

## Screening Questions for Patients Coming by EMS

**\*\*\*Ask these for all transfers in to Centra facilities\*\*\***

Name/EMS agency \_\_\_\_\_ Date \_\_\_\_\_

Screening questions:

**Yes**

**No**

- |   |       |       |
|---|-------|-------|
| 1. Has the patient travelled outside the country in the last 14 days?   | _____ | _____ |
| 2. Was the patient needing transfer secondary for respiratory failure?  | _____ | _____ |
| 3. Did we have any reason to believe this illness could be due to the COVID-19?   | _____ | _____ |
| 4. Has the patient been tested for COVID-19?  | _____ | _____ |
| 5. Has the patient had any respiratory pathogen panel test done?<br>this would include the BioFire film array test, Multiplex PCR test,<br>and a respiratory viral panel. | _____ | _____ |