

Patient Screening and Symptom Assessment & Monitoring Recommendations for COVID-19

Implementation Strategy:

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This implementation strategy is intended to be guidance for operations leaders and clinical staff regarding the initial screening for Influenza-like-illness (ILI)/Communicable diseases, travel, COVID-19 exposure risk and for ongoing COVID-19 symptom assessment and monitoring.

Initial Screening

Screening for Influenza-like-illness (ILI)/communicable diseases, travel, and COVID-19 exposure is strongly recommended at initial patient presentation. [ILI](#)/communicable disease screenings are a form of syndromic surveillance and screening aimed at quickly identifying those who require additional precautions (i.e. Droplet or Airborne isolation). Travel and exposure are also important areas of assessment needed to help identify patients at risk of developing influenza or COVID-19 or other emerging pathogens (see [emerging pathogens](#) resource on Insite).

Within AHS, ILI/Communicable disease screens have been incorporated into most clinical information systems and within some paper-based processes, primarily within the Emergency Department and Urgent Care Centres. There has been inconsistent practice for direct admit patients. With the COVID-19 pandemic, expanded screening is occurring within acute care, ambulatory and community settings. This is particularly important during admissions which bypass the Emergency Department and when screening has not been completed and documented previously as part of an existing encounter.

Initial screening criteria and guidance is being expanded to not only capture historical ILI/Communicable disease data, but also to capture patients at risk for having COVID-19. **A stand-alone [Communicable Disease \(Respiratory\) Initial Screening form](#) has now been developed to support initial assessments for those on paper-based processes.** Additional actions (precautions, testing, etc.) are provided on the form, however please consult IPC or refer to the [Resource Manuals](#) on the Infection Prevention and Control Website for more disease-specific instructions. Once initial screening has been completed, ongoing symptom assessment and monitoring is supported with a separate process/form below.

This screening tool will be available as a paper-based form. Further the screening tool will be available in several Clinical Information Systems:

- Emergency Departments: Connect Care, EDIS (Edmonton EDs), Meditech, and SCM
- Inpatient ILI / Communicable (Respiratory) Initial Screening form: Connect Care, S
- Ambulatory, Scheduling, Registration, Cardiology, GI, Surgery, Radiology: Connect Care and SCM

The Communicable Disease (Respiratory) Initial Screening form can be completed by:

- Registered Nurses, Licensed Practical Nurses, Registered Respiratory Technologists, Registered Psychiatric Nurses Physiotherapists, Occupational Therapists, Physicians, Nurse Practitioners, Midwives
- The initial ILI/Communicable disease screening will be completed by staff in the Emergency Department for patients being admitted to the hospital

- Patients admitted via other services (e.g. Direct Admits, Day Surgery, Outpatient Departments, other procedure areas) must have screening completed at the time of the admission, within 2 hours of admission to the unit (if not completed elsewhere on the site prior to arrival on the unit)

Ongoing COVID Symptom Assessment and Monitoring

The [COVID-19 Symptom Identification and Monitoring form](#) is one example of tools that are being developed using a common set of symptoms which may be associated with COVID-19. By grouping within an easy-to-use form, this checklist provides a snapshot of a patient's symptom(s) in relation to COVID-19 and assists in determining if additional testing or additional precautions (isolation) are needed.

Within the in-patient acute care setting, this form is to be used for all admitted patients at a **minimum of twice daily** for the duration of the admission to evaluate the patient's condition as rapid deterioration is often seen with COVID-19. The form is kept on the patient's chart and is intended for multidisciplinary use during the COVID-19 pandemic.

If a patient has symptom(s) of COVID-19, Contact and Droplet precautions are to be initiated and the charge nurse and most responsible physician should be notified.

Important considerations:

- Additional symptom details and/or actions to be take should be documented in the patients chart and not on the COVID-19 Symptom Identification and Monitoring form.
- If no COVID-19 symptoms for 48 hours refer to [Discontinuing Precautions](#) algorithm. Consult IPC (as needed).

Use scenarios:

- New admits from ED with ILI symptoms arrive to the units with "swab results pending". Now nurses and other providers will be able to track symptom resolution and development while waiting for results.
- Patients who previously screened negative or at low risk for ILI/COVID-19 can be regularly monitored for emerging symptoms.

This screening form can be completed by:

- Registered Nurses, Licensed Practical Nurses, Registered Respiratory Technologists, Registered Psychiatric Nurses Physiotherapists, Occupational Therapists, Physicians, Nurse Practitioners, Midwives

This screening tool will be available as a paper-based form. Further the screening tool will also be available in several Clinical Information Systems:

- Emergency Departments: Connect Care, EDIS (Edmonton EDs), Meditech, and SCM
- Inpatient ILI / Communicable (Respiratory) Initial Screening form: Connect Care, SCM

Timelines:

Clinical Information Systems COVID-19 ILI Screening and Monitoring Build, Test & Implementation

	Emergency Department	Inpatient	Ambulatory, Scheduling, Registration, Cardiology, GI, Surgery, Radiology
Connect Care	Screening June 2 nd	Screening & Monitoring June 2 nd	
EDIS (EZ, Emergency Departments)	Screening May 28 th		
Meditech	Screening May 28 th	Medicine Hat TBD on May 25 th	
SCM	Symptom Monitoring June 2 nd	Screening June 4 th (Best Case) June 9 th (Expected)	

Implementation Dates align with IT Change Management timelines