

McLaren Print System Order

Order No: 8908 Reprint Previous Order No: 7619
 Order Date: 2015-02-10
 User: Torey Locsin
 Phone: 248-808-5850

Ship Location: Front Desk
 3901 Highland Rd., Suite D
 Waterford, MI 48328

Forms

Quantity: 100
 Paragon Dept No: 73650
 Dept Name: McLaren Oakland Waterford Family Med
 Company Number: 810

Order Total Price: 0.00

Item Number: 17903
 Item Description: Ebola Virus Disease (EVD) Screening Tool Offsite
 Revision Date: 11/19/2014
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Print
Flint, MI

Ebola Virus Disease (EVD) Screening Tool - Offsite

Travel/Exposure History:

In the past 21 days has the patient traveled to or resided in any of the following countries or had contact with a person with confirmed or suspected Ebola Virus disease?

Guinea Liberia Sierra Leone Ivory Coast

Patient had contact with a person with suspected or confirmed Ebola Virus Disease

No travel to these countries or contact with person with suspected or confirmed Ebola Virus Disease

In patient experiencing ANY of the following symptoms?

Fever Joint/muscle pain Headache Swallowing

Nausea/vomiting Fatigue Diarrhea Lack of appetite

Abdominal pain Unexplained bleeding Not experiencing any listed symptoms

IF ONLY TRAVEL/EXPOSURE CRITERIA ARE MET:

IMMEDIATELY notify Infection Control by paging 389-0663

IF BOTH CRITERIA ARE MET when assessing your situation:

- Ask patient to remain at home and await further instructions from the Health Department.

IMMEDIATELY report Person Under Investigation (PUI) for Ebola to:

Infection Control pager: 389-0663

AND

Michigan Department of Community Health-Communicable Disease Division at (517) 333-8265 (M-F 8 am-5pm) or (517) 333-8030 (after hours and on weekends)

IF BOTH CRITERIA ARE MET when screening in person at an Offsite facility:

- The patient should be moved to a room where they can be isolated away from other patients and staff. STANDARD CONTACT, and DROPLET precautions should be followed during further assessment.
- Positive results of the screening tool should be communicated to ALL health care providers at the facility involved in the patient's care.

IMMEDIATELY report Person Under Investigation (PUI) for Ebola to:

Infection Control pager: 389-0663

AND

Michigan Department of Community Health-Communicable Disease Division at (517) 333-8265 (M-F 8 am-5pm) or (517) 333-8030 (after hours and on weekends)

AND

Immediate Supervisor

Person completing screening tool:

Signature _____ Name _____ Date _____

EBOLA VIRUS DISEASE (EVD)
SCREENING TOOL
17903 (02/10/2015)

680