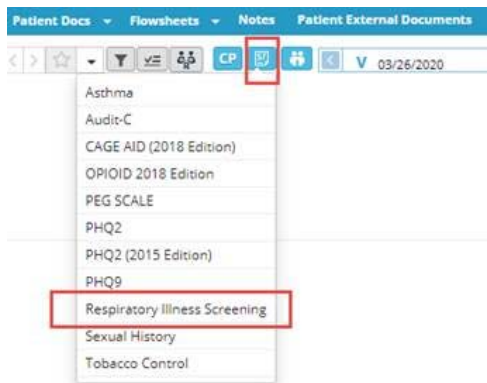


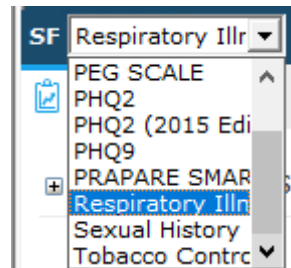
## eClinicalWorks Respiratory Illness Screening Smart Form

1. Access the Respiratory Illness Screening Smart Form from the SF drop down list on the progress note.

eCW 11e (browser)



eCW 11 (exe)



2. Complete the Respiratory Illness Screening form and click Save.

**Respiratory Illness Screening Form**

Patient Name: Jimmy (Pt Portal) K Test    DOB: 03/01/1955  
 Account Number: 14410    Today's Date: 03/26/2020

<p>1. Is fever present / reported?*</p> <p>1a. Temperature:*</p> <p>1b. Unit of Measure:*</p> <p>2. Are respiratory illness symptom(s) present / reported?*</p> <p>2a. Cough?*</p> <p>2b. Shortness of Breath?*</p> <p>2c. Sore throat / Pharyngitis?*</p> <p>3. Are other symptom(s) present / reported?*</p> <p>4. Symptom Onset Date (if known):</p> <p>5. Has there been reported travel to a High Risk respiratory illness region?*</p> <p>6. Has close* contact with person(s) known to have communicable illness been reported?*</p> <p><small>*Close contact is defined as persons within approximately 6 feet (2 meters) or within the room or care area of a patient(s) with confirmed or probable illness.</small></p> <p>7. Did travel or close contact (if applicable) occur within 14 days of symptom onset?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>98.8</p> <p><input checked="" type="checkbox"/> Fahrenheit    <input type="checkbox"/> Celsius    <i>NOTE: User-entered temperature is referential and not captured in encounter vitals</i></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>03/23/2020</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p>
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**IDENTIFY - ISOLATE - INFORM**

- Immediately provide/apply a facemask for arrived patient (if tolerated)
- Isolate the Patient in a Private Room or separate area away from other patient(s)/staff
- Wear appropriate Personal Protective Equipment (PPE) including gloves, mask and gown if available
- INFORM:
  - Telephonically advise incoming patient(s) to don a mask prior to entering the treatment area whenever possible
  - Treat and Disposition arrived patient(s) per organizational protocol(s)

For more information on recommended disease-specific guidance and reporting, visit the [Centers for Disease Control \(CDC\)](#)

[COVID-19](#)    [Middle Eastern Respiratory Syndrome \(MERS\)](#)    [Severe Acute Respiratory Syndrome \(SARS\)](#)  
[Seasonal Influenza](#)    [Avian Influenza](#)    [Respiratory Syncytial Virus Infection \(RSV\)](#)

Use clinical judgment when evaluating patient risk. Report Persons Under Investigation (PUI) immediately to your local and/or state health department


Print    Fax    Save    Cancel

3. The structured data will be saved under HPI in the Isolation Precautions Category.

**Subjective:**

Chief Complaint(s): ▾

HPI: ▾ 

Isolation Precautions 

Respiratory Illness Screening

1. Is fever present / reported? Yes
- 1a. Temperature: 98.8
- 1b. Unit of Measure: Fahrenheit
2. Are respiratory illness symptom(s) present / reported? Yes
- 2a. Cough? Yes
- 2b. Shortness of Breath? Yes
- 2c. Sore throat / Pharyngitis? Yes
3. Are other symptom(s) present / reported? Yes
4. Symptom Onset Date (If known): 03/23/2020
5. Has there been reported travel to a High Risk respiratory illness region? Yes
6. Has close™ contact with person(s) known to have communicable illness been reported? Yes
7. Did travel or close contact (if applicable) occur within 14 days of symptom onset? Yes

Current Medication:

Medical History:

Allergies/Intolerance:

Surgical History: