# Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States

## Upon arrival to clinical setting/triage

- ☐ Assess the patient for a fever (subjective or ≥ 100.4°F / 38.0°C)
- ☐ Determine if the patient has symptoms compatible EVD such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage
- ☐ Assess if the patient has a potential exposure from traveling to a country with widespread Ebola transmission* or having contact with an Ebola patient in the 21 days before illness onset
  **Suspect Ebola if fever or compatible Ebola symptoms and an exposure are present**
  See next steps in this checklist and the Algorithm for Evaluation of the Returned Traveler for Ebola at http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf

## Upon initial assessment

- ☐ Isolate patient in single room with a private bathroom and with the door to hallway closed
- ☐ Implement standard, contact, & droplet precautions
- ☐ Notify the hospital Infection Control Program at _____
- ☐ Report to the health department at _____

## Conduct a risk assessment for:
### High-risk exposures

- ☐ Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids from an EVD patient
- ☐ Direct skin contact with skin, blood or body fluids from an EVD patient
- ☐ Processing blood or body fluids from an EVD patient without appropriate PPE
- ☐ Direct contact with a dead body in an Ebola-affected area without appropriate PPE

## Low-risk exposures

- ☐ Household members of an EVD patient or others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE
- ☐ Healthcare personnel in facilities with EVD patients who have been in care areas of EVD patients without recommended PPE

**Refer to** *Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients with Possible Ebola Virus Disease* **at** http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf**.**

## During aerosol-generating procedures

- ☐ Limit number of personnel present
- ☐ Conduct in an airborne infection isolation room
- ☐ Don PPE as described in the *Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)* (hyperlink: http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)

## Patient placement and care considerations

- ☐ Maintain log of all persons entering patient's room
- ☐ Use dedicated disposable medical equipment (if possible)
- ☐ Limit the use of needles and other sharps
- ☐ Limit phlebotomy and laboratory testing to those procedures essential for diagnostics and medical care
- ☐ Carefully dispose of all needles and sharps in puncture-proof sealed containers
- ☐ Avoid aerosol-generating procedures if possible
- ☐ Wear PPE (detailed in center box) during environmental cleaning and use an EPA-registered hospital disinfectant with a label claim for non-enveloped viruses**

## Initial patient management

- ☐ Consult with health department about diagnostic EVD RT-PCR testing***
- ☐ Consider, test for, and treat (when appropriate) other possible infectious causes of symptoms (e.g., malaria, bacterial infections)
- ☐ Provide aggressive supportive care including aggressive IV fluid resuscitation if warranted
- ☐ Assess for electrolyte abnormalities and replete
- ☐ Evaluate for evidence of bleeding and assess hematologic and coagulation parameters
- ☐ Symptomatic management of fever, nausea, vomiting, diarrhea, and abdominal pain
- ☐ Consult health department regarding other treatment options

**This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.**