

**Symptoms in red are potential COVID-19 relevant risk factors or indicators
Use this for patient assessment before calling medical provider**

Resident Name _____ **Condition Change** _____

Associated medical conditions include (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> CHF | <input type="checkbox"/> HTN | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> chronic pressure ulcer | <input type="checkbox"/> CAD or hx of MI | <input type="checkbox"/> Hospitalized within past 30 days |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> COPD/asthma | <input type="checkbox"/> Surgery within past 30 days |
| <input type="checkbox"/> ESRD/hemodialysis | | <input type="checkbox"/> Other _____ |

Full Code DNR Do not hospitalize

Goals of Care <input type="checkbox"/> Comfort Measures <input type="checkbox"/> Limited Intervention <input type="checkbox"/> Full Intervention	Antibiotic Use <input type="checkbox"/> Use antibiotics only if comfort cannot be achieved fully through other means <input type="checkbox"/> Use antibiotics consistent with treatment goals	Artificial Nutrition <input type="checkbox"/> No artificial nutrition <input type="checkbox"/> Defined trial of artificial nutrition <input type="checkbox"/> Long term artificial nutrition						
Temp	Pulse	Resp. Rate	O₂ Sat	On O₂ ?	B/P	Blood Sugar	Weight/Change?	Most recent BM

Symptom-Based Exam Guide	
If presenting this symptom:	Do this assessment:
Abdominal pain or Nausea/ Vomiting/ Diarrhea/ Constipation	Abdominal/Genital/Urinary
Chest pain	Lungs/ Heart
Cough or Shortness of breath	Lungs/ Heart
Altered mental status	Full Exam
Fever	Full Exam
Rash/ Itching	Skin
Facial droop/ arm or leg weakness, or headache/ blurry vision	Neurological
Leg swelling	Lungs/ Heart/ Skin
Hematuria or vaginal discharge	Genital/Urinary
Fall	Neurological/ Skin
Muscle or Joint Pain	Musculoskeletal

Mental Status/Mood/Behavior

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> <u>not pertinent</u> | <input type="checkbox"/> non responsive | <input type="checkbox"/> personality change | <input type="checkbox"/> hallucinations (worse or new) |
| <input type="checkbox"/> depressed | <input type="checkbox"/> withdrawn | <input type="checkbox"/> restless | <input type="checkbox"/> increased confusion |
| <input type="checkbox"/> agitated | <input type="checkbox"/> increased aggression (physical or verbal) | <input type="checkbox"/> lethargy | |
| <input type="checkbox"/> malaise/fatigue | | | |

Neuro

- | | | |
|---|---|---|
| <input type="checkbox"/> <u>not pertinent</u> | <input type="checkbox"/> weaker on RUE/RLE/LUE/LLE (circle) | <input type="checkbox"/> leaning to right/left side |
| <input type="checkbox"/> speech irregularity | <input type="checkbox"/> facial asymmetry | <input type="checkbox"/> tingling <input type="checkbox"/> numbness |
| <input type="checkbox"/> abnormal gait | <input type="checkbox"/> dizzy | |

Head/Eyes/Ears/Mouth/Throat

- | | | | | |
|---|---|--|--|--------------------------------------|
| <input type="checkbox"/> <u>not pertinent</u> | <input type="checkbox"/> pupils unequal | <input type="checkbox"/> pupils non-reactive | <input type="checkbox"/> mouth lesion | <input type="checkbox"/> sore throat |
| <input type="checkbox"/> jaundiced eyes | <input type="checkbox"/> headache | <input type="checkbox"/> difficulty swallowing | <input type="checkbox"/> ringing in ears | |

Lungs

- not pertinent
- abnormal lung sounds
- painful deep breaths
- orthopnea
- dyspnea on exertion
- cough (productive, non-productive)
- labored
- shallow
- short of breath

Heart/Pulses

- not pertinent
- irregular pulse
- edema
- abnormal heart sound
- orthostatic
- weak pulse
- chest pain

Abdominal

- not pertinent
- tender
- distended
- hypoactive bowel sounds
- diarrhea
- new incontinence
- change in stool color
- constipation
- hyperactive bowel sounds
- nausea/vomiting
- bloody stool
- bloody emesis
- absent bowel sounds

Skin

- not pertinent
- jaundice
- cyanotic
- bruising
- excoriation
- itch
- blister
- wound
- laceration
- skin tear
- pain
- rash
- localized warmth
- localized swelling
- drainage

Musculoskeletal

- not pertinent
- falls
- joint pain
- joint swelling
- general weakness
- muscle aches/pains

Genital/urinary

- not pertinent
- new incontinence
- new nocturia
- increased urinary frequency
- dysuria
- hematuria
- abnormal discharge
- lesion

Pain (elaborate on previously mentioned pain or discuss new symptom)

- not pertinent
- location _____
- pain scale (1-10): _____
- pain quality is sharp/dull/constant/intermittent/other: _____
- pain is relieved by _____
- pain is made worse by _____

Use transmission based precautions if any possible symptoms of COVID-19 are present.

Provider Call Orders

When will PCP be contacted again? _____ Responsible Party Notified? Y/N

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