

COVID-19 Patient Risk Assessment

Reason for Assessment:

- New Referral Recent Change in Condition Visit Pre-Screening

Diagnoses:

- Pneumonia
- Respiratory Failure (RF) or Acute Respiratory Failure (ARF)
- Respiratory Distress Syndrome (RDS)
- Septic Shock

Diagnostic Data:

- Coronavirus, Type: _____
- rRT-PCR Panel positive- confirmed COVID-19
- Rapid Antigen positive for COVID-19
- CT scan or chest xray with Fibrosis or Fibrotic lung tissue
- Person Under Investigation (PUI) or awaiting COVID-19 test result

High Risk Factors for Complications- Patient has:

- Chronic Lung Disease (i.e. COPD, emphysema)
- Moderate to severe Asthma
- Serious Heart Condition (i.e. CHF, heart defect, cardiomyopathy)
- Compromised Immune System (i.e. cancer treatment, bone marrow or organ transplant, immune deficiencies, autoimmune disorders, HIV/AIDS, prolonged use of corticosteroids or other immune weakening medications)
- Diabetes
- Chronic Kidney Disease and/or Dialysis
- Liver Disease
- Severe Obesity (BMI >40)

High-Risk Home Environment:

- Patient Lives in residential care facility (nursing home, long-term care)
- Patient Lives in congregate living facility (assisted living, independent living)
- Patient Lives in group home

HIGH-RISK SYMPTOMS:

- Unexplained Cough
- Shortness of breath
- Difficulty breathing
- Fever >100.4°F
- New loss of taste or smell

OTHER SYMPTOMS:

- Chills
- Muscle pain or body aches
- Fatigue
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Known or Possible Exposure to confirmed positive COVID-19 individual:

- Patient has tested positive within past 14 days or has pending test results.
- Patient lives in the same home as positive individual.
- Patient is caregiver or has cared for a positive individual in the last 14 days.
- Patient had close contact (within 6 feet for 15 minutes or more) to positive individual within the last 14 days.

Screen EVERY member of the household and ALL visitors before entering the home.

DO NOT allow any additional visitors during the home visit unless COVID screening conducted.

Notify your supervisor IMMEDIATELY and Implement Droplet Precautions if the patient or anyone present in the home has:

- Any High-Risk symptoms Known or Possible Exposure

Leave the home or apply full PPE (N95 mask, isolation gown, gloves, and eye protection).

Agency Supervisor(s) to notify local health department or Primary Care Physician of any individual to be considered for testing

Signature: _____

Date: _____