

SEVERE RESPIRATORY ILLNESS (SRI)* SCREENING TOOL



PHYSICIANS to complete

For all persons with severe respiratory illness* presenting to the Emergency Department or admitted to Hospital.

*SRI may include respiratory pathogens of known or unknown origin including novel respiratory viruses (Avian

Influenza H7N9, H5N1, Novel Coronaviruses, etc)

Addressograph/Patient Name:

Date/Time	Ensure that a <u>surgical mask</u> is placed on all patients presenting with <i>severe</i> respiratory symptoms** and that it remains in place during any transportation of the patient for medical investigations/examinations, including the Chest X-ray (* ** Unless the patient's clinical condition will be compromised)		
Complete the Following Screening Questions - Indicating Yes or No for each of the criteria			
PATIENT presents with SRI-defining features:			
Yes	No	Fever (over >38° C), <u>and</u>	
Yes	No	Cough or breathing difficulty, <u>and</u>	
Yes	No	Radiographic evidence of infiltrates consistent with pneumonia or Respiratory Distress Syndrome	
NOTE: If answered "NO" to any of the above, there is no need to proceed with the screening tool.			
In the 10 days before the onset of symptoms, were any of the following present:			
Yes	No	1.a) Close contact with a suspect or probable case of SRI <i>[Close contact means having cared for, lived with, or had face to face (within 2 meters) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SRI]</i>	
Yes	No	1.b) Recent travel or visit to a WHO reported "affected area" ¹ of SRI or a setting that is associated with a cluster of SRI cases.	
Yes	No	1.c) Recent exposure/close contact to a potential source of avian influenza virus - such as reports of illness or die offs in domestic poultry flocks, live poultry markets, wild or pet birds anywhere in the world including Canada.	
Yes	No	2. Current illness is inconsistent with other known cause.	
If you answered "NO" to questions 1 (a, b & c) and 2 The patient has <i>not</i> had any exposures of concern, and <i>does</i> have another explanation for their symptoms			Initiate Contact & Droplet Precautions (in addition to Routine Practices)
If you answered " YES " to questions 1 (a, b or c) or 2			<ul style="list-style-type: none"> • Initiate Contact and Droplet Precautions; Airborne precautions for aerosol-generating procedures (AGMP's); admit patient to a single room; • Consult with infection control
1. THINK infection control • Everyone entering the room should observe hand hygiene, contact and droplet precautions (surgical mask, gowns, gloves, eye protection). Airborne Precautions for aerosol-generating procedures.			Done
2. TELL your Medical Health Officer (306-655-4612) or the MHO on call (306-655-4620) The MHO will call Saskatchewan Disease Control Lab (SDCL) to expedite STAT testing.			Done
3. TELL Infection Control			Done
4. CONSULT an Infectious Disease Specialist			Done
5. TEST - Collect specimens and clearly mark specimens " SRI Screen "			Done
<ul style="list-style-type: none"> <li style="width: 50%;">• Nasopharyngeal swab in viral transport media <li style="width: 50%;">• Liver function tests <li style="width: 50%;">• CXR <li style="width: 50%;">• Blood culture <li style="width: 50%;">• CBC and differential <li style="width: 50%;">• Sputum C & S <li style="width: 50%;">• Serum for <i>Mycoplasma pneumoniae</i> and <i>Chlamydia pneumoniae</i> serology. <li style="width: 50%;">• If patient has diarrhea, send stool for viral studies. <li style="width: 50%;">• Arrange other testing as recommended by MHO and/or ID specialist (document on this form). <li style="width: 50%;">• Local lab to contact SDCL and confirm details related to delivery/arrival for the STAT specimens. 			

¹ See areas currently affected at: <http://www.phac-aspc.gc.ca/eri-ire/index-eng.php>