

MLREMS Assessment Procedure for Patients with Suspected COVID-19

Begin assessment from 6 feet away.

Ask the patient if they are having

- Subjective fever or chills (actual fever >100.4F)
- Sore throat / Nasal congestion / Post-nasal drainage
- Cough
- Shortness of breath
- Wheezing
- Body aches
- Fatigue
- Headache

- NO ->

Refer to appropriate protocol

YES

If not already applied, don PPE BEFORE approaching the patient

- Surgical mask or N95, gloves, and eye protection (Impermeable gown when performing aerosolizing procedures).
- Provide the patient with a surgical mask to put on (Source Control).
- Limit close contact to as few providers as possible. Other personnel can remain 6 feet away.
- Only providers wearing proper PPE should perform a close patient assessment.

Assess for:

- o Age >65
- o Temperature >104F
- o Respirations >22
- o SpO2 <95%
- o Heart Rate >110
- o Systolic blood pressure <100mmHg
- o Abnormal Level of Consciousness

*Follow BLS protocol for abnormal pediatric vital signs

YES ->

Consider transport

NO

Is the patient:

- o A diabetic?
- o Pregnant?
- o With known cardiovascular or pulmonary disease?
- o Possibly immunocompromised? (HIV, chemotherapy, etc)

YES ->

Consider transport

NO

If an alternative condition is more likely than COVID-19 (chest pain concerning for cardiac cause, CHF, etc) treat according to standard protocol and initiate transport to an appropriate receiving facility while maintaining source control (surgical mask) and responder PPE.

If all sections are "No", the patient does not require emergent medical attention and does not require transport by ambulance. If the patient agrees to not being transported to the hospital, provide the patient with the NY State Department of Health Hotline and precaution/recommendations information. Document the encounter to include a COVID-19 Impression and following regional documentation guidelines.