

# Triage ambulatorio y procesos de referencia para potenciales pacientes con COVID-19

## Criterios para realización de pruebas por COVID-19:

[https://pulse.partners.org/hub/departments/emergency\\_preparedness/coronavirus/covid19\\_testing\\_criteria](https://pulse.partners.org/hub/departments/emergency_preparedness/coronavirus/covid19_testing_criteria)

Si el paciente esta en una clínica, por favor siga las Precauciones de Contacto y Aislamiento apropiados cuando se evalúe al paciente:

[https://pulse.partners.org/hub/departments/emergency\\_preparedness/coronavirus/covid19\\_clinical\\_policies](https://pulse.partners.org/hub/departments/emergency_preparedness/coronavirus/covid19_clinical_policies)

## Evaluación del cribado y Proceso de Referencia

Todas las evaluaciones del cribado o tamizaje son documentadas en Epic usando la plataforma Triage Smartform COVID-19, disponible en las citas por Teléfono, y citas a la Oficina de Visitas

1. Oprima **Epic > Patient Care > Telephone Call**. O navegue a la plataforma COVID-19 Triage Smartform en Rooming.
2. Introduzca la Razón de la Llamada: **“COVID-19 Inquiry.”**

The screenshot shows the 'Telephone' smartform in Epic. The 'Reason for Call' section is highlighted with a red box. The 'Reason' field contains the text 'Covid19 Inquiry'. Other fields include 'Onset' and 'Comment'. There are also buttons for 'Delete', 'Add to Preference List', 'Restore', and 'Close'.

3. Oprima en la planilla de Triage para COVID-19 del navegador. Anote los nuevos síntomas.

The screenshot shows the 'Telephone' smartform in Epic, specifically the 'Assessment' and 'Symptom Information' sections. The 'Assessment' section has a 'Yes' button selected for the question 'Is this call for occupational health or infection control purposes?'. The 'Symptom Information' section shows a grid of symptom checkboxes, with 'Fever', 'Cough', and 'Shortness of Breath' selected. There are also buttons for 'Yes' and 'No' for the question 'Is the shortness of breath severe?'. There are also input fields for 'Additional symptom information' and 'Date of symptom onset'.

4. Evalué al paciente por factores de riesgo mayores:

Patient Instruct...	<b>Risk Factors</b>	
	Patient is a household contact of a Partners Healthcare employee who is required to work at a clinical site?	Yes No
Post Discharge	Patient is at least 70 years old?	Yes No
HM	Patient has severe chronic lung disease (e.g. asthma, bronchiectasis, cystic fibrosis, COPD, etc.)?	Yes No
Communicatio...	Patient has severe heart disease (e.g. angina, congestive heart failure, arrhythmia, etc.) or congenital heart disease?	Yes No
Sign Encounter	Patient has a CD4 count less than 200?	Yes No
	Patient is on immunocompromising medications (e.g. prednisone >20mg/d, chemotherapy, mycophenolate, cyclosporine, azathioprine, tacrolimus, TNF inhibitors, monoclonal antibodies, etc.)?	Yes No
	Patient is on dialysis?	Yes No
	Resides in long term care facility (SNF, Rehab, LTAC, Group Home)?	Yes No
	Patient is homeless?	Yes No
	<b>Other Indications</b>	
	Patient with prior indeterminate/inconclusive COVID-19 result?	Yes No
	This patient does not meet criteria above. However, I personally discussed this patient with Infection Control/Biosafety/Biothreats/Epidemiology who certified this patient should be tested.	Yes No
	<a href="http://labtest.partners.org/documents/COVID_Testing_Contacts.pdf">http://labtest.partners.org/documents/COVID_Testing_Contacts.pdf</a>	
	<b>Recommendations</b>	

5. Las Recomendaciones son basadas en una combinación de Criterios de Evaluación, Síntomas, y Factores de Riesgo (Algoritmo Ambulatorio de Triage de Partners COVID-19)

**NOTA IMPORTANTE:** Esta forma de evaluación está diseñada para el uso de los clínicos y personal sanitario para guiar el triaje. Las órdenes de referencia son accesibles vía la tab BestPractice después de completar la forma. Después de completar las preguntas, localice la sección de Recomendaciones para los siguientes pasos. **Seleccione el COVID-19 Speed Button bajo de Documentation.**

1. Aquellos pacientes que no cumplan los criterios para realizar la prueba por COVID-19, deben ser avisados de autoaislamiento
2. Los pacientes asintomáticos o levemente asintomáticos que cumplan el criterio para toma de muestra por COVID-19 deben ser **referidos** solamente para programar la cita en las localidades de toma de muestra.
3. Los pacientes con síntomas y factores de riesgo deben ser referidos para valoración a la Clínica de Enfermedades Respiratorias. La toma de muestra debe ser determinada tras la evaluación
4. Los pacientes con síntomas severos deben ser enviados al Departamento de Emergencia para evaluación

6. SOLO si la recomendación es de Referir – dirigirse a la sección de **BestPractice** a fin de pedir la referencia presionando **Accept**.

7. Seleccione la locación probable donde el paciente irá para que se le toma la muestra(referencia de Tamizaje por COVID-19) o evaluado (Clínica de Enfermedades Respiratorias)

**Ambulatory referral for COVID-19 Screen** [Accept] [Cancel]

Class: Internal Ref **Internal Referral**

Referral: Priority: [Urgent] Within 3 days (urgent) Within 2 weeks Within 1 month Elective

To provider: [Search]

To prov spec: [Search]

Process Inst: Screening is currently only performed in patients with symptoms and at least one additional factor.

Location: Brigham MGH NWH NSMC

Indication for Referral/Testing: Standard Ambulatory Referral Occupational Health Referral

I/referring provider would like to be notified via In Basket in the event an appointment cannot be scheduled for this patient: Yes No

Show Additional Order Details

Next Required [Accept] [Cancel]

**Ambulatory referral for Respiratory Illness Clinic** [Accept] [Cancel]

Class: Internal Ref **Internal Referral**

Referral: Priority: [Urgent] Within 3 days (urgent) Within 2 weeks Within 1 month Elective

To provider: [Search]

To prov spec: [Search]

Process Inst: This is NOT a referral for COVID-19 Testing. Refer patient to RIC who have High risk symptoms, Age > 70, or High risk conditions (I.e. transplant, chemotherapy, immunotherapy, immunodeficiency, severe lung disease, ESRD on dialysis, decompensated CHF, cirrhosis, or uncontrolled diabetes).

Location: Brigham MGH

I/referring provider would like to be notified via In Basket in the event an appointment cannot be scheduled for this patient: Yes No

Show Additional Order Details

Next Required [Accept] [Cancel]

8. Una vez que la referencia se haya introducido, el equipo encargado de asignar la cita en el lugar, llamará al paciente para programar la toma de muestra o la evaluación.
9. Documente una nota prefabricada con respuestas del formato usando el botón COVID-19 Triage Quick .

Documentation This Visit Sign Encounter

+ Create Note 1 COVID-19 Triage

My Note [Tag]

[Rich Text Editor]

**Covid-19 Screening Form**

Date: 03/12/20