

**COVID-19 Non-Transport Screening Form for \_\_\_\_\_ Fire Department**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Crew Member Completing Screening Form:** \_\_\_\_\_ **Time** \_\_\_\_\_

**Date of Service:** \_\_\_/\_\_\_/2020 **Call Back Number for Patient ( \_\_\_\_\_ )** \_\_\_\_\_ - \_\_\_\_\_

Inclusion Questions			
Does the patient <b>only</b> have symptoms of an upper respiratory viral illness? cough, nasal and chest congestion, sore throat, body aches	Yes s	No	Symptoms started ___/___/2020
Is the patient less than 60 years old?	Yes s	No	Age _____
Patient has no significant comorbidities? Diabetes, heart disease, chronic lung disease (COPD/Asthma, etc), chronic renal disease (on dialysis), liver disease, cancer, autoimmune disorders, chemotherapy patients, patients on immunosuppressant medications and pregnant women	Yes s	No	
Are vital signs within these acceptable limits?	Yes s	No	
Resp. Rate: 8-20 breaths per minute or age appropriate limits	Yes s	No	RR _____
O2 Sat: greater than or equal to 92%	Yes s	No	Pox _____%
Heart Rate greater than 50 and less than 110 bpm or age appropriate limits	Yes s	No	HR _____
Systolic BP 90 or greater than age appropriate lower limits	Yes s	No	BP _____/_____
GCS: 15	Yes s	No	GCS _____

**If YES to all of the above: Patient is a candidate for non-transport with medical control contact.**

**Proceed to Exclusions.**

Exclusion Questions			
Chest pain, other than just with coughing?	Yes	No	
Shortness of breath with activity (that is more than usual)?	Yes	No	
Syncope?	Yes	No	
Cyanotic?	Yes	No	
Respiratory Distress? Ask the patient to take a deep breath and count as high as they can. If they can count to 15+ in the same breath, they are probably not in respiratory distress.	Yes	No	Count number _____

**If YES to all Inclusion and NO to all Exclusion questions **and** at least one of the following conditions are met, patient is low risk and may be refused transport and be given COVID Home Resources Handout.**

Patient can take care of themselves and has access to resources?	Yes s	No
Patient has a support system that will take care of them?	Yes s	No

If patient does not meet low risk criteria and the health system is not overwhelmed, treat and transport.

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If patient does not meet low risk criteria and the health system is overwhelmed, and in the opinion of the EMS crew the patient does not need transport, contact Medical Control to determine if patient requires transport? Follow Medical Controls Direction.

Patient Transported?	Yes	No	Hospital
Medical Control Contacted? Not necessary if low risk	Yes	No	

Patient is asymptomatic?	Yes	No
Just has concerns about COVID-19 or COVID-19 exposure?	Yes	No

If yes to both, asymptomatic and just has concerns about COVID-19 or COVID-19 exposure, no in person medical care advised per CDC recommendations. Do not transport and just provide patient with COVID Home Resources Handout.

*Suggested wording "Based on your age, medical history, and our current assessment, you may have COVID-19 but your condition is not currently severe. Unfortunately, there is currently little we can do to treat COVID-19 besides rest, hydration and taking acetaminophen and/or NSAIDS for pains and fever. Fortunately, you don't meet criteria for evaluation in the emergency department. In order to limit exposures and preserve resources, we will not be transporting you to the hospital at this time but will give you alternative information regarding home care, alternative access and recommendations. If you want additional help or assessment, please contact a hotline or get a virtual visit with the contact information listed on the handout. There are symptoms listed on the top of this handout indicating need for emergency medical care and if you or your family develop any of those criteria, do not hesitate to call us again or go directly to the emergency department."*

Age	Pulse Range	Respiratory Rate Range	Systolic BP lowest normal
Newborn	120-160	30-60	60
Up to 1 year	100-140	30-60	70
1-3 years	100-140	20-40	76
4-6 years	80-120	20-30	80
7-9 years	80-120	16-24	84
10-12 years	80-120	16-20	90
13-14 years	60-100	16-20	90