



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 September 30, 2020

EMERGENCY DEPARTMENT Patient Sorting Guidelines

Date of Birth _____/_____/_____ Last four of SSN _____

Print Patient's LEGAL Name:

Last First Middle

Chief Complaint _____

Clinical signs and symptoms / exposure risks

- ☐ Patient currently has a fever greater than 100°F. Screening Temperature: _____
- ☐ Patient has had fever greater than 100°F in the last 24 hours; or has medicated to treat a fever over 100°F in the last 4 hours.
- ☐ Persistent chest pain or pressure, in conjunction with another symptom listed below
- ☐ 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
- ☐ Patient is awaiting confirmation of a COVID-19 laboratory result.
- ☐ Patient has tested COVID positive, and does not have a letter of release from health department OR has new symptoms.
- ☐ In the past 14 days, patient has been closer than 6 feet for more than 15 minutes to a person confirmed to have COVID-19, and at least one person was not masked.
- ☐ 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