



COVID-19: Interim Guidance for Health Care and Public Health Providers

contacts, first confirmed case at the institution, first COVID-19 contact investigation at the institution).

The following events require same-day reporting to the COVID-19 SharePoint:

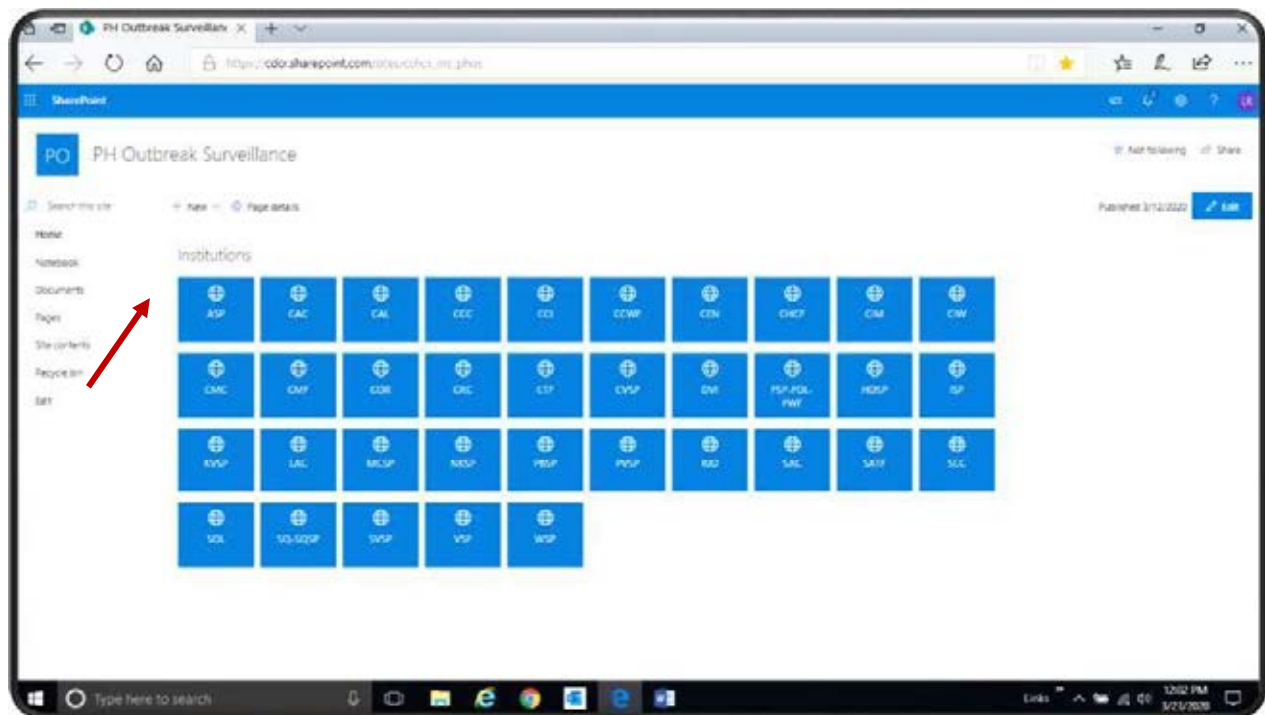
https://cdcr.sharepoint.com/sites/cchcs_ms_phos

- **All new suspected and confirmed COVID-19 cases.**
- **All new COVID-19 contacts.**
- For previously reported cases: new lab results, new symptoms, new hospitalizations, transfers between institutions, discharges/paroles, releases from isolation, deaths.
- For previously reported contacts: new exposures, transfers between institutions, discharges/paroles, releases from quarantine.

No report is needed if there are no new cases/contacts and no significant updates to existing cases/contacts.

REPORTING IN SHAREPOINT

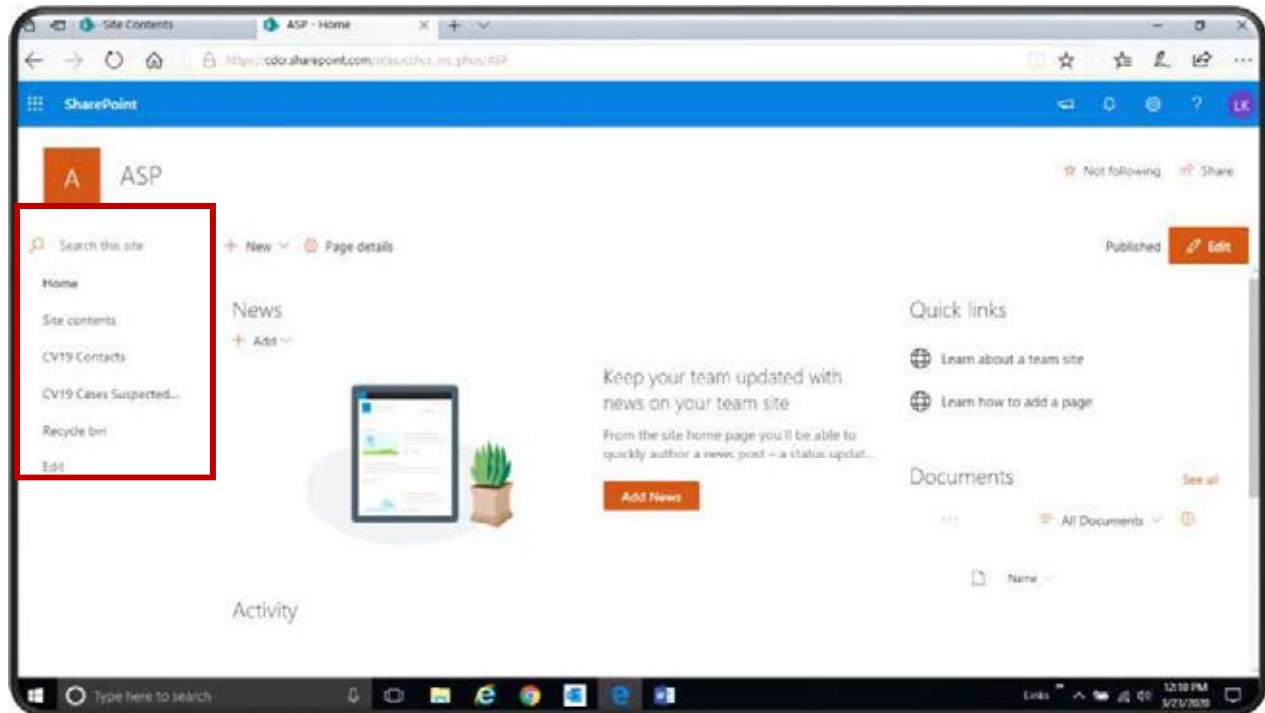
https://cdcr.sharepoint.com/sites/cchcs_ms_phos Click on your institution.





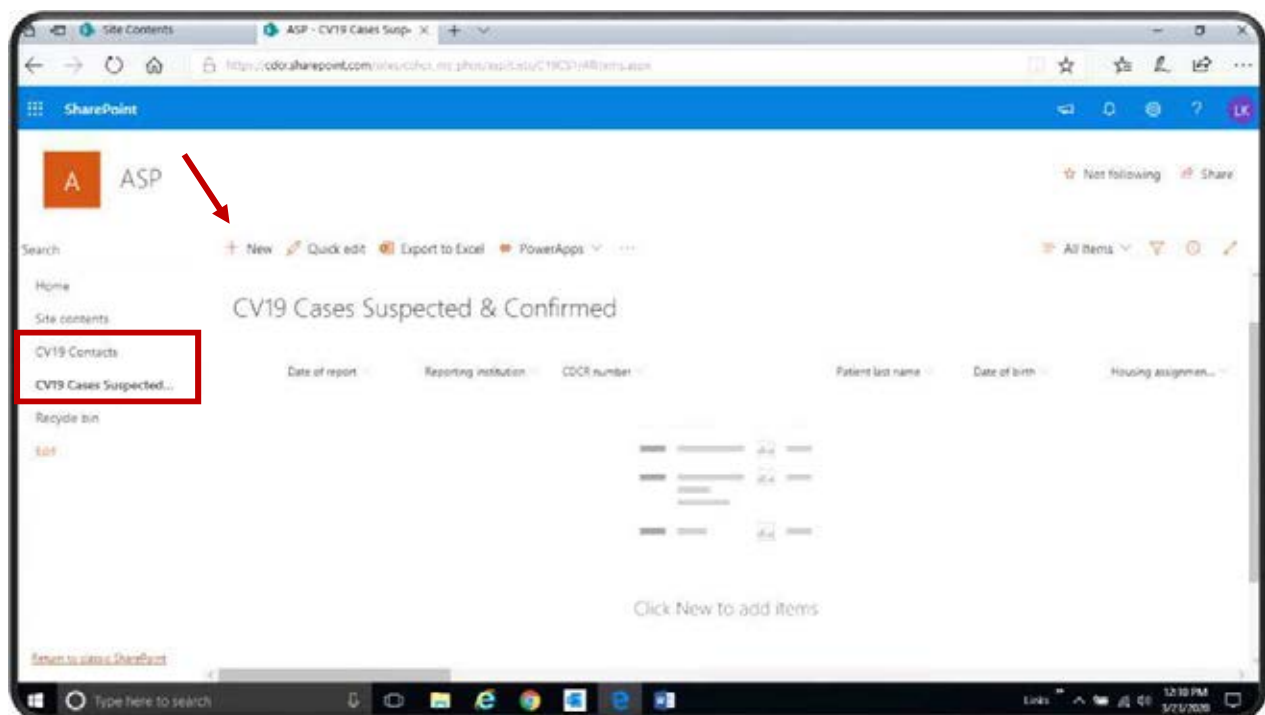
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Each institution has a home page with a navigation panel on the left.



To access the CASES line list, click on **CV19 Cases Suspected & Confirmed**. To access the CONTACTS line list, click on **CV19 Contacts**. This guide applies to both the CASES and CONTACTS line lists.

To add a new patient to a line list, click on **New**





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A new record (data entry form) will open on the right.

The screenshot shows a SharePoint 'New item' form for 'CV19 Cases Suspected & Confirmed'. The form fields include:

- Date of report:** 3/23/2020
- Reporting institution:** ASP
- CDCR number *:** Enter value here
- Patient last name:** Enter value here
- Date of birth:** Enter a date

Scroll through the form to enter data. Brief instructions are provided below the form fields. Refer to the **Data Definitions** section on page 9 for detailed instructions for each field in the CASES and CONTACTS line lists. Click on **Save** at the bottom of the form to add the report to the line list.

The screenshot shows the bottom portion of the SharePoint 'New item' form. The form fields include:

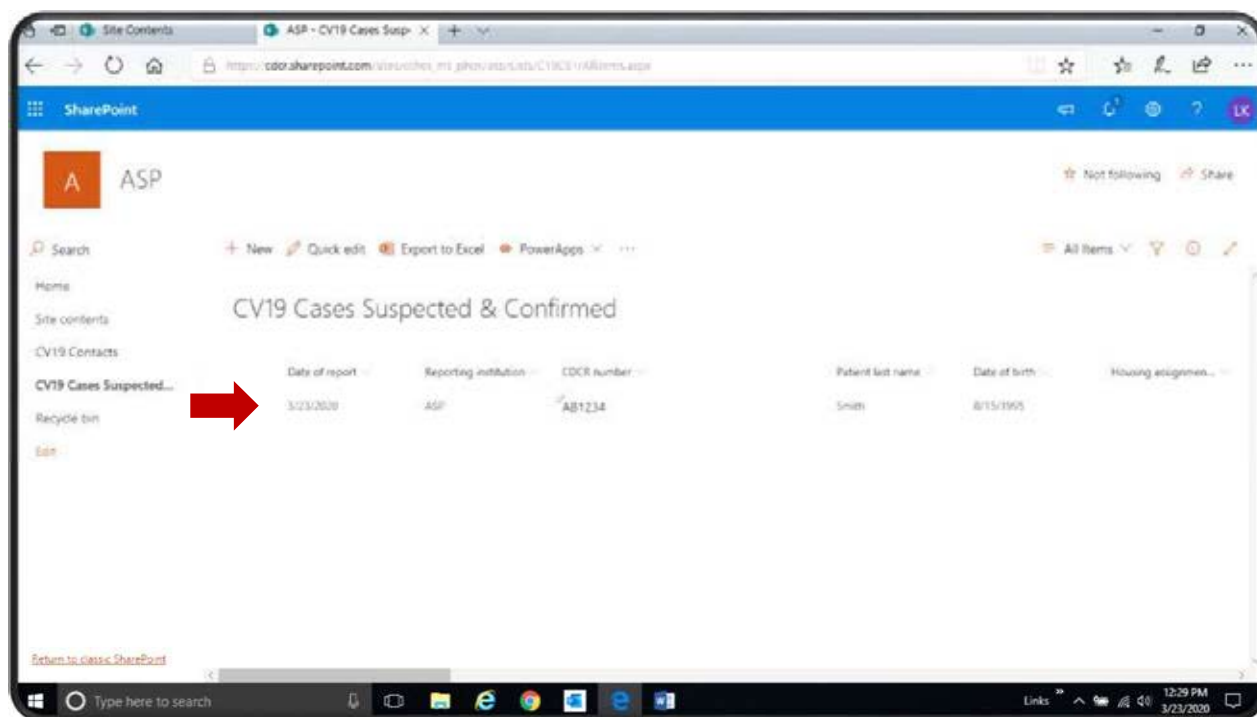
- Release from isolation criteria for COVID-19:** Select options
- Case closed:** Select options
- Reason for closing case:** Select options
- Transfer institution:** Select an option
- Date case closed:** Enter a date

The **Save** button is highlighted with a red arrow.

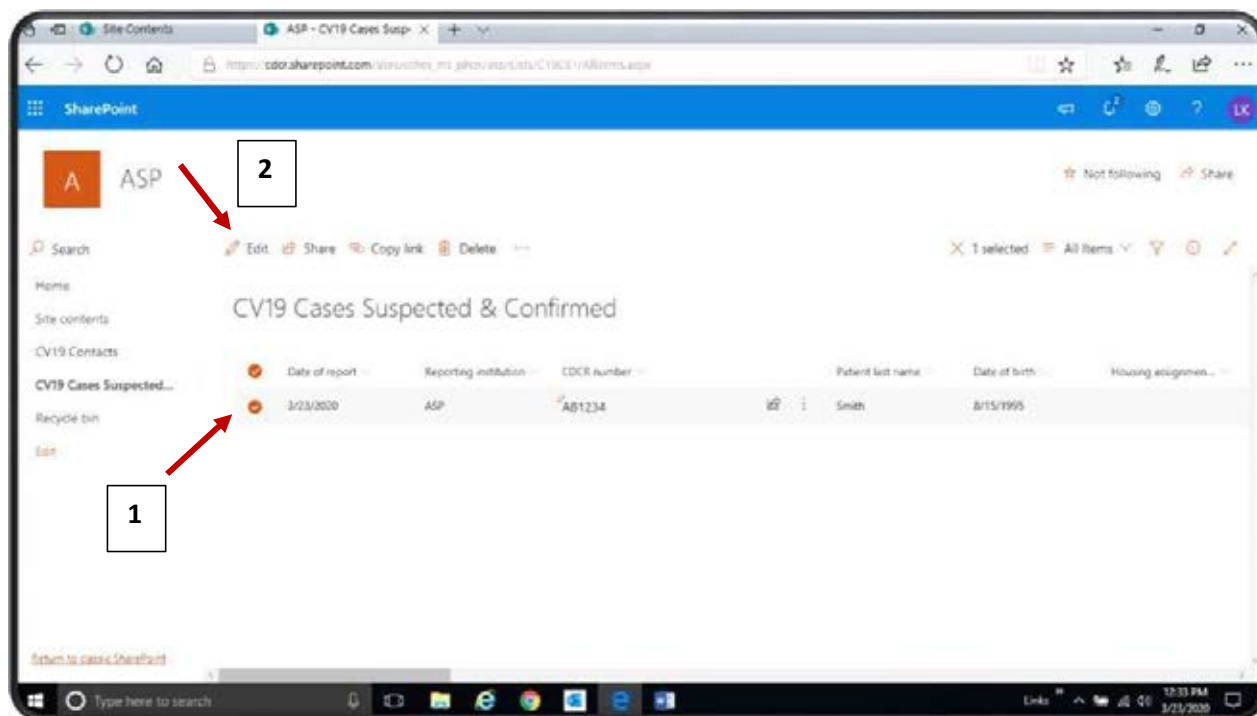


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Saving the form adds the report to the line list.



To enter updated information after saving the form, click on the row [1] to select the record in the line list, then click on **Edit** [2] to re-open the form.





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Enter your new information (e.g., diagnostic test, isolation dates) and click on **Save** (as above).

Date of report	Reporting institution	CDR number
3/23/2020	ASP	AB1234

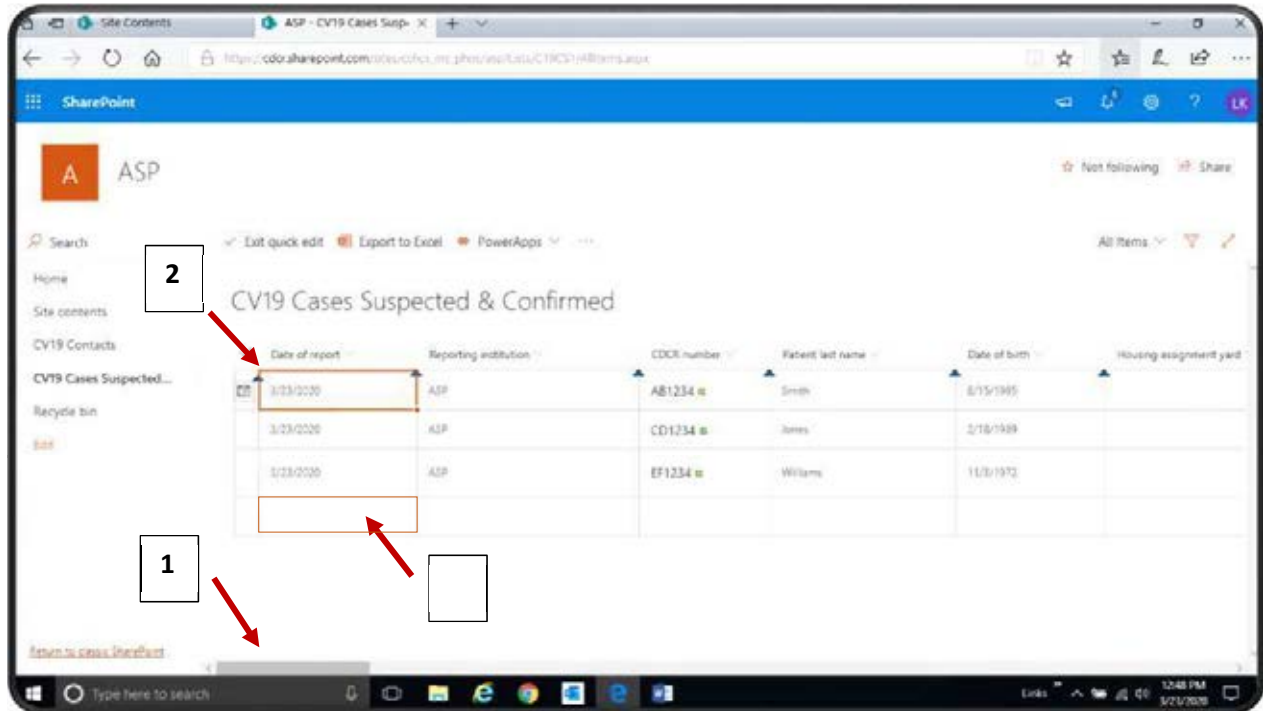
To edit a record directly in the line list, you can also click on **Quick Edit**.

Date of report	Reporting institution	CDR number	Patient last name	Date of birth	Housing assignment
3/23/2020	ASP	AB1234	Smith	8/15/1995	
3/23/2020	ASP	CD1234	Jones	2/18/1989	
3/23/2020	ASP	EF1234	Williams	11/3/1972	

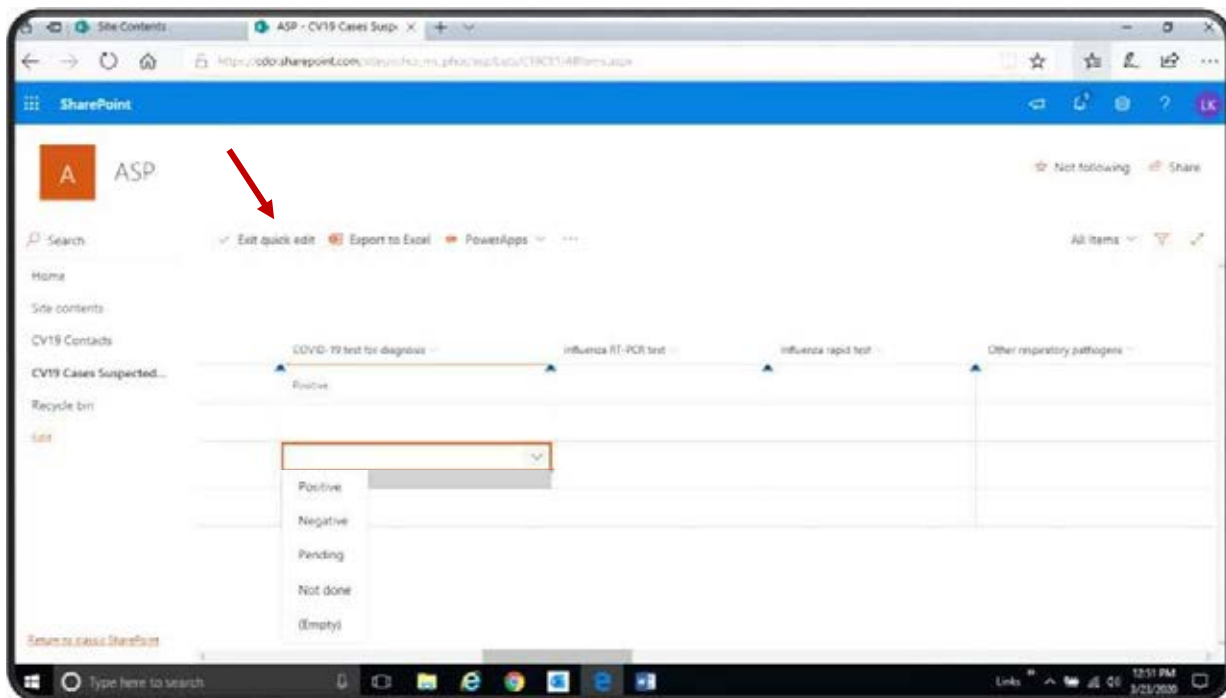


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Use the scroll bar [1] to move across the line list. Clicking on any field [2] will highlight it and enable an update to be entered. You can also cut and paste from an Excel spreadsheet into a blank row [3] in SharePoint (e.g., to add a list of CDCR numbers to initiate reports for new patients).



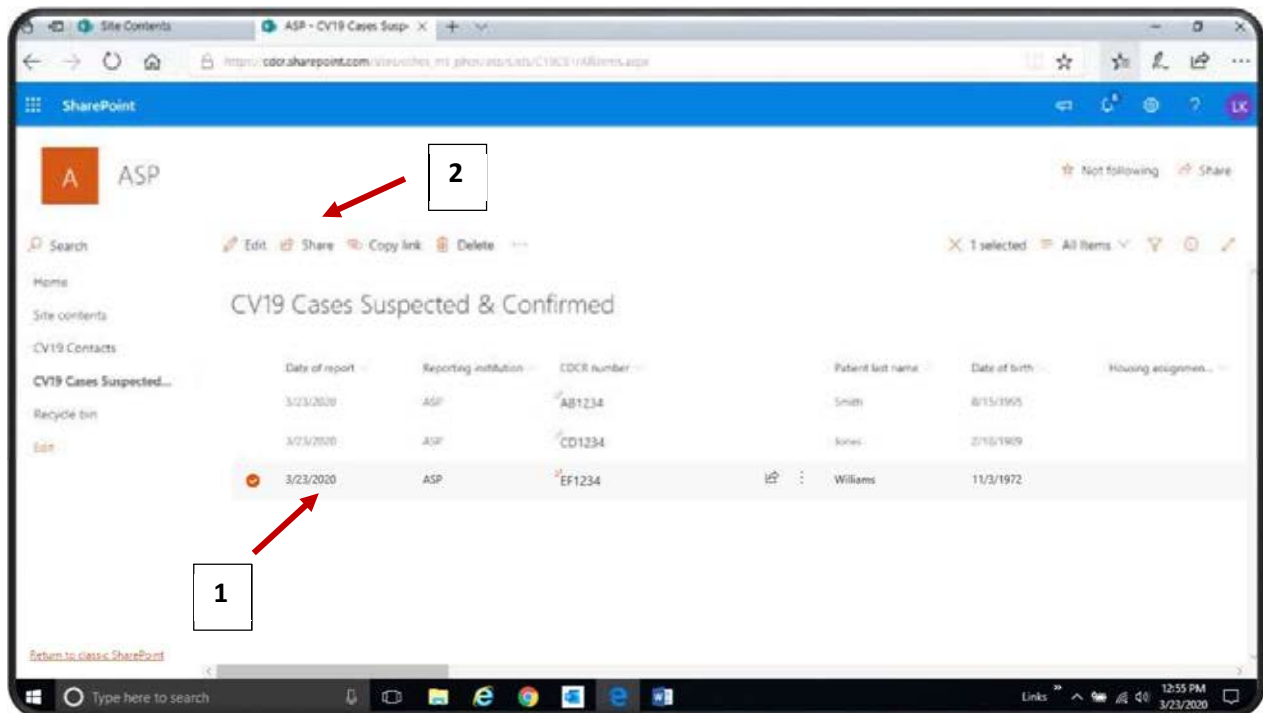
After entering new information into the line list, click on **Exit Quick Edit** to save the update.



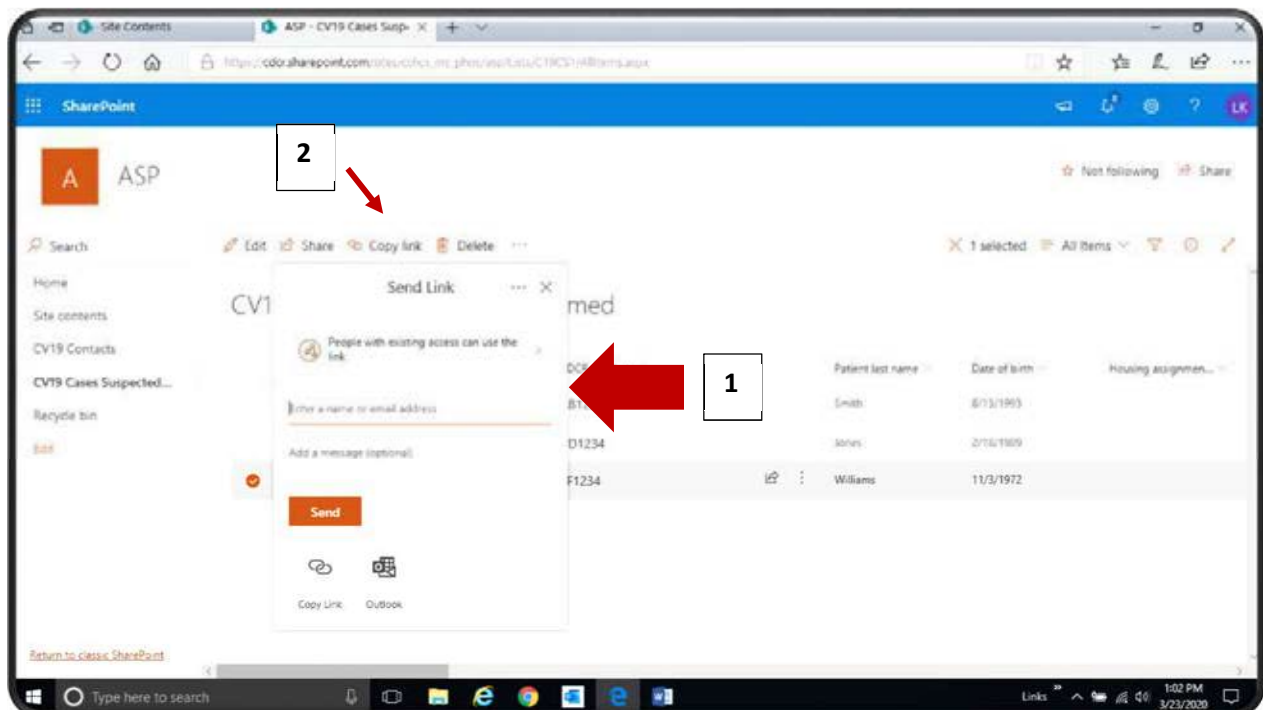


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To share a link to an individual case report (e.g., to communicate with other health staff in the institution), select the record by clicking on it [1] and then click on **Share** [2].



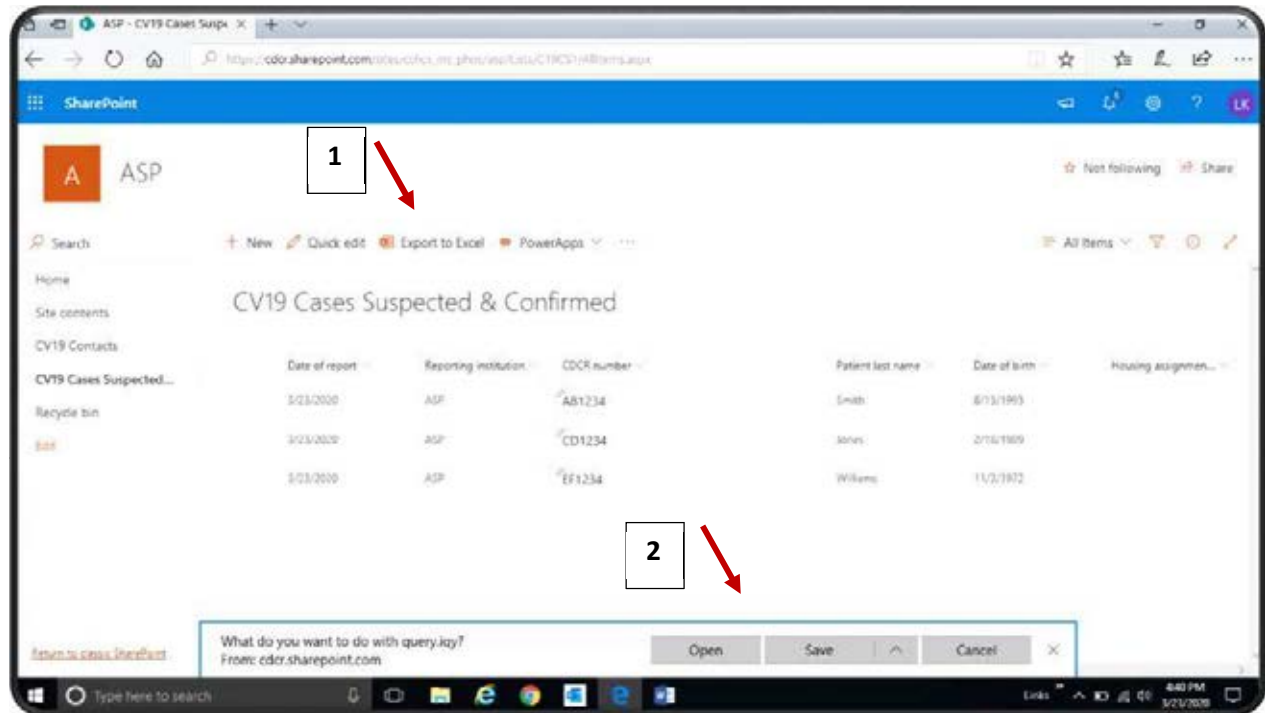
A link to the case or contact report can be sent by entering an email address in the pop-up [1] or by clicking on **Copy Link** [2] and pasting the generated link into a separate email thread.





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Click on **Export to Excel** [1] to create a copy of your CASES or CONTACTS line lists into a spreadsheet that can be saved for other non-reporting activities. Click on **Open** or **Save** [2] to view or save the spreadsheet in Excel.



DATA DICTIONARY

COVID-19 CASES SUSPECTED AND CONFIRMED

Field	Definition / Instruction
Date of Report	Date that the suspect or confirmed case-patient was initially reported. This field is auto-populated and should not be edited.
Reporting Institution	The default value (auto-populated) is the hub institution. If the patient is at a Community Correctional Facility (CCF), select the CCF from the drop-down menu.
CDCR number	In addition to the CDCR number, enter the patient's last name and date of birth. These are needed for PHB identification if the CDCR number is entered in error. Enter the birth date in M/D/YYYY format.
Patient last name	
Date of birth	
Housing assignment yard	Enter the patient's housing location (optional, for institutional use).
Housing assignment building	Usually, the cell bed or number is a 3-digit number. In some cases it may be followed by a single letter representing upper or lower bunk (U or L).
Housing assignment tier	
Housing assignment cell bed bunk	



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Field	Definition / Instruction
COVID-19 test for diagnosis	Select an option from the drop-down list to record the result or status of the COVID-19 test used for diagnosis. Sometimes NP and OP swabs may be collected and tested separately. If ANY specimens tested positive, select Positive. If ALL specimens tested negative, select Negative.
Influenza RT-PCR test	Did the patient have the RT-PCR test for influenza? Select the result or status from the drop-down list.
Influenza rapid test	Did the patient have the rapid test for influenza? Select the result or status from the drop-down list.
Other respiratory pathogens	Did the patient test positive for any other respiratory pathogen besides COVID-19 or influenza? Select and option from the drop-down list.
Specify other resp pathogen(s)	If the patient tested positive for another respiratory pathogen, enter the pathogen(s) in the text box.
Symptoms	Select all symptoms that apply at any time during this illness from the drop-down list.
Date of symptom onset	Enter the first date that the patient had any of the symptoms checked above. Enter the date in M/D/YYYY format.
Date of symptom resolution	Enter the last date that the patient had any of the symptoms checked above. Enter the date in M/D/YYYY format.
Close contact	In the 14 days prior to symptom onset, did the patient have close contact with a confirmed case of COVID-19? Refer to the current COVID-19 guidance for definitions of close contact. Select an option from the drop-down list.
Cluster of influenza like illness	Is the patient linked to a cluster of influenza like illness? Select a response from the drop-down list.
Patient hospitalized (outside hospital)	Has the patient been hospitalized at an outside hospital for this illness? Select an option from the drop-down list.
Isolation status	Select the patient's current isolation status (e.g., alone in AIHR, at an outside hospital, released from isolation) from the drop-down list.
Date isolation began	Enter the date the patient was isolated. Enter the date in M/D/YYYY format.
Date released from isolation	Enter the date the patient was released from isolation (M/D/YYYY). Enter the date in M/D/YYYY format.
Release from isolation criteria for COVID-19	Check all that apply to indicate the criteria the patient met to be released from isolation or indicate the patient does not currently meet any criteria for release from isolation.
Case closed	Check if the case has been closed (i.e., the patient is no longer an active case in your institution).



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Field	Definition / Instruction
Reason for closing case	If the case has been closed, select all reasons that apply from the drop-down list (e.g., the patient was ruled out for COVID-19, recovered, died, or was transferred or released).
Transfer institution	If the patient was transferred to another institution or CCF before the case was closed, select the institution or CCF from the drop-down list.
Date case closed	Enter the date that the case was closed in M/D/YYYY format.
Modified	Auto-populated date and time of the most recent edit/update to the report. This date/time cannot be edited by the user.
Modified by	Auto-populated user who last edited the report. This entry cannot be edited by the user.

COVID-19 CONTACTS

Field	Definition / Instruction
Date of report	Date that the contact to a confirmed case of COVID-19 was initially reported. This field is auto-populated and should not be edited.
Reporting institution	The default value (auto-populated) is the hub institution. If the patient is at a Community Correctional Facility (CCF), select the CCF from the drop-down menu.
CDCR number	In addition to the CDCR number, enter the patient's last name and date of birth (M/D/YYYY). These are needed for PHB identification if the CDCR number is entered in error. Enter the birth date in M/D/YYYY format.
Patient last name	
Date of birth	
Housing assignment yard	Enter the patient's housing location (optional, for institutional use).
Housing assignment building	Usually, the cell bed or number is a 3-digit number. In some cases it may be followed by a single letter representing upper or lower bunk (U or L).
Housing assignment tier	Select all reasons that apply to the current quarantine from the drop-down list. Use "close contact" as defined by the current COVID-19 guidance.
Housing assignment cell bed bunk	
Quarantine reason	Select all reasons that apply to the current quarantine from the drop-down list. Use "close contact" as defined by the current COVID-19 guidance.
Date of last exposure	This date is used to calculate the end of the quarantine period. This value must be updated if the patient is re-exposed to COVID-19. Enter the date in M/D/YYYY format.
Quarantine start date	Enter the earliest date that the patient was placed on quarantine. Enter the date in M/D/YYYY format.
Quarantine end date	Enter the anticipated (future) or actual (past) end date of the quarantine for this patient. Enter the date in M/D/YYYY format.
Type of quarantine	How is (or was) the patient being quarantined. Select an option from the drop-down list.
Reason quarantine ended	Select all options that apply for reason(s) the patient's quarantine ended (e.g., the patient completed the quarantine without re-exposure, developed symptoms [i.e., suspect case], transferred) from the drop-down list.



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Field	Definition / Instruction
Transfer institution	If the patient transferred to another CDCR institution or CCF before completing quarantine, select the institution or CCF from the drop-down list.
Modified	Auto-populated date and time of the most recent edit/update to the report. This date/time cannot be edited by the user.
Modified by	Auto-populated user who last edited the report. This entry cannot be edited by the user.

REQUESTING ACCESS TO THE COVID-19 SHAREPOINT

1. Each person who needs access must individually fill out a Secure Area Access Form.
 - a. This form may not be completed on the behalf of another person.
 - b. The form is located at <http://cchcssites/SitePages/NewSecureRequest.aspx>
 - c. The name of the SharePoint is PH Outbreak Surveillance.
2. The delegated approver for the institution submit the name(s) of the person(s) requesting access to the SharePoint Team by email.
 - a. The CNE for each institution has been delegated the authority to approve users from their institution. If the CNE is not available, the Public Health Branch can delegated the authority to another supervising nurse or to the PHN.
 - b. The email address for the SharePoint team is m_SharePointTeam@cdcr.ca.gov.
3. Verify access by visiting the URL for the SharePoint:
https://cdcr.sharepoint.com/sites/cchcs_ms_phos.



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APPENDIX 6: COVID-19 INDEX CASE - PATIENT CONTACT INVESTIGATION TOOL

COVID-19 Case-Patient Contact Investigation Tool										
Institution: Interviewer: Interview Date:		Symptom onset date: 		Infectious period dates (from/to): (from 2 days prior to symptom onset to isolation date)						
CDCR#		☐ Cough (new onset/worsening of chronic cough)		Locations during infectious period (housing, out to hospital, other)						
Last Name		☐ Shortness of breath (dyspnea)		Yard / Facility		Building		Cell/Bed		
First Name		☐ Fever >100.4 °F (38 °C)		From		To				
DOB		☐ Subjective fever (felt feverish)								
Nicknames / aliases		☐ Other symptoms								
		Date isolated:								
		Diagnostic specimen date:								
Case-patient activities and close contacts during infectious period										
Activity*	Location	Indoors (Yes/No)	First Date	Last Date	Time Spent / Day	# Contacts Identified	# Contacts developed symptoms	# Contacts Isolated	# Contacts COVID-19 Positive	Notes
Housing close contacts (cells/bunks within 6 feet)										
* Examples: work, vocational, education, dining, library, groups, appointments (medical, dental, mental health, legal), religious, day room, recreational, socializing, visiting										
Totals										

v. 4/1/2020



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APPENDIX 7: COVID-19 INDEX CASE - PATIENT INTERVIEW CHECKLIST

Prior to the index case-patient interview, a review of the case presentation or physician conference should take place. The interviewer should be prepared to gather a detailed account of the case-patient's movements and activities during their infectious period to identify individuals who had close contact (within 6 feet and prolonged [generally ≥ 30 minutes]) with the patient or direct contact with any of the patient's secretions during the infectious period (from 2 days prior to symptom onset to isolation).

The index case-patient interview should take place as soon as possible after laboratory confirmation. If the patient is at an outside hospital, coordination with the local health department (LHD) or hospital should occur, to ensure timely completion of the interview so that close contacts can be identified and placed on quarantine.

Use the COVID-19 Index Case-Patient Contact Investigation Tool and this Interview Checklist to guide and document the interview. Initiate the contacts line list in the COVID-19 SharePoint:

Interview Objectives

- Confirmation of medical information (e.g., symptoms and onset date)
- Determination of the infectious period
- Determination of where the patient spends time
- Identification of all close contacts during the infectious period
- Providing patient education and answering the patient's questions
- Conveying the importance of sharing information about close contacts to help stop the spread

Pre-Interview Activities

- Review medical record and consult with physician as necessary for case presentation
- Establish a preliminary infectious period
- Collect housing, movement history, and work or program assignments from SOMS
- Determine if the patient is expected to be released from CDCR within the next 30 days
- Arrange interview time, space, and interpreter, if needed

Defining the Infectious Period

The infectious period during which others may have been exposed to COVID-19 starts 1 day before the onset of symptoms and ends when the patient was isolated or hospitalized at an outside facility.



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INTERVIEW CHECKLIST

Personal Information

- ☐ Full name
- ☐ Aliases

Symptoms / Onset Date

- ☐ Cough (new onset or worsening)
- ☐ Shortness of breath (dyspnea)
- ☐ Fever >100.4°F (38°C)
- ☐ Subjective fever (felt feverish)
- ☐ Other symptoms

Contact Information

Identify and list contacts exposed for each group and activity. Document approximate duration of exposure during the activity.

Friends and Family

- ☐ Friends the patient spends the most time with
- ☐ Cell/dorm mates patient spends the most time with
- ☐ Family visits
- ☐ Visitors

Routine Activities and Assignments

- ☐ Work
- ☐ Vocational training
- ☐ Educational classes
- ☐ Dining areas
- ☐ Library time
- ☐ Group activities
- ☐ Regular appointments (medical, dental, legal)
- ☐ Committee presentation
- ☐ Religious, worship or spiritual activities
- ☐ TV room / day room
- ☐ Exercise
- ☐ Sports team participation
- ☐ Other

Notes

Any other relevant information



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APPENDIX 8: EMPLOYEE CASE VERIFICATION AND CONTACT INVESTIGATION

COVID-19 Patient Positive Verification and Contact Investigation

PART 1 Initial steps to determine valid COVID -19 CASE

Notification to employee, health to begin an investigation

- 1. Receive Notification from institution(s), name and contact information of suspected positive COVID-19 patient.**
- 2. Nurse Consultant gathers available information on the patient**
 - a. Nurse Consultant contacts the patient for interview
 - i. Patient provides evidence of Positive test if available
 - ii. Patient provides dates of symptom onset
 - iii. Patient provides the dates of the work schedule.
 - b. Determine initial dates of the infectious period
 - i. Review patient interview
 - c. Contact the local Public Health Department to determine positive status if needed
 - i. Confirm the status of Patients test
 - ii. Refine infectious period if necessary
- 3. Determine if this referral is a valid positive case for COVID-19**
 - a. Verified positive continue on as a case
 - b. Verified negative; conclude the investigation

PART 2 VERIFIED POSITIVE COVID-19 CASE

- 1. Develop plan for investigation**
 - a. Prepare contacts list based on the refined infectious period
 - b. Prioritize contacts
 - c. Conduct contact assessments
- 2. Determine need to expand or conclude an investigation based on evaluation of the information gathered.**
 - a. Expand investigation
 - i. Repeat steps in Part 1 (steps 1-3 for each contact)
 - b. Conduct contact assessments
 - i. Complete all report forms and forward to appropriate staff.



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**APPENDIX 9: MEMO TEMPLATE FOR NOTIFICATION OF COVID-19 CASES
AND CONTACTS RELEASED TO THE COMMUNITY**

State of California
Department of Corrections and Rehabilitation



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



Memorandum

CONFIDENTIAL

Date _____

To : Local Health Officer: _____
OR Designee: _____
Local Health Jurisdiction: _____
Fax # or email: _____

Subject: **COVID-19 Contact or Case (Confirmed or Suspected)**

The person identified below was or will be ☐ *transferred*
☐ *paroled*
☐ *released to post-release community supervision (PRCS)*
to your institution/region on _____ (Date).

☐ The person is a contact to a confirmed case of COVID-19. The last date of exposure was _____ (Date). The incubation period will end on _____ (Date).

☐ The person has a ☐ *confirmed*
☐ *suspected* case of COVID-19.

The date of symptom onset was _____ (Date).

Symptoms ☐ *have improved.* ☐ *have not improved.*

☐ Fever resolved w/out antipyretics on _____ (Date).

☐ The patient subsequently tested negative for COVID-19 on _____ (Date/s).

Identifying information for the person:

Name (Last, First): _____ Date of Birth: _____

Soc Sec #: _____ - _____ - _____ CDCR #: _____

Address and phone (if available): _____

If paroled or released to PRCS, contact info for parole or probation officer:

For further information contact:

Institution: _____

Name of Public Health Nurse or Designee: _____

Phone Number: _____ Fax Number: _____

March 2020

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APPENDIX 10: COVID-19 POWERFORM INSTRUCTIONS; SCREENING, ISOLATION, AND QUARANTINE SURVEILLANCE

ORDERING PATHWAY: Adhoc > All Items > CareMobile Nursing Task > Surveillance Round

1. COVID-19 Screening Powerform

COVID-19 Screening - ZZZT, YYYY

Performed on: 05/26/2020 0802 PDT By: Janet Yu, PDS

COVID-19 Screening Criteria

Patients That Require COVID-19 Screening Include:

- County Intake (RC Arrivals)
- Risk Factors
- Free Camp Arrivals
- Out to Court Returns
- Higher Level of Care Returns
- Offsite Specialty Appointment Returns
- Symptomatic 7362

COVID-19 Screening

Today or in the Past 24 Hours, Have You Had Any of the Following Symptoms?

	Yes	No	Comment
Fever			
Cough			
Difficulty breathing			

Oral Temperature: (deg)

Temporal Temperature: (deg)

Tympanic Temperature: (deg)

Rectal Temperature: (deg)

If patient answers "yes" to one or more of the screening questions and/or has temperature above 100 F (37.8 C) Patient must be isolated.

If patient answers "no" to all of the screening questions, patient must be quarantined for 14 days.

Quarantine Interventions

Was Patient Placed in Quarantine? ☐ Yes ☐ No

Date and Time Quarantine Initiated:

QUARANTINE
The separation and restriction of movement of well persons who may have been exposed to a communicable disease. Quarantine facilitates the prompt identification of new cases and helps limit the spread of disease.

In CDC, patients who are quarantined are not confined to quarters, but they do not go to work or other programs. They may go to show as a group and go to the yard as a group, but not mix with others who are not quarantined.

Notification of Quarantine

Nursing Staff Notified of Quarantine: Date and Time Nursing Notified:

Custody Staff Notified of Quarantine: Date and Time Custody Notified:

Medical Staff Notified of Quarantine: Date and Time Medical Notified:

PHN Notified of Quarantine: Date and Time PHN Notified:

Isolation Interventions

ISOLATION
Separation of ill persons who have a communicable disease (confirmed or suspected) from those who are healthy. People who have same or different communicable diseases cannot be isolated together.

Was Patient Placed in Isolation? ☐ Yes ☐ No

Date and Time Isolation Initiated:

Was Patient Placed in Room With a Solid Closed Door? ☐ Yes ☐ No

Was Surgical or Procedure Mask Placed on Patient? ☐ Yes ☐ No

TTA Referral

Does patient have urgent/emergent health care needs? ☐ Yes ☐ No

If yes send patient to TTA for immediate assessment, must place surgical/procedure mask on patient.

TTA Nursing Staff Notified:

Provider Notified:

Notification of Isolation

SRMU/III Notified of Isolation: Date and Time SRMU/III Notified:

Medical Staff Notified of Isolation: Date and Time Medical Notified:

Custody Staff Notified of Isolation: Date and Time Custody Notified:

PHN Notified of Isolation: Date and Time PHN Notified:

COVID-19 Screening Comments

Segue UI

In Progress



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2. COVID-19 Isolation Surveillance Rounding twice a day for 10 days and COVID-19 Quarantine Surveillance Rounding twice a day for 14 days.

COVID-19 Isolation Surveillance Rounding
COVID-19 Isolation Surveillance Rounding T;N, BIDAM+PM, 10, day, COVID-19 Isolation
COVID-19 Quarantine Surveillance Rounding
COVID-19 Quarantine Surveillance Rounding T;N, BIDAM+PM, 14, day, COVID-19 Quarantine
 CoV-2 RNA QUAL RT-PCR (COVID19)-39444

3. Once these orders are placed, it will trigger a task for the nurse to complete the appropriate Surveillance Rounding Powerform. These powerforms are currently viewable in the Adhoc folder under Nursing Forms in PROD.



COVID-19 Quarantine Surveillance Rounding

COVID-19 Quarantine Surveillance Rounding - 2021, YYYY

Performed on: 03/05/2020 10:00 AM By: Janet Yu, RN

COVID-19 Quarantine Surveillance Rounding

Today or in the Past 24 Hours, Have You Had Any of the Following Symptoms?

Fever ☒ Yes ☐ No ☐ Comment

Cough ☒ Yes ☐ No ☐ Comment

Difficulty Breathing ☒ Yes ☐ No ☐ Comment

Symptomatic of COVID-19 ☒ No ☐ Yes

Oral Temperature Temp

Temporal Temperature Temp

Tympanic Temperature Temp

Rectal Temperature Temp

If patient answers "yes" to one or more of the screening questions and/or has temperature above 100.4 (37.8 C) patient must be isolated.

TTA Referral

Does patient have urgent/emergent health care needs? ☒ Yes ☐ No

TTA Nursing Staff Notified

Provider Notified

Isolation Interventions

Quarantine to Isolation Interventions

☐ Removed from quarantine placed in isolation with solid closed door

☐ Placed in isolation or procedure room placed on patient

☐ Other

Date and Time Isolation Initiated

Notification of Isolation

SNRE/ID Notified of Isolation Date and Time SNRE/ID Notified

Medical Staff Notified of Isolation Date and Time Medical Notified

Custody Staff Notified of Isolation Date and Time Custody Notified

PWR Notified of Isolation Date and Time PWR Notified

COVID-19 Screening Comments

Sign Up



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COVID-19 Isolation Surveillance Rounding

COVID-19 Isolation Surveillance Rounding - ZZT, VYT

Performed on: 01/26/2020 4798 P01 By: Janet Yu, PhD

Patient Encounter: COVID-19 Isolation

COVID-19 Isolation Surveillance Rounding

Temperature Oral 	Temperature Temporal 	Temperature Tympanic 	Temperature Rectal
Peripheral Pulse Rate 	Apical Heart Rate 	Respiratory Rate 	Systolic/Diastolic BP /
Mean Arterial Pressure 	SpO2 	SpO2 Location ☐ Right hand ☐ Left hand ☐ Right foot ☐ Left foot ☐ Right ear lobe ☐ Left ear lobe	O2 Flow Rate
		FIO2 	O2 Therapy ☐ Room air ☐ Aerosol mask ☐ All-Purpose nebulizer ☐ Ambu Bag/Valve Mask ☐ BIPAP ☐ Blow By ☐ CPAP ☐ Face shield ☐ High-Flow nebulizer ☐ High-Flow nasal cannula ☐ Humidification ☐ Nasal cannula ☐ Nonrebreather mask ☐ Partial rebreather mask ☐ Simple mask ☐ T-Piece ☐ Trach shield ☐ Other:

Pain Present
☐ No actual or suspected pain
☐ Yes actual or suspected pain
☐ Not applicable

Assessment

Lung Assessment

	Clear	Absent	Bronchial	Coarse crackles	Diminished	Expiratory wheeze	Fine crackles	Friction rub	Inspiratory wheeze	Rhanchi
*Lung Sounds Left										
*Lung Sounds Right										

Signs and Symptoms of Dehydration

☐ None
☐ Confusion
☐ Dry mucous membranes
☐ Rapid pulse
☐ Sluggish skin turgor
☐ Sunken eyes

Patient Experiencing Any COVID-19 Complications

☐ None
☐ Altered mental status or confusion
☐ Fever and chills
☐ Labored breathing
☐ Low blood pressure
☐ Low body temperature
☐ Low oxygen saturation
☐ Rapid breathing
☐ Rapid pulse
☐ Other:

Reference regarding isolation release pending D&H.

Abnormal Assessment Provider Contact

Provider Notified 	Date and Time Provider Notified 	Interventions / Plan of Care ☐ Orders received for treatment ☐ No orders received ☐ Sent to TTA ☐ Transfer to outside hospital for medical care ☐ Other:
--	--	--

In Progress