

Duke Health Ambulatory COVID-19 Operational Toolkit

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To:	All Duke Health Ambulatory Locations (PDC, DPC, HBC, DHCH)
Purpose:	To provide Duke Health ambulatory providers and staff standard resources and support to manage COVID-19 related operations.
Recommended Use:	Print contents for in-clinic resource binder. Review Intranet site daily for any updated documents.

Summary of Toolkit Contents

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TAB 1:

Triage Protocol

Duke Health COVID-19 Clinical Triage Algorithm

Start Here



May I have a **call back number** in case we get disconnected?

Do you have or have your had a **fever greater than 100.4** in the past **24 hours**?
Elderly patients with weak immune systems may not have a significant fever.

Are you over **70 years of age**?

Do you have a **sore throat**? **If yes, what day did your symptom start?

Do you have **muscle aches** and/or **headaches**?
**If yes, what day did your symptom start?

Do you have **cough**? **If yes, what day did your symptom start?

Do you have a **runny nose**? **If yes, what day did your symptom start?

Do you have new **shortness of breath** or **difficulty breathing**? Listen for patients struggling for each breath or speaking in single words.
**If yes, what day did your symptom start? If yes, stop and follow steps provided on the right.

Have you been in **close contact** with a laboratory-confirmed COVID-19 case?
Close contact is described as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (~15 minutes); close contact can occur while caring for, living with, visiting, or sharing a healthcare provider waiting area or room with a COVID-19 case.

Recommend precautions for household members, intimate partners, and caregivers in a non-healthcare setting. Limit contact within 6 feet, wash hands, avoid touching eyes, nose, and mouth.

Are you **pregnant**?

Do you have any **chronic heart** or **lung** problems, or has a doctor ever described your **immune system** as **weakened**? **If yes, obtain a medical history.

Have you **traveled** to any of the following states or countries in the **last 14 days**?
China Iran Italy Japan South Korea Washington State
**If yes to any of the above, what were your dates of travel.

Infection Prevention Contact Information

Duke University Hospital.....919-970-9721 (page)
Duke Regional Hospital.....919-470-4636 #7171 (page)
Duke Raleigh Hospital.....919-206-3311 (page)
Duke Primary Care and Urgent Care.....919-896-2428 (call)
Private Diagnostic Clinics.....919-451-8828 (call)
Duke Home Care and Hospice.....919-479-0435

For University **Students**, refer to Student Health.....919-681-9355

For University **Faculty**, refer to EOWH.....919-684-3136

For **Hospital Employees**, refer to EOH.....919-681-3136

IF YES: Immediate Medical Attention Needed

Step 1: Follow scripting below with the patient.

- o "What is the closest Emergency Department to your home?"
- o Inform patient to Call EMS 911 and get to nearest ED. "You need to hang up and call 911." (Nurse discretion: "I'll call you back in a few minutes to be sure you were able to reach them.")
- o "When you call 911, tell the dispatcher you may have been exposed to coronavirus."
- o "Tell the paramedic right away that you may have been exposed to coronavirus."
- o "Cover your mouth and nose by wearing a mask or using a disposable tissue or wash cloth."

Step 2: If the patient stated the closest emergency department is a Duke ED, **call Duke Transfer Center at 919-681-3440** and inform them that a potential coronavirus patient may present to the hospital via EMS.

NO SYMPTOMS, BUT POTENTIALLY EXPOSED

Follow Self-Monitoring Guidelines

- Monitor self for fever by taking your temperature twice a day.
- Remain alert for cough or difficulty breathing.
- If you feel feverish or develop a measured fever of 100.4, cough, or difficulty breathing during the self-monitoring period, they should: self isolate; limit contact with others; and, seek advice via telephone from a healthcare provider or their local health department to determine if medical evaluation is needed.

MILD SYMPTOMS

Runny Nose or mild cough, but no fever, no SOB/difficulty breathing.

Follow Isolation Guidelines

- Isolate yourself at home.
- Do NOT allow any visitors.
- Do NOT go to work or school.
- Do NOT go to church, child care centers, shopping, or other public places.
- Do NOT shake hands.
- AVOID close contact with others
- Cover your mouth and nose by wearing a mask or using a disposable tissue.
- Wash your hands and face frequently with soap and water.
- If symptoms worsen, call your healthcare provider for guidance.
- Discontinue isolation when symptoms improve for >24 hours.

MODERATE SYMPTOMS

Fever measured over 100.4, runny nose, significant cough, sore throat, muscle aches/headaches + Positive co-morbidity (pulmonary or cardiovascular disease, immunosuppression) + Over age 70 + Identified travel and/or close contact with confirmed COVID-19 cases

Schedule Patient for Late Day Appointment at Pickens or the Patient's PCP

- If patient's PCP is unavailable or it is after hours, direct patient to proceed to Urgent Care.
- Page Infection Prevention to alert them of the appointment and clinic where the patient will present.
- Infection Prevention will notify Nurse Manager or designee of possible COVID-19 case.
- Fill out dot phrases for coronavirus screening within Epic and route to the appropriate provider.

Scenario	Defer visit?	Isolation/PPE	Notification	Disposition
Patient Under Investigation (PUI)				
Patient meets criteria for PUI¹ / Symptomatic³ patient with travel from CDC country of concern (China, S Korea, Japan, Iran, Italy) w/in 14 days	No	-Mask patient -Negative pressure room -Special airborne/contact isolation	- Local Infection Prevention > Epi MD On-call	-Based on severity of illness, health department (as indicated)
Asymptomatic Patient²				
Asymptomatic Patient² travel from CDC country of concern (China, S Korea, Japan, Iran, Italy) w/in 14 days	May defer <u>well care visit</u> > 14 days since return	-Mask patient -Standard precautions	- None required, contact local Infection Prevention to confirm correct care of patient as needed	Social distancing x 14 days from return
Symptomatic Patient³				
Symptomatic³ patient, w/in 14 days of international travel NOT from CDC country of concern	Consider deferring visit if symptoms mild and influenza test/treatment not indicated ⁴	-Mask patient -If Severe respiratory illness/inpatient → Special airborne contact -If Non-severe illness → Use N95 respiratory protection when performing examination and obtaining respiratory specimens	- Local Infection Prevention > Epi MD On-call if presentation is consistent with severe respiratory illness	-Based on severity of illness
Symptomatic³ patient, reported contact with sick individual who has traveled from CDC country of concern within 14 days	Consider deferring visit if symptoms mild and influenza test/treatment not indicated ⁴	-Mask patient -Negative pressure room if available -Special airborne/contact	- Local Infection Prevention > Epi MD On-call	-Voluntary home quarantine until symptoms resolved

1. PUI Definitions (2/27/2020):
 - a. Fever OR respiratory sign/symptoms PLUS known contact with laboratory-confirmed COVID-19 case within 14 days of symptom onset
 - b. Fever AND respiratory signs/symptoms PLUS travel from any of the following: China, Iran, Italy, Japan, South Korea requiring hospitalization
 - c. Severe respiratory illness (ARDS) not otherwise explained by usual testing (e.g., influenza)
2. Asymptomatic: None of the following: fever (subjective or objective), cough, shortness of breath, nasal congestion, or sore throat
3. Symptomatic: One or more of the following: fever (subjective or objective), cough, shortness of breath, nasal congestion, or sore throat
4. Decision to defer visit should be made based on direct conversation with the patient regarding current symptoms, travel history, general health status, and comfort with self-monitoring at home. Patient should be given instructions and contact information to report new or worsening symptoms.

CDC Travel Information: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/>

Infection Prevention Contact Information:

- For Duke University Hospital, please page 919-970-9721
- For Duke Regional Hospital, please page 919-470-4636 #7171
- For Duke Raleigh Hospital, please page 919-206-3311
- For Duke Primary Care and Urgent Care, please call 919-896-2428
- For Private Diagnostic Clinics, please call 919-451-8828
- For University Students, refer to Student Health 919-681-9355
- For University Faculty, refer to EOHV 919-684-3136

TAB 2:

Ambulatory Checklist

Duke Health

Standard Work Checklist for Potential COVID-19 Clinic Visits

1 Pre-Planning and Pre-Arrival

- Identify an **exam room** to be used for patients presenting with symptoms.
- Identify location of **PPE** including surgical masks and hand hygiene for patients.
- Ensure PPE location is known and adequate supply is available.
- Define key provider **notifications** including
 - Primary Care Provider
 - Medical Director
 - Nurse Manager
- Define **minimal staff team** to interact with and care for patient
 - RN, APP, MD
- Define **PPE Buddy** to ensure appropriate donning and doffing.

2 Patient Arrival

- If patient's arrival time is known, meet patient in the **parking lot** and provide a surgical mask.
- Upon patient arrival to clinic, **notify the charge nurse and provider.**
- Provide patient with **surgical mask.**
- Escort patient **directly** to the pre-identified room.
- Notify **Infection Prevention**

Duke University Hospital.....	919-970-9721 (page)
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Duke Home Care and Hospice.....	919-479-0435

3 Test Determination and Form Completion

- Follow the **latest Duke Health Clinical Guidance** for when to test a patient for COVID-19. This document represents the most up to date criteria for testing a patient; it also outlines steps necessary to get approval for and how to complete testing.
- Complete **Form 1** - CDC PUI and Case Report Form if COVID test is planned.
- Complete **Form 2** - NC PUI Supplement - if COVID testing is planned.
- Share and Complete the **Isolation Guidance Form** with patient. This form outlines the agreement between patient and provider on being a Person Under Investigation and describes how the patient arrived to clinic.
- Complete the **Visitor Log supplement** form with patient, family, and all visitors they have had since symptoms began and until cleared as a PUI by state.

4 Document in EPIC

- Use dot phrase **.COVIDSCREENING** to collect required information to complete the testing form sent to the State and LabCorp.
- Use dot phrase **.COVIDAVSINSTRUCTIONS** for ALL patients being tested for COVID.

5 Patient Discharge

- If transfer of patient needed, call **Duke Transfer Center** at **919-681-3440** or nearest ED and inform them that a potential COVID-19 patient will present to the hospital.
- Determine **correct mode of transport** for the patient (EMS or self).

6 Post Discharge

- Close** the exam room for two hours and place a DO NOT ENTER sign on door.
- After room has been cleaned, room can be put back into **operation.**
- Before the end of the day, **debrief** with team for any opportunities.
- Share any learnings** with entity's leadership and IP contact.

TAB 3:

PPE Management

PPE Donning Procedures

Outpatient

**N95 users must be medically cleared and fit-tested annually*

Ensure patient is wearing a mask continuously while they are in the facility.

1. Remove all non-essential items (jewelry, cell phone, nametag, personal stethoscope) before donning PPE.
2. Secure long hair away from face
3. Put on N95* respirator mask
4. Put on gown making sure it is fastened and/or tied
5. Put on face shield
6. Put on a single pair of gloves

PPE Doffing Procedures

1. Position yourself at a location closest to the exit door
2. Remove gown touching at the shoulder away from face, and roll inside out
3. Dispose gown
4. Remove gloves using proper technique
5. Perform hand hygiene
6. Don new pair of gloves
7. Slightly lean forward, remove face shield using two hands touching elastic band behind ears
8. Exit room and closed door
9. Remove N95 by handling bottom strap first then top strap behind ears
10. Remove gloves
11. Perform hand hygiene

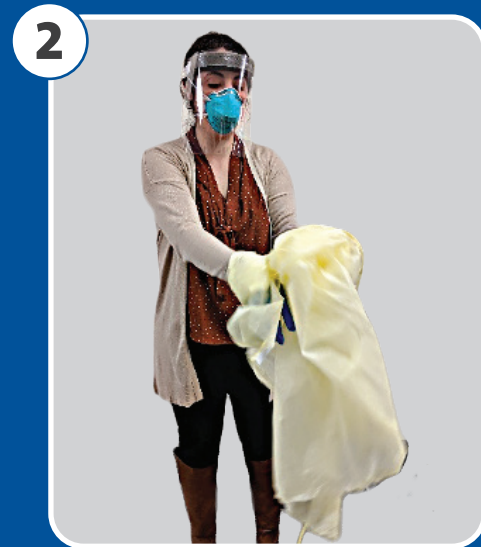
Reminders

1. Ensure trained observer is present for PPE donning and doffing.
2. Doff PPE slowly and carefully.
3. Remove any non-essential supplies from the room to avoid wasting prior to patient arrival if possible.
4. Ensure PPE, hand hygiene products and disinfectant wipes stocked/available.
5. Ensure isolation is ordered, isolation signs are utilized and promote the bundling of care to limit in and out of room.
6. Locate trash bins close to exit door for easy removal of PPE
7. Limit visitors and non-essential staff

PPE Doffing Procedures | Outpatient



1 Position yourself at a location closest to the exit door. Remove gown touching at the shoulder away from face,



2 ... and roll inside out. Dispose gown.



3 Remove gloves using proper technique



4 Perform hand hygiene



5 Don new pair of gloves



6 Slightly lean forward, remove face shield using two hands touching elastic band behind ears



7 Exit room, close door behind you



8 Remove N95 by handling bottom strap first and then the top strap behind ears



9 Remove gloves using proper technique



10 Perform hand hygiene

Outpatient

Required Personal Protective Equipment



TAB 4:

Testing Guidelines

DUHS Clinical guidance - When to test for SARS-2/COVID-19

As of March 9, 2020 (9 a.m.)

If this		Do this	
Known COVID-19 exposure^A + fever <u>OR</u> lower respiratory symptoms^B		<ol style="list-style-type: none"> 1. Document in EPIC using smart phrase: .COVID19SCREENING 2. Call Infection Prevention 3. Call State Epidemiologist 4. Fill out required form 1 & form 2 5. Collect samples for a Flu/RSV test and COVID-19 test 	Test for COVID-19
Possible travel-associated COVID-19 exposure^C + fever <u>AND</u> lower respiratory symptoms^B		<ol style="list-style-type: none"> 1. Ensure patient is placed on droplet and contact precautions 2. Collect samples for basic and extended respiratory virus tests & COVID-19 viral tests 	Test for COVID-19 if usual respiratory virus tests negative^D
Unexplained respiratory illness in a hospitalized patient (no exposure)		<ol style="list-style-type: none"> 3. Rule out usual respiratory viruses^D and continue droplet and contact isolation if usual respiratory viral tests negative 4. If negative, <ol style="list-style-type: none"> a. Document in EPIC using smart phrase: .COVID19SCREENING b. Call Infection Prevention c. Call State Epidemiologist d. Fill out required form 1 & form 2 	
Unexplained fever <u>AND</u> lower respiratory symptoms^B + clinical implications if COVID-19^E (no exposure)		<ol style="list-style-type: none"> 1. Call ID/Hospital Epi to determine if COVID-19 testing is indicated if other viruses ruled out^D 2. Collect samples for respiratory virus testing & COVID-19 viral tests 3. If usual respiratory viruses ruled out & ID/hospital epi support testing proceed as above^D 	Discuss with ID / Hospital Epi before testing for COVID-19
Possible/known COVID-19 exposure^{A,C} + fever <u>OR</u> mild symptoms not meeting elsewhere			
Mild <u>upper</u> respiratory symptoms with no likely exposure		<ol style="list-style-type: none"> 1. Reassure patient & tell <ol style="list-style-type: none"> a. No testing indicated at this time (for any virus) b. Call back with any changes 	Do not test for COVID-19
Asymptomatic individual regardless of exposure			
Contacts	Infection Prevention ID/Hosp Epi: DUH: 919-970-3439; DRH: 919-970-3439 DRAH: 919-206-3311 Back-up to ID/Hosp epi: DUH Adult ID Consult: Pager 970-4376; DUH Pediatric ID Consult: Pager 970-7420; DRH ID Consult: Pager 9199; DRAH ID Consult: 970-4649 NC State Epidemiologist on call number: 919-733-3419 DUHS Clinical Microbiology Laboratory: (919) 684-2089		
^A Contact with known or confirmed COVID-19 case ^B Fever (documented or subjective); lower respiratory symptoms (cough, shortness of breath, etc.) ^C Travel from endemic affected area (CDC level 2&3 travel advisories and some US regions) ^D Negative NAAT/PCR Influenza test and extended respiratory viral panel or positive extended respiratory viral panel for virus not matching severity of clinical illness (Rhinovirus in ARDS patient)			

DUHS Clinical guidance - When to test for SARS-2/COVID-19

As of March 9, 2020 (9 a.m.)

^E For instance, laboring mother where COVID-19 would merit separation of mom & baby after birth

Instructions for Patients Who are Not Tested:

NO SYMPTOMS, BUT POTENTIALLY EXPOSED

If patient has no symptoms, but may have been potentially exposed follow ***self-monitoring guidelines***.

Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

MILD SYMPTOMS, POTENTIALLY EXPOSED

If patient is experiencing mild symptoms such as *runny nose, sore throat, or mild cough, but has no fever, no difficulty breathing, AND no shortness of breath* then advise to follow ***Isolation guidelines***

Isolation Guidelines

- * Isolate yourself at home
- * Do NOT allow any visitors
- * Do NOT go to work or school
- * Do NOT go to church, child care centers, shopping, or other public places
- * Do NOT shake hands
- * AVOID close contact with others (hugging, kissing)

- * Cover your mouth and nose, wear a mask:
- * Cover your mouth and nose with a disposable tissue (e.g Kleenex, toilet paper, paper towel) or wash cloth

Wash your hands with soap and water

- * Wash your hands and face frequently with soap and water

Call for worsening symptoms.

Discontinue isolation when symptoms improving for > 24 hours.

Testing for SARS-CoV-2/COVID-19 at DUHS

- Notify Infection Prevention of any suspect patient *before* sample collection
- No named test for SARS-CoV-2/COVID-19 in Maestro Care
- Use '[Serological Test To State Lab - LAB6819](#)'
- Testing is available at the NC State Lab/CDC and limited to patients meeting Duke/CDC criteria for [Patient Under Investigation \(PUI\)](#)
- Testing requires prior approval by NC State Public Health Epidemiologist On-Call (919-733-3419) & completed [State Virology form](#)
 - State Epidemiologist will give **NC PUI #** needed for form & testing
- Use DUHS tests for usual respiratory viruses and NC State Lab/CDC tests for SARS-CoV-2 after approval as outlined below:

Patients *meeting* Duke/CDC criteria

3 test orders, 4 samples (5 samples, if lower respiratory collected):

1. DUHS tests

a. Orders

i. Respiratory Virus, Basic Panel, PCR – LAB6807 (expected TAT ≤6 hours)

- For patients at DRAH order the influenza A and/or B Rapid Assay – LAB9794 and the Respiratory Syncytial Virus (RSV) – Assay – LAB9563 test

ii. Respiratory Virus, Extended Panel, PCR – LAB6808 (expected TAT ≤14 hours)

b. Sample (1): **1 NP swab** in VTM (DUHS respiratory virus PCR kit)

2. CDC/State Lab tests

a. Order

i. Serological Test to State Lab – LAB6819; enter 'SARS-CoV-2/COVID-19 PCR' in comment field

b. Samples (3 or 4 if lower respiratory): label tubes "For SARS-CoV-2/COVID-19 PCR"

i. **1 NP swab** in VTM (DUHS respiratory virus PCR kit)

ii. **1 OP/throat swab** in VTM (DUHS respiratory virus PCR kit)

iii. **1 lower resp., if available** (sputum, ETA, BAL; NO induced sputum) in sterile container

c. Fill out State Virology Form with NC PUI# and check box for 'Other' under 'Infectious Agent(s) Suspected or Test(s) Requested:' and write 'SARS-CoV-2' or 'COVID-19' on line

3. Transport

a. Ensure all samples are tightly screwed closed

b. Use Single specimen bag for sample collection

c. **Print Sample Bag Notification Card on page 2, cut dashed line, slip in sleeve of sample bag**

d. Use routine PPE and universal precautions when handling and transporting closed and bagged samples (wear gloves when touching bag, wash hands after removing gloves)

e. Routine transport to Duke Clinical Microbiology Lab at DUMC by routine route (tube or courier)

CONTACT INFORMATION

NC State Epidemiologist On-Call: 919-733-3419

Duke Clinical Microbiology Lab: 919-684-2089

Infection Prevention: DUH/DUMC 919-970-9721; DRH 919-470-7171, pager 7171; DRAH 919-206-3311; DPC 919-896-2428 or 919-970-9721; PDC 919-314-7680 or 919-970-9721

Materials for Patients *meeting* CDC criteria



NP swab for
DUHS
respiratory
viral testing

NP swab for
NC State Lab
SARS-CoV-2
testing

OP swab for
NC State Lab
SARS-CoV-2
testing

Lower respiratory
sample for NC
State Lab SARS-
CoV-2 testing

SARS-CoV-2 Sample Bag Notification Card - Cut on dashed line, slip in sleeve of sample bag

**SARS-CoV-2/COVID-19
PUI Sample**

**SARS-CoV-2/COVID-19
PUI Sample**

**SARS-CoV-2/COVID-19
PUI Sample**

TAB 5:

Required Forms

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ___/___/___

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....



Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____
Reporting health department: _____ CDC 2019-nCoV ID: _____
Contact ID ^a: _____ NNDSS loc. rec. ID/Case ID ^b: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. ^bFor NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First _____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person? <input type="checkbox"/> Patient under investigation (PUI) <input type="checkbox"/> Laboratory-confirmed case Report date of PUI to CDC (MM/DD/YYYY): _____ Report date of case to CDC (MM/DD/YYYY): _____ County of residence: _____ State of residence: _____		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not specified Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Date of first positive specimen collection (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Did the patient develop pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No Did the patient have acute respiratory distress syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No Did the patient have another diagnosis/etiology for their illness? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No Did the patient have an abnormal chest X-ray? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No		Was the patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, admission date 1 ___/___/___ (MM/DD/YYYY) If yes, discharge date 1 ___/___/___ (MM/DD/YYYY) Was the patient admitted to an intensive care unit (ICU)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did the patient receive mechanical ventilation (MV)/intubation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total days with MV (days) _____ Did the patient receive ECMO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did the patient die as a result of this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of death (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown date of death	
Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____		Date of birth (MM/DD/YYYY): ___/___/___ Age: _____ Age units(yr/mo/day): _____					
Symptoms present during course of illness: <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Unknown		If symptomatic, onset date (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown		If symptomatic, date of symptom resolution (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Still symptomatic <input type="checkbox"/> Unknown symptom status <input type="checkbox"/> Symptoms resolved, unknown date			
Is the patient a health care worker in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply): <input type="checkbox"/> Travel to Wuhan <input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology <input type="checkbox"/> Travel to Hubei <input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Travel to mainland China <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> HCW <input type="checkbox"/> Unknown <input type="checkbox"/> Travel to other non-US country specify: _____ <input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Animal exposure							
If the patient had contact with another COVID-19 case, was this person a U.S. case? <input type="checkbox"/> Yes, nCoV ID of source case: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A							
Under what process was the PUI or case first identified? (check all that apply): <input type="checkbox"/> Clinical evaluation leading to PUI determination <input type="checkbox"/> Contact tracing of case patient <input type="checkbox"/> Routine surveillance <input type="checkbox"/> EpiX notification of travelers; if checked, DGMQID _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____							

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).



CDC 2019-nCoV ID:

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): Patient interview Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?		
Fever >100.4F (38C) ^c	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Subjective fever (felt feverish)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Muscle aches (myalgia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Runny nose (rhinorrhea)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Cough (new onset or worsening of chronic cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Shortness of breath (dyspnea)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

Pre-existing medical conditions? Yes No Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Diabetes Mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Cardiovascular disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Renal disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Immunocompromised Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Neurologic/neurodevelopmental	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
Other chronic diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
If female, currently pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Current smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Former smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	Sent to CDC	State Lab Tested
NP Swab			<input type="checkbox"/>	<input type="checkbox"/>
OP Swab			<input type="checkbox"/>	<input type="checkbox"/>
Sputum			<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____			<input type="checkbox"/>	<input type="checkbox"/>

Additional State/local Specimen IDs: _____

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).



Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

ADDITIONAL INFORMATION FOR NORTH CAROLINA DIVISION OF PUBLIC HEALTH

The data collected on this page is for the North Carolina Division of Public Health's records and will not be submitted to CDC.

Patient's Phone _____

If hospitalized, hospital _____ **Discharge date** ____/____/____

If patient had close contact with lab-confirmed case or PUI while ill, date of last close contact:

____/____/____

US airports traveled through _____

Since the patient began experiencing symptoms, have they had close contact³ with anyone?

Y N Unknown



NC Department of Health and Human Services • Division of Public Health • Communicable Disease Branch
<https://publichealth.nc.gov/> • NCDHHS is an equal opportunity employer and provider. • Updated 2/6/2020



CORONAVIRUS DISEASE 2019 (COVID-19) Guidance for Persons Under Investigation

You are being tested for the virus that causes coronavirus disease 2019 (COVID-19). Public health actions are necessary to ensure protection of your health and the health of others, and to prevent further spread of infection. COVID-19 is caused by a virus that can cause symptoms, such as fever, cough, and shortness of breath. The primary transmission from person to person is by coughing or sneezing. On January 30, 2020, the World Health Organization announced a Public Health Emergency of International Concern and on January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency. If the virus that causes COVID-19 spreads in the community, it could have severe public health consequences.

As a person under investigation for COVID-19, the North Carolina Department of Health and Human Services, Division of Public Health advises you to adhere to the following guidance until your test results are reported to you. If your test result is positive, you will receive additional information from your provider and your local health department at that time.

- Remain at home until you are cleared by your health provider or public health authorities.
- Keep a log of visitors to your home using the form provided. Any visitors to your home must be aware of your isolation status.
- If you plan to move to a new address or leave the county, notify the local health department in your county.
- Call a doctor or seek care if you have an urgent medical need. Before seeking medical care, call ahead and get instructions from the provider before arriving at the medical office, clinic or hospital. Notify them that you are being tested for the virus that causes COVID-19 so arrangements can be made, as necessary, to prevent transmission to others in the healthcare setting. Next, notify the local health department in your county.
- If a medical emergency arises and you need to call 911, inform the first responders that you are being tested for the virus that causes COVID-19. Next, notify the local health department in your county.
- Adhere to all guidance set forth by the North Carolina Division of Public Health for Home Care of patients that is based on guidance from the Center for Disease Control and Prevention with suspected or confirmed COVID-19. It is provided with this guidance for Persons Under Investigation.

Your health and the health of our community are our top priorities. Public Health officials remain available to provide assistance and counseling to you about COVID-19 and compliance with this guidance.

Provider: _____

Date: ____/____/____

By signing below, you acknowledge that you have read and agree to comply with this Guidance for Persons Under Investigation.

_____ Date: ____/____/____

WHO DO I CALL?

You can find a list of local health departments here: <https://www.ncdhhs.gov/divisions/public-health/county-health-departments>

Health Department: _____

Contact Name: _____

Telephone: _____

