

Client COVID 19 Symptom Reporting Checklist

Client Name _____ Today's Date _____

1. Symptoms to report to primary healthcare provider/nurse advisor (*check the client's symptoms*)

- Fever (*write temperature*) _____
- Cough
- Difficulty breathing***
- Muscle pain
- Sore throat

***Call 911 immediately if the client is breathing very fast, color turns blue or gray, the ribs and chest sink in, the nose flares out and/or the client is sweating, grunting or wheezing or pulls their knees to their chest in order to breathe.**

2. Call the client's primary healthcare provider/nurse advisor

Name of the healthcare provider/nurse advisor you called _____

Phone number of healthcare provider/nurse advisor that you spoke with _____

3. Tell the healthcare provider/nurse advisor that you are calling from Creative Community Living Services, share the symptoms the client has and inform healthcare provider/nurse advisor that the client lives with other vulnerable adults.
4. Answer all of the healthcare provider/nurse advisor's questions about the client.
5. Write down everything that the healthcare provider/nurse advisor tells you to do for the client including how long to do it and what to do if the client's symptoms worsen:

6. As soon as you finish talking to the healthcare provider/nurse advisor, call the Program Director/on-call supervisor to report the situation and the healthcare provider's directions. The Program Director/on-call supervisor will notify the CCLS RN.

Program Director/on-call supervisor name: _____ Time called: _____

7. Write down everything that the Program Director/on-call supervisor told you to do for the client:

8. Document contact with healthcare provider/nurse advisor and their instructions in ECP.