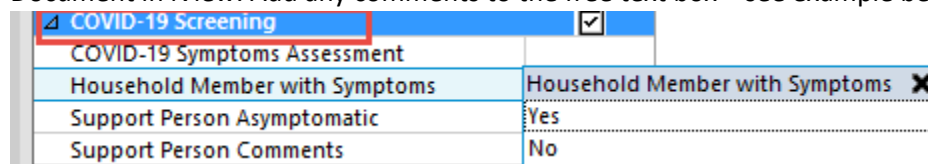
Ongoing: Screen patient/resident for symptoms using the Cerner iVlew band “COVID-19 Assessment”
Right Click on ‘Add Result’ to populate the symptoms (or click in the documentation cell).

For areas/sites not using Cerner documentation please use the paper forms, available from Printing and FormFast. See [Appendix B](#)

- Be alert for the development of symptoms, or any escalation of symptoms while providing care.



- In Maternity Centre and in other areas as appropriate
 - screen for household members showing any symptoms of COVID-19
 - Screen patient’s accompanying support person
- Document in iView. Add any comments to the free text box – see example below



COVID-19 Screening	<input checked="" type="checkbox"/>
COVID-19 Symptoms Assessment	
Household Member with Symptoms	
Support Person Asymptomatic	
Support Person Comments	Support person has been screened negative for COVID
PAIN ASSESSMENT	
Pain Present	

Interventions

- Escalate observation of new symptoms to Most Responsible Provider (MRP) for consideration of nasopharyngeal swabbing for viral testing. MRP to do a risk assessment with a low threshold for swabbing.
- Inform Clinical Nurse Leader/Charge Nurse
- Implement Droplet and Contact precautions for any in-patient being investigated for COVID-19.
- For ambulatory care patients, provide patient with a mask and ensure patient is seated in a separate area with appropriate social distancing until provider assessment is completed.
- In-patients remain in current room while swab pending, unless directed otherwise by Infection Prevention and Control (IPAC).
- Discontinuation of precautions is done in conjunction with MRP/IPAC only when negative test results are received and there is low suspicion of COVID-19.
 - Recommend MRP notes plan re further testing or discontinuing precautions in the Situational Awareness field
 - When discontinuing precautions (with an order) ensure that all orders for isolation are appropriately discontinued in Cerner or the alert will remain.

Documentation

Document assessment and interventions

- In the "COVID Symptoms Assessment" DTA of the Vital Signs section of the iVIEW within Cerner, OR
- On the COVID-19 Symptom Assessment form ([Appendix B](#)) OR
- On Interdisciplinary Notes.

Patient and Family Education

- Instruct patient in appropriate respiratory etiquette and hand hygiene.
- Explain why you are monitoring symptoms for all patients.
- Explain precautions to patient/family as necessary.

Related Documents

1. [B-00-07-10085](#) - Cardiac Arrest (Code Blue) Patients with COVID-19 Like Illness or Confirmed COVID-19
2. [B-00-07-10060](#) - Cardiac Arrest (Code Blue); Initiating SPH and MSJ
3. [B-00-10-10003](#) - Influenza-Like Illness (COVID-19) Confirmed or Suspected – Inpatient Care
4. [B-00-07-13078](#) - COVID Positive Patients Leaving Hospital without Medical Clearance and Discharge
5. [COVID-19 Outbreak Web Site](#)

References

1. B.C. Centre for Disease Control COVID-19 Care (2020). Accessed March 30 2020 at <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>
2. World Health Organization (2020) Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Accessed at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
3. CERNER documentation

Persons/Groups Consulted

Medical Director Infection Prevention and Control
Physician Program Director, Long term Care
Infection Control Practitioners
Professional Practice

Revised By:

Executive Director Patient Safety, Risk, Infection Prevention and Control

Infection Control Practitioner

Practice Consultants, Professional Practice

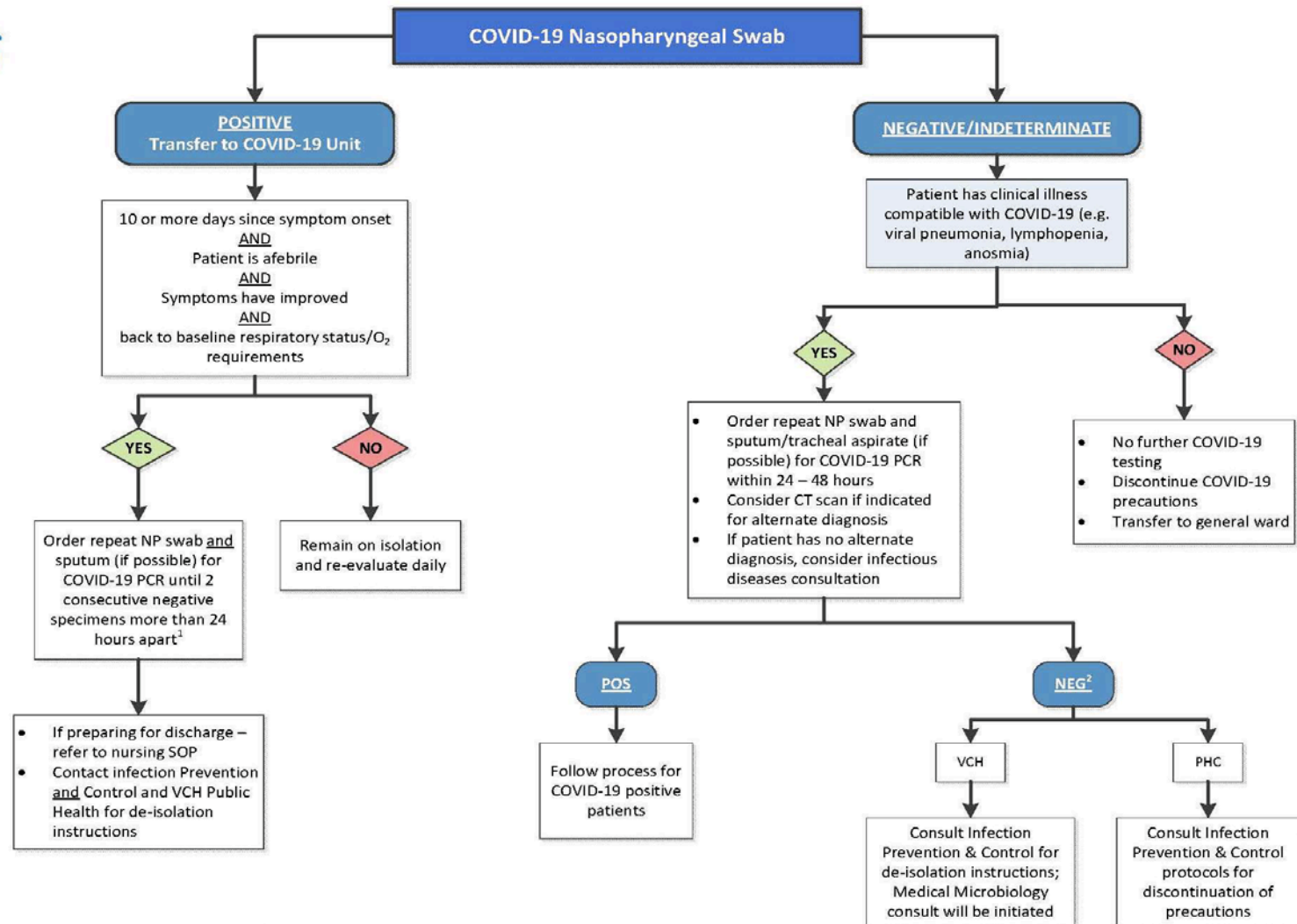
First Released Date:	02-APR-2020
Posted Date:	15-JUL-2020
Last Revised:	15-JUL-2020 (updated tools)
Approved By:	PHC
	Professional Practice Infection Prevention and Control
Owners:	PHC
	IPAC

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Appendix A



Respiratory Testing & Isolation Pathway for Confirmed COVID-19 Patients and Patients Under Investigation



Notes:

1. If a test is **positive**, repeat in 72 hours; if **negative**, repeat in 24 hours

2. If a patient is being managed as a presumed COVID-19 case despite repeatedly negative tests, Public Health should be advised in order to facilitate possible contact tracing.

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Appendix B (available from Printing, ChartScan and Form Fast)



COVID-19 SYMPTOMS ASSESSMENT PATIENT OVER 2 YEARS OF AGE



★ 8 4 5 2 ★

Nursing Assessment

Place Patient Form Label Here

Patient/resident is showing the following symptoms:

Assessment date:									
Time:									
NONE									
Fever									
Cough									
Shortness of breath or chest heaviness									
Body aches or muscle pain									
Headache									
Runny nose									
Sore throat									
Fatigue/malaise									
Loss of appetite									
Nausea/vomiting									
Diarrhea									
Abdominal pain									
Loss of smell									
Is there a household member with any symptoms of COVID-19? (Y/N)									
Is patient's support person asymptomatic? (Y/N)									
MRP notified of new symptoms									
Initials:									

Report any new symptoms to MRP immediately.

Document additional assessment information and interventions in Interdisciplinary or Nurses Notes.





Comments - Support person:

If you initial this form, you must complete the Interdisciplinary Signature Sheet at the front of the patient chart.

Note: 0 to 2 years version is FORM ID 8458, PHC-NF901 is available from Form Fast and Printing

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Appendix C (available from Printing, Chart Scan, Form Fast and as a fillable PDF)

<div style="display: flex; justify-content: space-between; align-items: center;">    </div> <p style="margin-top: 20px;">COVID-19 PRE-ADMISSION / ADMISSION ASSESSMENT</p> <div style="display: flex; align-items: center; margin-top: 20px;">  <div style="margin-left: 10px;">Interdisciplinary Assessment</div> </div>	<p style="text-align: center; color: #ccc;">Place Patient Label Here</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

INITIAL SCREENING: ☐ Unable to obtain patient history → Go to Physician Screen section on page 2

RISK FACTORS FOR COVID-19 EXPOSURE

In the last 14 days:		
Has patient been in close contact with anyone diagnosed with lab confirmed COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When? Date: _____
Has patient lived or worked in a setting that is part of a COVID-19 outbreak?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When? Date: _____
Has patient been advised to self-isolate or quarantine at home by Public Health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Contact info: _____
Has patient returned from travel outside of Canada?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Return date: _____ Travel location: _____
Comments: _____		

DOES THE PATIENT HAVE NEW ONSET, COVID-19 LIKE SYMPTOMS IN THE LAST 14 DAYS?

PRE-SCREEN - 24 to 72 hours prior to admission / visit / surgery	DAY OF ADMISSION SCREEN - On arrival / Day of surgery
Date/Time: _____ <input type="checkbox"/> N/A	Date/Time: _____
Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Fever <input type="checkbox"/> Yes <input type="checkbox"/> No
Cough <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough <input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath <input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath <input type="checkbox"/> Yes <input type="checkbox"/> No
Headache <input type="checkbox"/> Yes <input type="checkbox"/> No	Headache <input type="checkbox"/> Yes <input type="checkbox"/> No
Runny nose/nasal congestion <input type="checkbox"/> Yes <input type="checkbox"/> No	Runny nose/nasal congestion <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of sense of smell <input type="checkbox"/> Yes <input type="checkbox"/> No	Loss of sense of smell <input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat or painful swallowing <input type="checkbox"/> Yes <input type="checkbox"/> No	Sore throat or painful swallowing <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of appetite <input type="checkbox"/> Yes <input type="checkbox"/> No	Loss of appetite <input type="checkbox"/> Yes <input type="checkbox"/> No
Nausea and/or vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea and/or vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No
Muscle aches <input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle aches <input type="checkbox"/> Yes <input type="checkbox"/> No
Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No
Chills <input type="checkbox"/> Yes <input type="checkbox"/> No	Chills <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient referred for testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient referred for testing <input type="checkbox"/> Yes <input type="checkbox"/> No
Support person asymptomatic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Support person asymptomatic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Signature: _____	Signature: _____
Printed name: _____	Printed name: _____
Designation: _____	Designation: _____

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FORM ID - 8480 (PHC-NF902) VERSION 2020 JUL 8
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**COVID-19
PRE-ADMISSION / ADMISSION ASSESSMENT**

Place Patient Label Here



Interdisciplinary Assessment

PHYSICIAN/SURGEON SCREEN:

COVID-19 NP test performed	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____
		Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
If test has not been performed, do you recommend testing patient?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Reason: _____
<input type="checkbox"/> Unable to perform swab	Reason: _____	
Screened by:		
Signature _____	Printed name _____	Date/Time _____

FINAL TEAM ASSESSMENT:

COVID-19 risk factor (travel, contact, outbreak)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
COVID-19 like symptoms that cannot be explained by another medical or surgical diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
COVID-19 test result	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown/Pending <input type="checkbox"/> N/A
Comments:	
<p align="center">Confirm Patient Risk Category: (refer to table below)</p> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> GREEN</div> <div><input type="checkbox"/> YELLOW</div> <div><input type="checkbox"/> RED</div> </div>	

PATIENT RISK CATEGORY TABLE:

COVID-19 Risk Factors	COVID-19 Symptoms	COVID -19 Test Results	COVID -19 RISK CATEGORY
No	No	Not required	GREEN
No	No	Negative	GREEN
Yes	No	Negative	GREEN
No	Unknown	Negative	GREEN
No	Yes	Negative	GREEN
Yes	Yes	Negative	GREEN
Unknown	Unknown	Unknown/pending	YELLOW
Yes	No	Unknown/pending	RED
No	Yes	Unknown/pending	RED
Yes	Yes	Unknown/pending	RED
-	-	POSITIVE	RED