McLaren Business Products

McLaren Print System Order

Order No: 8362
Order Date: 2015-01-22
User: Wendy Amman
Phone: 810-342-5350

Ship Location: McLaren Bristol Place / attn: Wendy
4466 W. Bristol Road
Flint, Mi 48507
Forms
Quantity: 500
Paragon Dept No: 90155
Dept Name: McLaren Therapy Services
Company Number: 60

Order Total Price: 0.00

Item Number: 17903
Item Description: Ebola Virus Disease (EVD) Screening Tool Offsite
Revision Date: 11/19/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
Flint, MI

Ebola Virus Disease (EVD) Screening Tool - Offsite

Travel/Exposure History:

In the **past 21 days** has the patient resided in 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 ☐ Mali
☐ 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	☐ Joint/muscle pains	☐ Headache	☐ Weakness
☐ Nausea/Vomiting	☐ Fatigue	☐ Diarrhea	☐ Lack of appetite
☐ Abdominal pain	☐ Unexplained bleeding	☐ Not experiencing any listed symptoms	

IF ONLY TRAVEL/EXPOSURE CRITERIA ARE MET:

IMMEDIATELY Notify Infection Control by paging 189-0663

IF BOTH CRITERIA ARE MET when screening over the phone

- Ask 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 189-0663
AND
☐ Michigan Department of Community Health-Communicable Disease Division at (517) 335-8165 (M-F 8 am-5pm) or (517) 335-9030 (after hours and on weekends)

IF BOTH CRITERIA ARE MET when screening in person at an Offsite Facility

- The patient should be moved to a room where they can be isolated away from other patients and staff. **STANDARD, CONTACT, and DROPLET** 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 189-0663
AND
☐ Michigan Department of Community Health-Communicable Disease Division at (517) 335-8165 (M-F 8 am-5pm) or (517) 335-9030 (after hours and on weekends)
AND
☐ Immediate Supervisor

Person completing screening tool:

Signature _____ Name _____ Date _____

EBOLA VIRUS DISEASE (EVD) SCREENING TOOL

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