



Date:

Name:



Visual Triage Checklist for Acute Respiratory Infection

MRN:

Hospital:

Time

ID#:

Risks for Acute Respiratory Illnesses	Any Patient (Adult or Pediatric)	
A. Exposure Risks		
History of travel abroad in the past 14 days OR A contact with a confirmed case of COVID-19 or MERS-CoV in the last 14 days prior to symptom onset. OR An exposure to camel or camel's products (direct or indirect*) in the last 14 days prior to symptom onset. OR Lived in or worked in a facility known to be experiencing an outbreak of COVID-19 in the last 14 days prior to symptom onset.		
B. Clinical Signs and Symptoms	<i>Pediatric</i> (≤14 years)	Adult (>14 years)
1. Fever or recent history of fever. Note: within the last 72 hours (3 days)	4	4
2. Cough (new or worsening). Note: within the last 72 hours (3 days)	4	4
3. Shortness of breath (new or worsening).	4	4
4. Headache, sore throat, or rhinorrhea	1	1
5. Nausea, vomiting, and/or diarrhea.	1	1
6. Chronic renal failure, CAD/heart failure, Immunocompromised patient.	-	1

A score ≥ 4 , ask the patient to perform hand hygiene, wear a surgical mask, direct the patient through the

ID number: _____

MRSE-CoV or COVID-19 testing should only be performed according to case definitions.

respiratory pathway, and inform MD for assessment.

Staff name: _____