Supplementary Appendix: COVID-19 Standard Note Template

This documentation includes a checklist of symptoms and risk factors, as well as the latest testing recommendations. The template also supports telemedicine and telephonic visits.

Visit for Respiratory Illness—Potential COVID-19 Infection

Note Template Last Updated March 17, 2020

Is this visit being conducted using Telemedicine (live, interactive video and audio) or Telephone (audio only)? (Choose one)

- No
- Telemedicine (live, interactive video and audio)
- Telephone (audio only)

Chief Complaint
Concern for respiratory illness (including COVID-19 and influenza)

HPI
[NAME] is a [AGE] [SEX] who is being evaluated for respiratory symptoms.

In the 14 days prior to symptom onset, has the patient had NEW symptoms of: (Check all that apply)

- Cough
- Fever (T >38 °C or 100.4 F)
- Shortness of breath
- Myalgias
- Sore throat
- None of these

When did symptoms start?
Other symptoms/additional HPI?

Risk Evaluation Questions

<table>
<thead>
<tr>
<th>In the 14 days prior to symptom onset, has the patient:</th>
<th>• No</th>
<th>• Yes, give details</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Had close contact with anyone who has been diagnosed with the novel coronavirus?</td>
<td></td>
<td></td>
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<tr>
<td>• Been a resident, a visitor, or worked in a skilled nursing facility?</td>
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<tr>
<td>Close contact means within ~6 feet of a COVID-19 case for a prolonged period. Close contact can occur while caring for, living with, visiting, or sharing a healthcare room or waiting area with a COVID-19 case or while having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Older adult (age ≥65 years)?</th>
<th>• No</th>
<th>• Yes</th>
</tr>
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<table>
<thead>
<tr>
<th>Immunocompromised individual (e.g., cancer, solid organ transplant, other immunosuppressive drugs, chronic lung disease, hemodialysis, advanced HIV)?</th>
<th>• No</th>
<th>• Yes, give details</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, refer to immunocompromised patients protocol</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Pregnant woman?</th>
<th>• No</th>
<th>• Yes, give details</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, refer to pregnancy protocol</td>
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<thead>
<tr>
<th>Person living homeless or in congregate facilities (such as dorms, fraternities, sororities, shelters, jail, prison, skilled nursing facilities, adult family homes)?</th>
<th>• No</th>
<th>• Yes, give details</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Is the patient a health care worker or in a public safety occupation (e.g., law enforcement, firefighter, EMS)?</th>
<th>• No</th>
<th>• Yes, give details</th>
</tr>
</thead>
<tbody>
<tr>
<td>For symptomatic UW Medicine employees, please review the Staff section of the COVID-19 site for appropriate protocol.</td>
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<td></td>
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</table>

Physical Exam

General (check all that apply)
- Alert
- Lethargic
- Well appearing
- Ill appearing
- In no acute distress
- In acute distress

Respiratory (check all that apply)
- Speaking in full sentences comfortably
- Unable to speak in full sentences comfortably
- Normal work of breathing
- Increased work of breathing
- No cough during visit
- Coughing during visit

(Add additional exam findings here)

Assessment

(Do NOT: test asymptomatic persons or persons otherwise deemed to be at low risk per clinician judgment.

If the patient has respiratory symptoms and is low risk, treat as if patient has COVID-19 as testing will not change management. Recommend management per public health guidelines [home isolation for a minimum of 7 days].

Patient handout: What to do if you have confirmed or suspected coronavirus disease [COVID-19] [https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf].

Do: test patients with symptoms of an acute respiratory infection AND answer Yes to any of the Risk Evaluation questions or if testing is recommended per clinician judgment.

Consider providing empiric oseltamivir for persons at high risk of influenza. Flu/RSV testing should only be performed in limited patient populations where it will change clinical management, such as admission decisions.

Will COVID-19/Influenza/RSV testing be performed? (choose one)

- None
- COVID-19
- Influenza/RSV
- On-site influenza (UWNC only)

Plan (choose all that apply)

- Did not test for low-risk patient, recommended management of respiratory symptoms per public health guidelines.
- Arranged for testing at a UW clinical or testing site.
- Performed on-site testing.
- Self-care instructions provided.
- Oseltamivir prescribed for empiric treatment of influenza.
- Review plan for result communication.
- Recommended patient signup for patient portal through [https://www.uwmedicine.org/].
- Patient signed up for patient portal during visit.