

McLaren Print System Order

Order No: 9655 Reprint Previous Order No: 7619
 Order Date: 2015-03-06
 User: becky morris
 Phone: 517-975-3800

Ship Location: McLaren Greater Lansing Okemos Community Medical Center
 2104 Jolly Rd Ste 240
 Okemos, MI 48864

Forms
 Quantity: 100
 Paragon Dept No: 67100
 Dept Name: McLaren Greater Lansing Okemos Community Medical Center
 Company Number: 810

Order Total Price: 0.00

Item Number: 17903
 Item Description: Ebola Virus Disease (EVD) Screening Tool Offsite
 Revision Date: 2/5/2015
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren Print
Flint, MI

Ebola Virus Disease (EVD) Screening Tool - Offsite

Travel/Exposure History:

In the past 21 days has the patient traveled to or traveled to any of the following countries or had contact with a person with confirmed or suspected Ebola Virus disease?

Guinea Liberia Sierra Leone

Patient had contact with a person with suspected or confirmed Ebola Virus Disease

No travel to these countries or contact with person with suspected or confirmed Ebola Virus Disease

Is patient experiencing ANY of the following symptoms?

Fever Itchy/muscle pain Headache Weakness

Nausea/Vomiting Fatigue Diarrhea Lack of appetite

Abdominal pain Unexplained bleeding Not experiencing any listed symptoms

IF ONLY TRAVEL/EXPOSURE (INTERNAL USE ONLY):

IMMEDIATELY notify Infection Control by paging 389-0663

IF BOTH (INTERNAL USE ONLY when accessible via secure intranet):

- All patient to remain at home and await further instructions from the Health Department.

IMMEDIATELY report Person Under Investigation (PUI) for Ebola to:

Infection Control pager 389-0663

AND

Michigan Department of Community Health-Communicable Disease Division at (517) 335-8088 (M-F 8am-5pm) or (517) 335-9038 (after hours and on weekends)

IF BOTH (INTERNAL USE ONLY when accessible to secure intranet facility):

- The patient should be moved to a room where they can be isolated away from other patients and staff. STANDARD CONTACT, and ENDOUSE precautions should be followed during further assessment.
- Positive results of the screening tool should be communicated to ALL health care providers at the facility involved in the patient's care.

IMMEDIATELY report Person Under Investigation (PUI) for Ebola to:

Infection Control pager 389-0663

AND

Michigan Department of Community Health-Communicable Disease Division at (517) 335-8088 (M-F 8am-5pm) or (517) 335-9038 (after hours and on weekends)

AND

Immediate Supervisor

Person completing screening tool

Signature _____ Name _____ Date _____

EBOLA VIRUS DISEASE (EVD)
SCREENING TOOL
02/05/2015 09:00:00

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