RESIDENT WITH FEVER, NEW COUGH AND / OR NEW SHORTNESS OF BREATH

CLOSE CONTACT WITH LAB CONFIRMED CASES OF COVID 19?

NO

BOTH FEVER (100.4) AND COUGH/SHORTNESS OF BREATH

NO

JUST FEVER?

YES

NO

USE THE APPROPRIATE DIAGNOSTICS TO FIND CAUSE AND TREAT. CONSIDER SIP*

YES

TREAT THE KNOWN ISSUE CONSIDER SIP*

NO

HOSPITAL

NO

HISTORY OF TRAVEL TO AFFECTED GEOGRAPHIC AREAS WITHIN 14 DAYS? (THIS IS NOT LIKELY IN OUR ENVIRONMENT.)

YES

SEVERE ILLNESS EXAMPLE: ARDS, PNA, SEPSIS?

YES

TREAT THE KNOWN ISSUE CONSIDER SIP*

NO

HOSPITAL

NO

ISOLATION IN ROOM

RESPIRATORY PANEL

APPROPRIATE DIAGNOSTICS (CHEST X-RAY, LABS)

DIAGNOSTICS POSITIVE?

YES

NO

MONITOR

NOTIFY MEDICAL DIRECTOR OF BUILDING AND OF HEALTH PLAN

CONSIDER SIP*

FACULTY TO NOTIFY STATE HEALTH DEPARTMENT

HOSP TRANSPORT
1. NOTIFY 911 OF POSSIBLE COVID-19
2. INTERFACULTY TRANSFER FORM
3. MASK PATIENT IF ABLE TO LEAVE
4. CALL REPORT TO 911

*SIP = SKILL IN PLACE

FOR MORE QUESTIONS CONTACT: QUESTIONS@CONSONUSHEALTH.COM