This template was designed with contributions from emergency physician members of ACEP (see below). It is distributed freely for adaptation and use as you see fit. If you edit it, please be sure to retain the elements which support professional and technical billing. We wish you the best in weathering this horrific crisis. Be safe and stay sane.

COVID-19 ED Visit:

(Demographics)

Arrival to by **EMS**:

- □ yes
- □ no

Encounter by **telemedicine**:

- □ yes
- □ no

Chief Complaint:

- □ Concern for COVID-19
- □ Respiratory symptoms (e.g., cough, sore throat, runny nose)
- □ Shortness of breath/acute respiratory distress
- □ Altered mental status
- □ Fever
- □ Muscle aches
- □ GI symptoms (e.g., nausea, vomiting, abdominal pain, diarrhea)
- □ _____

HPI:

Obtained from:

- □ patient
- □ family member
- □ friend
- □ caregiver
- □ EMS run sheet
- □ nursing home information
- □ primary care provider
- □ other: _____
- □ unable to obtain due to patient condition and no accompanying family or friend

Symptoms:

□ Patient is asymptomatic but has had exposure and is concerned.

Symptoms:

□ Onset of symptoms:

- □ # ___ □ hours ago
  □ days ago
- □ _____
- □ unable to determine

□ Patient is complaining of:
- □ being exposed to COVID-19
- □ fever
  - □ measured to # _____
  - □ subjective
  - □ tactile
- □ chills □ myalgias/aches
- □ fatigue
- □ sore throat □ runny nose □ nasal congestion
- □ abnormal or loss of sense of smell □ abnormal or loss of sense of taste
- □ cough
  - □ nonproductive/dry
  - □ productive of sputum
  - □ _____
- □ shortness of breath
  - □ none □ mild □ moderate □ severe
  - □ Shortness of breath developed _____
- □ headache □ confusion □ lethargy □ vertigo □ dizziness
- □ Chest pain:

  Patient is complaining of chest:
  - □ pain □ pressure □ tightness □ discomfort □ other:_____
    - □ rated: ___/10
  - □ palpitations
  - □ nausea □ vomiting □ diarrhea
  - □ Other: _____

□ Patient denies:
- □ fever
- □ chills
- □ myalgias
- □ fatigue
- □ cough
- □ other URI symptoms
- □ shortness of breath
- □ other: _____

Additional HPI narrative (if desired): _____

Attempted treatment:

□ Has not tried any treatment.

□ Treatment attempted included:
- □ zinc
- □ ibuprofen/NSAIDs
- □ acetaminophen

- □ influenza antiviral (e.g., oseltamivir (Tamiflu))
- □ antibiotics _____
- □ other: _____

COVID-19 testing:

□ Patient has never been tested for COVID-19.

□ Prior testing for COVID-19 (SARS-CoV-2):

- □ For this episode of illness Date: _____
  - □ Yes-positive □ Yes-negative □ Yes-pending □ No
- □ Tested for prior episode of illness Date: _____
  - □ Yes-positive □ Yes-negative □ Yes-pending □ No

Vaccinations:

□ The patient has not been vaccinated against COVID-19, influenza, or pneumococcal pneumonia.

□ Prior vaccinations include:

- □ COVID-19
- □ influenza this year
- □ pneumococcal pneumonia

Exposure:

□ No known exposure to person with COVID-19 or similar symptoms

□ Patient has had known or suspected COVID-19 exposure:

- □ Exposure to COVID-19+ patient
- □ Exposure to suspected COVID-19 patient (no confirmatory testing available)
- □ Exposure to person with similar symptoms but no COVID-19 testing
- □ Recent travel
- □ Healthcare worker
- □ First responder (EMS, fire department, police)
- □ No known exposure to person with COVID or similar symptoms
- □ other: _____

Risk factors:

□ No known risk factors for complications from COVID-19.

□ Risk factors for complications from COVID-19 include:

- □ Age ≥ 60
- □ Nursing home, long-term care, group care facility, or other communal living
- □ Chronic lung disease
  - □ COPD □ moderate/severe asthma □ Other: _____
- □ On home O_2 at #___ L/min
- □ Smoking □ Vaping
- □ Heart disease □ Kidney disease □ Liver disease
- □ Diabetes
- □ Immunocompromised
  - □ Cancer □ S/P organ transplant □ S/P bone marrow transplant

□ HIV/AIDS □ Chronic steroids □ Chronic immunosuppression
□ Immunodeficiency syndrome □ Other: _____
□ Morbid obesity
□ Other: _____

[**PMH/PSH/FH/SH/Meds/Allergies** as per usual EHR template]

ROS:

□ Remainder of review of systems performed and was negative except as in HPI.
□ Remainder of review of systems performed and was negative except as in HPI and [free text for additional systems and symptoms]
□ Unable to obtain ROS due to patient's dire condition

PE:

VS: T: BP: HR: RR:

□ tachypnea out of proportion to subjective dyspnea noted

O_2 sat: #_____
□ room air
□ on _____L supplemental oxygen

General:
□ Normal general exam: alert and oriented, in no acute distress.
□ General exam significant for:
□ Non-toxic appearing
□ Respiratory distress/labored breathing
□ none □ mild □ moderate □ severe
□ In extremis
□ Ill appearing
□ Toxic appearing
□ Cough noted
□ Patient wearing mask:
□ surgical
□ N95
□ other
□ Other: _____

Skin:
□ Normal skin exam: Warm and dry, normal color, no rash or lesions noted. Perfusion normal.
□ Skin exam demonstrates:
□ warm and dry □ hot to touch
□ rash [description]
□ normal color □ jaundice □ flushed □ pallor
Perfusion:
□ normal perfusion □ increased capillary refill □ mottled

HEENT:

□ Normal HEENT exam: Nose without congestion or discharge, pharynx without injection or exudate.

□ HEENT exam demonstrates:

Nose:

□ normal □ hyperemic mucosa □ nasal congestion

□ rhinorrhea □ clear discharge □ purulent discharge □ coryza

Pharynx:

□ normal □ injected/erythematous □ petechiae

□ exudative □ swelling □ _____

Lungs:

□ Normal lung exam: Normal air movement, no visible increased work of breathing, no adventitious sounds.

□ Lung exam demonstrates:

Air movement:

□ good □ fair □ poor □ decreased

□ normal I/E phase □ increased expiratory phase

Retractions:

□ none □ intercostal □ supraclavicular

Adventitious sounds:

□ none

□ unable to appreciate due to ambient noise (e.g., PAPR)

□ crackles □ rhonchi □ wheezing

□ diffusely □ location: _____

Other: _____

Cardiac:

□ Normal cardiac exam: Regular rate and rhythm without murmur, gallop, or rub.

□ Cardiac exam demonstrates:

□ unable to appreciate due to ambient noise (e.g., PAPR)

Rate:

□ normal □ tachycardic □ bradycardic

Rhythm:

□ regular □ irregular □ irregularly irregular

Murmur:

□ none □ murmur present: _____

Other abnormality:

□ gallop □ rub □ _____

Abdomen:

□ Normal abdominal exam: Abdomen soft and nondistended. Normal bowel sounds. No hepatosplenomegaly, masses, or tenderness.

□ Abdominal exam demonstrates:

Inspection:

□ non-distended □ distended □ protuberant □ scaphoid

□ scars □ gravid □ _____

Auscultation:

□ unable to appreciate due to ambient noise (e.g., PAPR)

□ normal bowel sounds □ hyperactive BS □ hypoactive BS

□ borborygmi □ silent

Organomegaly:

□ no hepatosplenomegaly □ hepatomegaly □ splenomegaly

Palpation:

□ soft □ firm □ rigid

□ no masses □ mass noted: [location, size]

Tenderness:

□ nontender

□ tenderness: [location]

□ no rebound or guarding □ rebound □ guarding

Other: _____

Extremities:

□ Normal extremity exam: No cyanosis, clubbing, or edema. No deformity. Strength and ROM grossly intact.

□ Extremity exam demonstrates:

Cyanosis:

□ no cyanosis □ cyanosis □ acrocyanosis

Clubbing:

□ no clubbing □ clubbing

Edema:

□ no edema □ edema: ___+

Other: _____

Neuro:

□ Normal exam: Alert and oriented X 3. CN intact. No focal neurological deficits.

□ Neurological exam demonstrates:

Level of consciousness:

□ alert □ decreased LOC □ drowsy □ lethargic □ obtunded □ comatose

□ Glasgow coma scale:

□ Eye opening: #____

□ Best verbal response: #_____

□ Best motor response: #_____

□ Total GCS: #_____

Orientation:

□ oriented □ disoriented □ confused □ demented □ other: _____

Neurological deficits:

□ none □ focal neurological deficits: _____

Other: _____

Data:

□ Patient appears well; no laboratory studies, imaging, or other work-up indicated at this time.

□ Data results:

WBC: #_____X 10^9/L

□ normal WBC □ leukocytosis noted □ lymphopenia noted

Influenza:

□ negative □ positive for Influenza A □ positive for Influenza B

□ pending □ not indicated

COVID-19 qualitative assay:

□ negative □ positive □ pending □ unable to perform

□ deferred as would not change management

COVID-19 serology testing:

□ negative □ positive □ pending □ not obtained

□ Respiratory pathogen panel:

□ negative □ positive for _____ □ pending □ not obtained

LFTs: _____

□ elevated liver enzymes noted

Blood gas:

□ ABG □ VBG

□ normal □ hypoxemia: pO_2:_____ □ not obtained

CXR:

□ normal □ interstitial infiltrates

□ bilateral airspace opacities □ lobar consolidation □ focal consolidation

□ other findings: _____ □ not obtained

CT Chest:

□ normal □ ground-glass opacification □ consolidation

□ findings: _____ □ not obtained

EKG:

□ normal □ abnormal: _____ □ unchanged from previous

□ not obtained

Oxygen desaturation walk test:

□ negative □ positive with desaturation to _____ □ not obtained

□ Other (e.g., CRP, D-dimer, LDH, ferritin, IL-6, LFTs, pro-calcitonin):

_____

ED Course:
Patient was examined using appropriate precautions given CDC recommendations and available resources.
□ History and physical performed. Patient appears clinically well with no focal lung findings and acceptable oxygenation. No increased work of breathing or respiratory distress. No further work-up or treatment indicated at this time. Will discharge with instructions on reasons to contact PCP or return to ED.

□ **Treatment**:

□ Moved to:
- □ Isolation room
- □ negative air-pressure room
- □ COVID unit
- □ other: _____

Oxygenation:
□ none indicated
□ Supplemental oxygen:
- □ per nasal cannula, _____ L/min
- □ per facemask, _____ L/min
- □ CPAP [settings]
- □ BiPAP [settings]

□ **Intubation**:
- □ Consent:
  - □ emergent (not obtained)
  - □ Obtained from:
    - □ patient □ family
      - □ verbal
      - □ written
    - □ by ED staff □ by anesthesia
- □ preoxygenated
- □ RSI with [medications administered]
- □ Endotracheal intubation with _____size tube by:
  - □ direct laryngoscopy
  - □ video laryngoscopy
  - □ indirect laryngoscopy

□ **Medications** administered in ED. See medication administration record for dosing and frequency.:

Antipyretic:
□ acetaminophen □ ibuprofen □ other analgesic/antipyretic ____

Antiviral/antibiotic:
Antibiotics:

□ azithromycin □ ceftriaxone □ cefepime
□ piperacillin-tazobactam □ vancomycin
□ Other: _____
□ remdesivir □ other antiviral: _____
□ Hydroxychloroquine □ Chloroquine
□ Convalescent serum
□ Other:_____

Respiratory treatment:
□ nebulizer treatment/s □ MDI treatments

Hydration:
□ intravenous fluids: _____

Pressure support:
□ pressors: _____

□ **Sepsis protocol** followed

□ **Prone** position assumed.

Code status:
□ Full code □ DNR □ DNI □ Comfort care □ Comfort care-arrest

□ Palliative medicine consulted and counseled patient/family. Comfort care measures initiated. Treatments deemed futile not initiated or discontinued.

□ Other: _____

Response to treatment:
□ improved □ unchanged □ progression/deterioration
□ Repeat examinations demonstrated: _____

Medical Decision Making: _____
(MDM may include:
□ SOFA score _____
□ CURB-65 score _____
□ PSI/PORT score _____
□ room air O_2 saturation _____)

Impression/s:
□ COVID-19:
□ confirmed
□ test positive □ by clinical judgment
□ probable*
□ suspected*
□ ruled out

□ Acute influenza [A; B]

□ Sepsis □ Septic shock

Acute sepsis-related organ dysfunction:

□ Metabolic encephalopathy
□ Acute hypoxic respiratory failure
□ Acute heart failure
□ Hypotension
□ Acute kidney injury/failure
□ Acute hepatic failure
□ with coma □ without coma
□ Other: _____

□ Acute respiratory distress syndrome (ARDS)
□ Pneumonia
□ Acute bronchitis
□ Acute upper respiratory infection
□ Acute pharyngitis

Symptom-related diagnoses:

□ cough □ nasal congestion □ anosmia □ ageusia/parageusia □ diarrhea
□ Concern for COVID-19

□ Other: _____

Comorbidities: select additional diagnoses for comorbid conditions (e.g., acute exacerbation of COPD, Type 2 diabetes with hyperglycemia, etc. Include Social Determinants of Health (SDoH) such as homelessness.)

Disposition:

□ Patient discharged to home or prior residence. Patient and/or family given COVID-19 instructions including quarantine recommendations.
□ Observation
□ Admit:
□ ICU
□ COVID-dedicated unit
□ General medical floor
□ Hospice
□ Deceased

Condition:

□ Good □ Stable □ Guarded □ Serious □ Critical

Critical care attestation

□ Not applicable
□ Critical care time: This patient's condition was (or was potentially) life-threatening, required complex medical decision making, and critical care services were provided to treat and/or to

prevent deterioration. Critical care time #_____ min independent of separately billable procedures.

This template developed by:
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