



For questions about screening criteria, please
forward an HICS 213 to Operations Chief at System IC.

PATIENT STICKER HERE

CURRENT COVID-19 Guidance - last updated April 7, 2020

EMERGENCY DEPARTMENT Patient Sorting Guidelines

Print Patient's LEGAL Name:

Last

First

Middle

Date of Birth _____ / _____ / _____ Chief Complaint _____

Clinical signs and symptoms / exposure risks (Any one present indicates sorting to respiratory tent)

- ☐ Fever greater than 100°F (TEMPERATURE _____)
- ☐ Persistent chest pain or pressure
- ☐ Cough or shortness of breath, new or worsening within last 7 days
- ☐ Fatigue, Myalgias, Altered Level of Consciousness, new onset within last 7 days
- ☐ Sore throat, nasal congestions, headache
- ☐ Travel outside of southern Illinois; southwest Indiana; southeast Missouri; or western Kentucky within the past 14 days
- ☐ Patient has been in close contact with a person confirmed to have COVID-19 or awaiting confirmation of a COVID-19 laboratory result, within 14 days of symptom onset. (Close contact of less than 6 feet for more than 10 minutes.)
- ☐ Patient is an individual from a group living facility including health care or correctional, with clusters of infection not due to influenza and suspected to be COVID 19. Can be staff or patient/resident.

Staff Name _____ Date/Time _____

Print Name