

APPENDIX B

Visual Triage Checklist

Visual Triage Checklist for Acute Respiratory Illness

Date:

Time

MRN:

Name:

ID#:

Hospital:

	Points (adults)	Pints (children)	Score
<i>A. Clinical symptom/sign</i>			
Fever	2	1	
Cough (New or worsening)	2	1	
Shortness of breath (New or worsening)	2	1	
Nausea, vomiting, diarrhea	1	-	
Sore throat and/or runny nose	1	-	
Chronic renal failure, CAD/heart failure	1	-	
<i>B. Risk of exposure to MERS</i>			
Exposure to a confirmed MERS case in the last two weeks	3	3	
Exposure to camel or products (Direct or indirect*) in the last two weeks	2	2	
Visit to a healthcare facility that had MERS case in the last two weeks	1	1	
Total Score			

* Patient or household

A SCORE \geq 4, PLACE PATIENT IN AN ISOLATION ROOM AND INFORM MD FOR ASSESSMENT

MERS COV TESTING SHOULD BE DONE ONLY ACCORDING TO CASE DEFINITION

Staff name: _____

ID number: _____