

JHH ADULT ED EBOLA SCREENING QUESTIONNAIRE

Complete for all patients reporting travel to Sierra Leone, Guinea, Liberia, or the Democratic Republic of Congo* within the last 21 days. Patient should wear a mask and the triage nurse should be informed of the patient.

*Countries involved as of October 20, 2014 are listed above. Countries involved may expand. Contact HEIC with questions

Patient name: _____ MRN: _____

Question 1: List the countries in which the patient has been during the past 21 days, including date ranges:

Country:	Date Range:

Question 2A: Is the patient experiencing any of the following:

Condition	YES	NO
Fever or Reported History of Fever		
Severe Headache		
Muscle Pain		
Vomiting		
Diarrhea		
Abdominal Pain		
Unexplained Hemorrhage		

If **YES** to fever/reported history of fever and/or other symptoms, take the patient to a **negative pressure isolation room**. Place the patient on **Contact and Droplet Precautions**, **contact HEIC** and **the provider will complete Question 2B**.

If **NO** to fever/reported history of fever and/or other symptoms, proceed with normal workflow. The **provider will still complete Question 2B and contact HEIC**.

Question 2B: Has the patient had any of the following exposures during the past 21 days:

Exposure	YES	NO
Contact with blood or other body fluids of a patient known to have or suspected to have Ebola		
Handling of bats, rodents, or primates from disease-endemic areas		
Direct care or exposure to body fluids of an Ebola patient		
Laboratory worker processing body fluids of confirmed Ebola patients without appropriate PPE or standard biosafety precautions		
Participation in funeral rites which include direct exposure to human remains in the geographic area where outbreak is occurring without appropriate PPE		
Household member or other casual contact with an Ebola patient		
Providing patient care or casual contact with Ebola patients in healthcare facilities in Ebola outbreak affected countries		

Call HEIC immediately to discuss the screening form to determine next steps.

Office Hours: 410-955-8384 After Hours: 410-283-3855