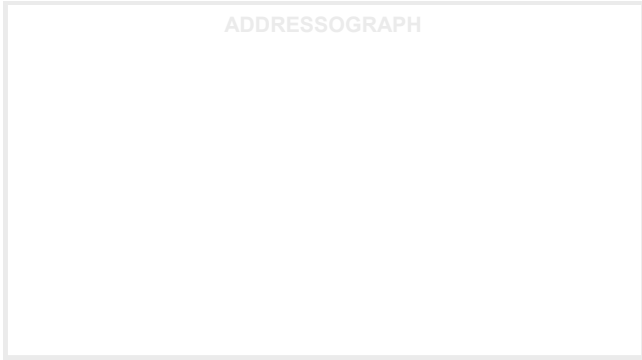




COVID-19 ADMISSION TESTING ASSESSMENT FORM



When the decision to admit is made, ALL patients must have the following typical and atypical signs and symptoms assessed, ALL patient must be tested for COVID-19 and all patients must be placed in **Enhanced Droplet and Contact Precautions**.

Section A: Symptomatic Screening:

Typical Symptoms:	Atypical Signs/Symptoms consider particularly in children, older persons, and people living with a developmental disability <u>and</u> not explained by current diagnosis:
<input type="checkbox"/> fever (37.8°C or greater) <input type="checkbox"/> cough <input type="checkbox"/> shortness of breath (dyspnea) <input type="checkbox"/> sore throat <input type="checkbox"/> hoarse voice <input type="checkbox"/> difficulty swallowing <input type="checkbox"/> new olfactory or taste disorders <input type="checkbox"/> clinical/radiological evidence of pneumonia <input type="checkbox"/> runny nose/nasal congestion (in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.) <input type="checkbox"/> digestive symptoms (nausea, vomiting, diarrhea, abdominal pain)	<input type="checkbox"/> unexplained fatigue/malaise/myalgias <input type="checkbox"/> delirium (acutely altered mental status and inattention) <input type="checkbox"/> unexplained or increased number of falls <input type="checkbox"/> acute functional decline <input type="checkbox"/> exacerbation of chronic conditions <input type="checkbox"/> chills <input type="checkbox"/> headache <input type="checkbox"/> croup <input type="checkbox"/> conjunctivitis <input type="checkbox"/> unexplained tachycardia <input type="checkbox"/> decrease in blood pressure <input type="checkbox"/> unexplained hypoxia <input type="checkbox"/> lethargy, difficulty feeding in infants <input type="checkbox"/> multisystem inflammatory vasculitis in children

Patient is positive for COVID-19, or had exposure to someone with COVID-19 or is admitted from an outbreak facility

If a patient has **any of the above signs and symptoms, exposure history or is COVID-19 positive**, they are considered a **high risk/symptomatic rule out COVID-19**, and should not be cohorted as long as capacity allows.

If capacity does not allow, patient placement is the responsibility of the Director/VP or After Hours Administrator.

Section B: Asymptomatic Screening

On admission, assess the following risk factors:

- Patients transferred from another hospital (including within WRH), Long Term Care (LTC), Retirement Home or Rest Home, or other congregate living settings and institutions (excluding ER visits)
- Any patient without signs or symptoms listed above being admitted to any inpatient unit

If a patient has been tested due to the non-symptom related reasons above and has **none of the above signs and symptoms listed in section A**, they are considered an asymptomatic rule out COVID-19, and may be cohorted if required for capacity. Director/VP or After Hours Administrator to approve.

COVID-19 swabs have been sent

Completed by (Name & Initials)

Date (MM/DD/YYYY)

Reviewed by (Name & Initials)

Date (MM/DD/YYYY)

FAX COMPLETED FORM TO ADMITTING WITH ADMISSION PAPER WORK:
Met Campus: 519-985-2621 Ouellette Campus: 519-973-4440

When assessing for the symptoms below the focus should be on evaluating if they are **new, worsening, or different from an individual's baseline health status (usual state)**. Symptoms should not be chronic or related to other known cause or conditions (see description and examples in chart below below).

Symptom	Description / Elaboration of Symptom	Examples of Other Known Causes or Conditions
Common Symptoms of COVID-19		
Fever	<ul style="list-style-type: none"> temperature of 37.8°C/100.0°F or greater 	
Cough	<ul style="list-style-type: none"> new or worsening (e.g. continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing) 	e.g., chronic obstructive pulmonary disease
Shortness of breath	<ul style="list-style-type: none"> dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath 	e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease
Other Symptoms of COVID-19		
Sore throat	<ul style="list-style-type: none"> painful swallowing or difficulty swallowing 	e.g., post nasal drip, gastroesophageal reflux
Rhinorrhea (runny nose)	<ul style="list-style-type: none"> runny nose 	e.g., returning inside from the cold, chronic sinusitis unchanged from baseline
Nasal congestion	<ul style="list-style-type: none"> stuffy nose 	e.g., seasonal allergies
New olfactory or taste disorder	<ul style="list-style-type: none"> decrease or loss of smell or taste 	e.g., nasal polyps, allergies, neurological disorders
Nausea and/or vomiting		e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction
Diarrhea		e.g., Irritable bowel syndrome, inflammatory bowel disease, side effect of medication
Abdominal pain	<ul style="list-style-type: none"> persistent or ongoing 	e.g., menstrual cramps, gastroesophageal reflux disease
Atypical Symptoms - consider particularly in infants and children, older persons, and people living with a developmental disability		
Chills		
Headache	<ul style="list-style-type: none"> new and persistent, unusual, unexplained, or long-lasting 	e.g., tension-type headaches, chronic migraines
Conjunctivitis	<ul style="list-style-type: none"> pink eye 	e.g., blepharitis, recurrent styes
Fatigue, lethargy, or malaise	<ul style="list-style-type: none"> general feeling of being unwell, lack of energy, extreme tiredness that is unusual or unexplained 	e.g., depression, insomnia, thyroid dysfunction, anemia, malignancy
Myalgias	<ul style="list-style-type: none"> muscle aches and pain that are unexplained, unusual, or long-lasting 	e.g., fibromyalgia
Decreased or lack of appetite	<ul style="list-style-type: none"> for young children 	e.g., anxiety, constipation
Atypical Signs - assessed by a Health Care Provider (not explained by other known causes or conditions)		
New or unusual exacerbation of chronic conditions	<ul style="list-style-type: none"> exacerbation of chronic lung diseases such as asthma, emphysema, or chronic obstructive pulmonary disorder 	
Tachycardia	<ul style="list-style-type: none"> fast heart rate, including age specific tachycardia for children 	e.g., atrial fibrillation
Low blood pressure	<ul style="list-style-type: none"> for age 	
Hypoxia	<ul style="list-style-type: none"> oxygen saturation less than 92% 	e.g., chronic obstructive pulmonary disorder
Difficulty feeding in infants		e.g., gastroesophageal reflux disease, cleft palate
Delirium	<ul style="list-style-type: none"> acutely altered mental status and inattention 	e.g., urinary tract infection, substance-related such as alcohol withdrawal, medication induced
Increased number of falls	<ul style="list-style-type: none"> in older persons, and unexplained 	
Acute functional decline	<ul style="list-style-type: none"> sudden change in ability to function compared to baseline 	e.g., gradual decline over months due to a neurological disorder such as dementia or Parkinson's disease
Clinical features of COVID-19 diagnosed by a health care provider:		
<ul style="list-style-type: none"> Clinical or radiological evidence of pneumonia 		