**Triage RN/Sick Clinic MA**

**Obtain temp from Mobile registration form.**

**Obtain vital signs and document in Nextgen**

**Track patient “waiting for provider”**

**Walk in Sick/Well Care Appointment**

SCREENING QUESTIONS FOR CHILD AND PARENT/GUARDIAN

1. **Symptoms**: Fever or Cough or Shortness of Breath or Diarrhea

2. **Travel**: Outside the country or cruise ship

3. **Exposure**: to a suspected or confirmed COVID-19 patient (HCW is not considered exposed if following their own institutions recommended precautions)

4. **Pending test result**: Patient or Parent/Guardian waiting on their own COVID-19 Test Results

**Please keep exam room closed at all times.**

**Instruct patients/parents NOT to leave exam room.**

**Provider will then see patient.**

**Sick Clinic Registrar**

**Register patient via phone**

**Add Symptom(s) (on appt under “details”)**

**Add Room # (when tracking patient as “Registered”)**

8/21/2020 tm

**Instructions for HCW-**

**Universal mask and eye protection with all patients.**

**Use gowns and gloves if patients have cough or runny nose or diarrhea or emesis or if otherwise indicted as part of standard precautions**

**Document the following on the Mobile Registration Form:**

**Temperature, Reason/Symptom and Room #**

**Give completed Mobile Registration Form to Sick Clinic Registrar**

**Negative Screens with other symptoms:**

**Place in Rooms in Rooms 126- 130**

**Purple Hallway**

**Front Entrance Screener**

**Complete “Mobile Registration Form.”**

**Explain to parent that registration will be completed via phone.**

**Escort Parent/Child to Sick Clinic Room to following sick clinic areas:**