COVID-19 Presentations: Stable Patient Documentation

Triage Documentation Process:

1) Triage nurse to:
    - use the acronym .covid19 in the *Reason for visit* section and complete the template;
    - select *Exposure to Communicable Diseases* as the Chief Complaint, ***unless*** patient is unwell in which case the more appropriate chief complaint would be used;
    - complete the following sections and finalize the document:
        i. Vital signs
        ii. CTAS modifiers
        iii. Infection control screening
        iv. Communicable disease exposure
        v. Mode of arrival

NOTE: *PMHX information relevant to increased risk of significant illness related to COVID 19 is included in the assessment document acronym. If the patient is being directed to this assessment area- PMHX may be omitted at triage to minimize contact time.*

Initial Assessment Documentation Process:

1) Treatment nurse (or Prescriber)to:
    - open the *Progress Note- Comprehensive;*
    - use the name "*COVID-19 Assessment"* in the *Note Related to section*
    - use the acronym *.covid19assessment* in the *Progress Note* section and complete the template.

2) In the event that the patient requires more care than anticipated at triage, use standard documentation process for duration of visit.