



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 June 2, 2020

EMERGENCY DEPARTMENT Patient Sorting Guidelines

Print Patient's LEGAL Name:

Last

First

Middle

Date of Birth _____/_____/_____ Last 4 digits of SSN: _____

Chief Complaint _____

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

- ☐ Fever greater than 100°F (TEMPERATURE _____)
- ☐ Medicated to treat a fever over 100°F in the last 4 hours
- ☐ 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, runny nose/nasal congestions, headache; new loss of taste/smell
- ☐ Nausea, vomiting or diarrhea; chills, or repeated shaking
- ☐ Travel outside of southern Illinois; southwest Indiana; southeast Missouri; or western Kentucky within the past 14 days
- ☐ Patient is awaiting confirmation of a COVID-19 laboratory result, or is COVID positive and has not been released from local health department.
- ☐ Patient, or someone patient has been in close contact with, is 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 15 minutes.)
- ☐ Patient is a staff or resident at any group living facility including health care or correctional (Examples: Rehab facility, long term care, jail, prison, detention center, etc.)

Staff Name _____ Date/Time _____

Print Name