Patient enters MyChart "Coronavirus Symptom Checker" or calls COVID-19 Hotline

Do you think you are having a life threatening emergency?

Yes

ED/#1

No

Are you currently feeling sick, or having any cold or flu symptoms?

Yes

Positive exposure?

Yes

>20wks pregnant or post-partum

Call OB triage for assessment

No

OB Triage

No

Which of the following best describes your pregnancy?

• <30 weeks pregnant

• 20 or more weeks pregnant

• post partum (recently gave birth)

If "Yes" to 3, 4, 4a or 5, STOP and direct to ED

Part I: Exposure/Diagnosis History

1. In the past month, have you been diagnosed with COVID-19?

2. In the past two weeks, have you had close contact with a person with confirmed COVID-19 infection? (Close contact means a meeting or interaction lasting more than 15 minutes with a person who is closer than 6 feet away from you, or physical contact like handshaking, hugging, or kissing. This includes members of your household).

Part II: Symptoms

Life-threatening symptoms

Are you having continuous, severe pain or pressure in your chest (not just with coughing or breathing)?

Are you having trouble breathing that is unusual for you? For example, are you having to stop and catch your breath more than usual while walking or going up stairs?

Are you struggling to take each breath or having difficulty speaking because you are so short of breath?

If yes to 4, 5, 6, or 7, STOP and direct to ED

Non-life-threatening symptoms

During the past 2 weeks:

Have you had a cough that is unusual for you?

Have you had any fevers (>97.8°F or 00.5°C, or subjective)?

What was your highest temperature?

Have you been so weak or dizzy that you cannot stand?

Have you had any vomiting?

Have you had any diarrhea?

Have you had any of the following symptoms?

Sore throat

Unexplained muscle aches

Children

Sinus congestion or runny nose

Diabetes (blood sugars in 24 hrs)

Less of ability to smell or taste

Conjunctivitis (pink eye)

How about any of these symptoms?

• Headache

• Fatigue

• Abdominal (tummy) pain

Part III: Comorbidities & Risk Factors for Severe Illness

Do you have any comorbidities that weaken your immune system?

• Active cancer (not including previously treated cancer in remission)

• An organ transplant or kidney transplant

• An autoimmune disorder (such as rheumatoid arthritis or lupus)

• Any condition for which you are currently taking steroids or other medications that weaken your immune system

• Any other condition affecting your immune system, such as HIV

Have you been told by a doctor that you have any of the following?

• Asthma, COPD, emphysema, or any other types of chronic lung disease

• Congestive heart failure or a weak heart

• Diabetes (Type 1 or Type 2)

• Chronic kidney disease requiring dialysis

• Cirrhosis

• Hypertension (high blood pressure)

• Severe obesity (body mass index ≥40)

Do you currently smoke or vape?

• (Yes) Which of the following do you regularly do?

• Smoke cigarettes

• Vape nicotine (e-cigarettes)

• Smoke marijuana

• Vape marijuana

• Age ≥45 years (put from chart)

17. Are you pregnant or have you given birth within the last two weeks?

Yes

No

>20wks pregnant

Call OB triage for assessment

No

OB Triage

Disposition

Recommendation

Endpoint

1. Emergent Evaluation: If yes to any of the following (corresponding question):

• Chest pain (3)

• Severe SOB (4a)

• Blushing lips or face (4b)

• Confusion (5)

2. Urgent Evaluation: If yes to any of the following (corresponding question):

• SOB (4)

• Severe weakness/dizziness (8)

• Trouble drinking fluids (9a)

• Any symptoms (10 or 11) & immunocompromised (17)

• Any symptoms (10 or 11) & Pregnancy

3. Non-Urgent Evaluation

• COVID symptoms (10) & Comorbidities (13)

• COVID symptoms (10) & age 80+ (15)

• COVID symptoms (10) & smoking (14)

• COVID symptoms (10) & exposure/diagnosis (1-2) & Fever for >3 days (7d)

4. Low severity: Testing for COVID-19 compatible symptoms

• Cough (6)

• Fever (7)

• Vomiting (9)

• Other COVID-19 symptoms (10)

5. Low severity, testing not indicated

• Other symptoms (11)

• No symptoms reported

COVID-19 testing within 48 hours

Self care

Self-care instructions

Schedule in Video Acute Care Clinic

Schedule in Respiratory Screening Clinic

In-person care within 12 hours (sooner if condition worsens)

Recommend ED/#11

Video visit or in-person care within 24 hours

If patient unable to do video visit

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