

## Pre-triage format for COVID 19 infection

Name of the patient			
Date	Time	Age	Sex Male Female
<b>COVID 19 specific</b>			
Does the client have COVID 19 defining illness?	Yes	No	
	A Fever,		
	B Cough		
	C SOB		
Does the patient have travel history to COVID 19 affected country?	Yes	No	
Close contact with a confirmed or individual with  <ul style="list-style-type: none"> <li>○ cough,</li> <li>○ fast breathing</li> <li>○ Sore throat</li> <li>○ SOB,</li> <li>○ Fever with in the 14 days prior to illness onset</li> </ul>	Yes	No	
Worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital associated COVID 19 infections has been reported.	Yes	No	
Pre-triage result			
An individual having with an acute respiratory illness (runny nose sore thought) AND at least one of the sxs (fever ,cough, SOB ),that individual should be consider as pre-triage COVID 19 suspect and should be direct to facility isolation area .	Suspect	Non-suspect	
Suspect corona virus with any acute respiratory illness (runny nose sore thought) AND at least one of the above (fever, cough, SOB), that individual should be considered as pre-triage COVID 19 suspect and should be directed to facility isolation area.			

