

McLaren Print System Order

Order No: 9176 Reprint Previous Order No: 6804
 Order Date: 2015-02-19
 User: shirley liddell
 Phone: 810-342-5333

Ship Location: McLaren OakBridge Center PHP - Shirley Liddell
 4448 Oakbridge
 FLINT, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 43560
 Dept Name: McLaren OakBridge Center PHP
 Company Number: 60

Order Total Price: 0.00

Item Number: 17900
 Item Description: Ebola Virus Disease (EVD) Screening Tool Hospital
 Revision Date: 2/5/2015
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren Flint
Flint, MI

Ebola Virus Disease (EVD) Screening Tool - Hospital

Travel/Exposure History:

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

Guinea Liberia Sierra Leone

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

Is patient experiencing ANY of the following symptoms?

Fever Itchy/muscle pain Headache Weakness

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 369-0643

IF BOTH CRITERIA ARE MET, when assessment is complete:

The patient should be moved to a private room with a bathroom and STANDARD, CONTACT, and AIRBORNE precautions should be followed during further assessment.

- Notification of precautions should be clearly displayed and communicated to anyone who might enter the patient's room.
- Positive results of the screening tool should be communicated to ALL health care providers involved in the patient's care.

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

Nursing Supervisor 342-0056 or 342-2277

Nursing Supervisor is to contact the following:

Administrator on Call/ Infection Control pager 369-0663 Security 342-8333

Michigan Department of Community Health Communicable Disease Division at (313) 333-6083 (M-F 8 am-5pm) or (313) 333-6030 (after hours and on weekends)

IF BOTH CRITERIA ARE MET, when assessment a patient sees the phone:

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

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Infection Control pager 369-0663

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Person completing screening tool:

Signature _____ Name _____ Date _____

EBOLA VIRUS DISEASE (EVD)
SCREENING TOOL
020515010100000

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