**TRIAGE GUIDE FOR SICK ROOM VISITS**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COTTAGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If **any one** of the following symptoms is mentioned in the chief complaint the visit should be conducted in the **PCS sick room** using appropriate PPE and isolation precautions.

Circle those that apply:

* Headache
* Dizziness
* Rash
* Abdominal pain
* Nausea
* Vomiting
* Diarrhea
* Fever
* Cough
* Sore throat
* SOB
* Runny nose
* Body aches
* None of the above

**No analgesics (Ibuprofen or Acetaminophen) may be given for any of the above symptoms without a specific practitioner order. Patient Specific Protocol orders for analgesics do not apply to these symptoms during COVID-19**.

Nurse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_