



## COVID-19 Patient Screening Tool

This tool is intended to assist providers in assessing patients in the home setting. Always refer to local and state guidelines for additional questions and/or reporting requirements.

### General Questions:

1. Have you, your primary caregiver, or anyone in your household traveled outside the United States within the last 30 days? If so, provide the locations.
2. Have you, your primary caregiver, or anyone in your household traveled within the United States within the last 14 days? If so, provide the locations.

### COVID-19 Specific-Screening:

3. Are you practicing home isolation? (I.e. social distancing, restricting activities such as working outside the home, attending family events, religious services)
4. Are you, your primary caregiver, or anyone in your household experiencing any respiratory symptoms such as cough or shortness of breath?
  - a. If yes, describe the symptoms/illness.
  - b. If yes, [refer to CDC Guidance For Public Health Personnel Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at Their Home of Non-Home Residential Settings](#)
5. Have you, your primary caregiver, or anyone in your household had a fever of 100.4 F or greater in the last 24 hours?
  - c. If yes, [refer to CDC Guidance For Public Health Personnel Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at Their Home of Non-Home Residential Settings](#)
6. Are you, your primary caregiver, or anyone in your household currently ill?
  - d. If yes, please describe the symptoms.
  - e. If yes, [refer to CDC Guidance For Public Health Personnel Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at Their Home of Non-Home Residential Settings](#)
7. Have you been in contact with a person under investigation for COVID-19 or who has been told to self-isolate for possible exposure?
  - f. If yes, refer to [CDC risk assessment for guidance](#)
8. Have you had contact with a person who has tested positive for COVID-19?
  - g. If yes, refer to [CDC risk assessment for guidance](#)

**\*\* See NHIA Home and Specialty Infusion Industry Guidance (COVID-19) for recommended frequency of patient screening tool\*\*.**

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### References:

1. <http://infusioncenter.org/wp-content/uploads/2020/03/March-18-COVID-19-Full-Toolkit.pdf>
2. IgNS COVID-19 Resource Guide
3. Healthcare Personnel Preparedness Checklist for Transport and Arrival of Patient with Confirmed or Possible COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>