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| MEDICAL DIRECTOR:<br><br>JON JUI MD, MPH |                              | TITLE:<br><br>COVID-19 EMS TRIAGE PROCEDURE |                   |                 |

## COVID-19 EMS Triage Procedure

### Purpose:

To triage patients who need to be transported to an Emergency Department during high prevalence of COVID-19 when the regional health systems surge capacity is at crisis level.

### Indication:

When the regional healthcare and/or EMS infrastructure is overwhelmed. This protocol is meant to align with Oregon Crisis Care Guidelines.

### Procedure:

A. Perform assessment for signs and symptoms of COVID-19 like illness.

| SYMPTOMS  | SIGNS  |
|---|--|
| 1. Fever (observed or reported)**                                     | 1. Tachypnea (RR < 10/min or > 24/min)         |
| 2. Shortness of breath/dyspnea**                                      | 2. Tachycardia (HR > 100/min)                  |
| 3. Cough**  | 3. Hypoxia (SpO2 < 94%)                        |
| 4. Anosmia (inability to smell)**<br>Dysgeusia (inability to taste)** | 4. Hypotension (BP < 90 mmHg or MAP < 65 mmHg) |
| 5. Chest pain   | 5. Temperature ≥ 100.4 F (38 C)                |
| 6. Confusion  |  |
| 7. Headache   |  |
| 8. Fatigue/Weakness/Myalgia (muscle aches)                            |  |
| 9. Anorexia   |  |
| 10. Nausea, vomiting, diarrhea  |  |
| 11. URI symptoms with sore throat, rhinorrhea                         |  |
| 12. Unable to eat or drink fluids                                     |  |
| ** primary symptoms   |  |

B. If signs and/or symptoms are consistent with possible COVID-19, refer to **Transport Decision-Making Matrix** (see next page).

### Documentation:

A. If the patient is not transported, ensure to document:

1. Full patient assessment.

2. Lack of exclusion criteria as outlined in the **Transport Decision-Making Matrix** (see next page).

B. Document that home care instructions were verbalized.

C. Do not have patient sign Discharge from Scene form.

**Circle One:      Transported      Non-transport**

## TRANSPORT DECISION-MAKING MATRIX

**Patient Assessment**

**YES:**

- Respiratory Rate < 10/min or > 24/min
- Oxygen Saturation < 94%
- Heart Rate > 100/min
- BP < 90 mmHg or MAP < 65 mmHg
- Temperature  $\geq$  100.4 F (38 C)
- GCS <15 or less than baseline mental status
- Unable to eat and drink fluids

"YES" TO ANY

→ Transport

↓ "NO" TO ALL

**Presence of any of Signs / Symptoms**

**YES:**

- Cyanosis
- Altered Mental Status (from baseline)
- Shortness of breath at rest or with light activity
- Evidence of increased work of breathing
- Abnormal lung sounds
- Chest pain
- Severe diarrhea
- Severe weakness/fatigue new onset
- Syncope
- High-Risk medical history requiring more intensive hospital therapy: diabetes, liver or kidney disease, dialysis, cancer  
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- Paramedic discretion to over triage

"YES" TO ANY

→ Transport

↓ "NO" TO ALL

**Patient meets non-transport disposition criteria.**

**Vital Signs**

BLOOD PRESSURE: \_\_\_\_\_

TEMP: \_\_\_\_\_

HEART RATE: \_\_\_\_\_

RESP RATE: \_\_\_\_\_

SPO2: \_\_\_\_\_

GCS: \_\_\_\_\_

TIME: \_\_\_\_\_