**COVID-19 ED Visit:**

(Demographics)

Arrival to by **EMS**:

□ 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 O2 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

O2 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 109/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: pO2:\_\_\_\_\_\_\_\_\_\_ □ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 O2 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.

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It is freely shared and may be adapted and edited for use in your clinical setting and EHR.