

Ebola Virus Disease New Patient Protocol

1. Any patient stating they are seeking evaluation or being referred to rule out **Ebola virus infection must be asked,**

a. If they have any of these **symptoms,**

- malaise/fatigue (new) — headache — shortness of breath
- fever — runny nose — nausea
- chills — sore throat — abdominal pain
- rash — cough — diarrhea

b. In the **past 3 weeks,**

- Have they been in or had contact with anyone who has been in?
 - _ Guinea
 - _ Liberia
 - _ Nigeria
 - _ Sierra Leone

c. If **contact with others** (as above), **what type?**,

- Direct physical contact
- Co-worker
- Co-traveler
- Roomed together
- Other: _____

d. Was the above contact **person ill?**

- How?: _____
- Diagnosis: _____

2. **Notify** the physician and nurses **immediately (verbally)** of the above to receive further instructions.

NOTE: Under **NO CIRCUMSTANCES** tell them to come **to our facility.**

___ a. Tell them to go to the hospital emergency department and to **call ER staff to warn them Ebola virus disease** is a consideration and to get instructions on how to enter their facility (**do not enter the ER facility**/waiting area without specific instructions).

___ b. If able to do so physically, tell them to **drive themselves to the ER** and to have no further contact with anyone else.

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