

McLaren Print System Order

Order No: 9177 Reprint Previous Order No: 7619
 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: 17903
 Item Description: Ebola Virus Disease (EVD) Screening Tool Offsite
 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 - Offsite

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

In patient experiencing ANY of the following symptoms?

Fever Itchy/hoarse pain Headache Weakness

Nausea/Vomiting Fatigue Diarrhea Lack of appetite

Abdominal pain Unexplained bleeding Not experiencing any listed symptoms

IF ONLY TRAVEL/EXPOSURE (INTERNAL USE ONLY):

IMMEDIATELY notify Infection Control by paging 389-0663

IF BOTH (INTERNAL USE ONLY when accessing via secure intranet):

- All 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) 335-8088 (M-F 8am-5pm) or (517) 335-9038 (after hours and on weekends)

IF BOTH (INTERNAL USE ONLY when accessing via secure intranet 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) 335-8088 (M-F 8am-5pm) or (517) 335-9038 (after hours and on weekends)

AND

Immediate Supervisor

Person completing screening tool

Signature _____ Name _____ Date _____

EBOLA VIRUS DISEASE (EVD)
SCREENING TOOL
02/05/2015 09:00:00

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