

Patient Sticker Goes Here

Ambulatory Pre-Intervention Screening Form – COVID-19

Symptom Screen	YES	NO
1. Have you experienced a fever in the past 24 hours [objective or subjective]?		
2. Are you experiencing muscle aches that are new for you?		
3. Do you have shortness of breath that is new for you?		
4. Do you have a runny nose, sore throat, or a headache that is new for you?		
5. Are you experiencing new diarrhea, nausea, or vomiting?		
6. Are you experiencing loss of sense of smell or taste?		
7. Are you experiencing eye redness such as blood shot eyes?		
Exposure Screen	YES	NO
8. Have you been diagnosed with COVID- 19 in the past 28 days?		
9. Have you been in contact with someone diagnosed with COVID-19 in the past 14 days?		
<p>In general, if a patient answers “YES” to any of questions 1-7, please inform the charge nurse or the front desk staff to activate appropriate patient triage.</p> <p>For planned procedures to address pre-existing respiratory or musculoskeletal disease, physician discretion determines:</p> <ul style="list-style-type: none"> • which patients proceed to procedure, and • which patients routed for further triage. <p>If a patient answers “YES” to questions 8 or 9:</p> <p>Postpone procedure for 2 weeks if delay will cause no adverse outcome</p> <ul style="list-style-type: none"> • Patient should contact their primary care physician if they develop any symptoms listed in 1-4 • Give patient UCSF hotline number (415) 514-7328 to seek COVID-19 testing if they develop symptoms <p>If procedure is urgent:</p> <ul style="list-style-type: none"> • Manage patient as person under investigation (PUI) • Wear appropriate PPE • Manage imaging suite per guidelines 		