Yes-SARS Screening Form

Date modified: 04/29/2004

SARS ID:	

Investigator:	Report date: _ _ /_ _ /_ _	Report time: ___:___a.m./p.m.	
Reporter name, affiliation and phone number:			
Health Care Provider Name:	Contact Numbers:		
Hospital:	Room #	Hospital Tele.# :	
Patient Name LAST:	FIRST:	Middle Initial:	
If child, parent or guardian:			
Address:	City:	State:	Zip:
County:	Country:	US Resident? ☐	
Occupation:			
Telephone number(s) HOME:	WORK:	OTHER:	
Birthdate: / / Age: yrs mths	Sex: F ☐ M ☐	Interpreter needed? ☐	Language:

		Yes	No
1.	Does the patient have or report: ☐Fever or ☐Lower respiratory symptoms (e.g., cough, shortness of breath, difficulty breathing) ***If YES:*** Date of lower respiratory symptom onset: __ __ /__ __ / __ __ Date of fever onset: __ __ /__ __ / __ __ Fever >38 C (100.4)?☐Yes ☐No ☐Not measured Highest measured temp: __ __ __. __ °F	☐	☐
	Within 10 days of symptom onset, did the patient have:		
a.	Close contact with someone suspected of having SARS-CoV disease (i.e., meeting CSTE criteria)?	☐	☐
b.	A history of foreign travel to, or close contact with an ill person with a history of travel to, a location with documented or suspected SARS-CoV? Refer to current CDC criteria for locations of SARS activity.	☐	☐
c.	Exposure to a domestic location with documented or suspected SARS-CoV (including a laboratory that contains live SARS-CoV), or close contact with an ill person with such an exposure history?	☐	☐
2.	Is the patient hospitalized for radiographically confirmed pneumonia or ARDS with unknown etiology? ***If YES:***	☐	☐
a.	Is the patient part of a <u>cluster</u> of 2 or more cases of atypical pneumonia without an alternative diagnosis?	☐	☐
b.	Does the patient have a history of recent <u>travel</u> to mainland China, Hong Kong, or Taiwan or close contact with ill persons with a history of recent travel to such areas?	☐	☐
c.	Is the patient <u>employed</u> in an occupation at particular risk for SARS-CoV exposure, including a healthcare worker with direct patient contact or a worker in a laboratory that contains live SARS-CoV?	☐	☐
3.	Does the person have a high risk of exposure to SARS-CoV (e.g., close contacts of a laboratory-confirmed case of SARS-CoV disease; persons who are epidemiologically linked to a laboratory-confirmed case of SARS-CoV disease)? ***If YES:*** Does the patient have two or more of the following **early symptoms** (check all that apply): ☐Fever ☐Chills ☐Rigors ☐Myalgia ☐Headache ☐Diarrhea ☐Sore throat ☐Rhinorrhea	☐	☐

⇨***If patient has a fever <u>or</u> respiratory symptoms (Yes to Question 1) and either 1a, 1b or 1c are YES, CONTINUE.***
⇨***OR, if patient has pneumonia (Yes to Question 2) and either 2a, 2b, or 2c are YES, CONTINUE.***
⇨***OR, if patient has high risk of exposure to SARS (Yes to Question 3) and >1 early symptoms, CONTINUE.***

Provider should:
☐Perform diagnostic work-up according to CDC clinical management algorithms
☐Treat the patient as clinically indicated
☐Notify hospital infection control/clinic manager
☐Follow SARS isolation precautions (droplet precautions only for RUI-1 at low suspicion for SARS – see next page)

Entry Order

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Use this worksheet to determine whether a discretionary 72-hour Evaluation may be applied prior to completion of the case report forms.

1. Complete the **Case Classification Worksheet** and note initial classification here:

☐RUI-1 ☐RUI-3 ☐Probable SARS Co-V disease ☐pRUI-2
☐RUI-2 ☐RUI-4 ☐Confirmed SARS Co-V disease ☐pRUI-4

If Case Classification is RUI-1 or PRUI-2, continue. Otherwise, *stop here* and complete all case investigation forms.

2. Complete the following questions if case classification is *RUI-1*:	Check if Yes:
a. If 2a (cluster) was the qualifying criteria: Are the illness onset dates grouped within a 10-day period?	☐
b. If 2a (cluster) was the qualifying criteria**:** ⇨ Is the cluster of pneumonia among a group of persons for whom alternative diagnoses have been reliably excluded?	☐
⇨ Is a case in the cluster linked to travel to a previously affected area or to an ill healthcare worker?	☐
c. If 2b (travel) was the qualifying criteria: Did the ill person have close contact with someone hospitalized for a respiratory infection or visit a healthcare setting while in the previously affected area and within 10 days of their illness onset?	☐
d. Is there another reason for increased suspicion? If so, explain:	☐
If any box in Question #2 is checked, patient should be considered as high suspicion for SARS Co-V infection. If NO boxes are checked, classify *RUI-1* as low suspicion for SARS Co-V infection.	

Apply a 72-hour Evaluation to the following groups:

1) Persons with *fever **OR** mild-to-moderate respiratory illness* who meet the epidemiologic criteria for *possible* SARS Co-V disease (*PRUI-2*) ⇨ follow CDC's "Algorithm for management of fever or respiratory symptoms when SARS-CoV person-to-person transmission is occurring in the world"

2) Persons classified as *RUI-1* who are at *low suspicion* for SARS Co-V disease ⇨ follow CDC's "Algorithm for evaluation and management of patients requiring hospitalization for radiographically confirmed pneumonia, in the absence of person-to-person transmission of SARS-CoV in the world"

72-Hour Evaluation					
Was 72-hour isolation initiated? ☐No ☐Yes Date isolation starts: ___ / ___ / ___ Date ends: ___ / ___ / ___			Was a second 72-hour isolation initiated? ☐No ☐Yes Date isolation starts: ___ / ___ / ___ Date ends: ___ / ___ / ___		
Date	Respiratory symptoms? Describe:	Fever?	Date	Respiratory symptoms? Describe:	Fever?
__ /__ /__	☐		__ /__ /__	☐	
__ /__ /__	☐		__ /__ /__	☐	
__ /__ /__	☐		__ /__ /__	☐	
Outcome of **first** 72-hour isolation: ☐Symptoms improved or resolved, lift restrictions ☐Persistent fever or unresolving respiratory symptoms, perform SARS Co-V testing and second 72-hour isolation ☐Radiographic evidence of pneumonia→re-classify case, initiate complete case investigation and SARS Co-V testing			Repeat clinical evaluation and CXR. Outcome of **second** 72-hour isolation: ☐No radiographic evidence of pneumonia, lift restrictions ☐Radiographic evidence of pneumonia→initiate complete case investigation and SARS Co-V testing		
Date acute symptoms ended: / /					