**COVID RISK ASSESSMENT – TRIAGING**

**For Hospital Use only**

**NAME OF THE ASSESSOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name: | Age: |
| Date: | Time: |
| Address: | Mobile Number: |

**Residence in Active Containment zone: Yes No**

Please write the Individual’s score in the column and write the total at the end and assign the person appropriately to ONE of the three categories listed below

**BREATHLESSNESS - Yes No**

\*A single symptom of breathlessness (*excluding Known bronchial allergy*) categorises the person into High Risk Category

|  |  |  |  |
| --- | --- | --- | --- |
| **SERIAL NO** | **PARTICULARS** | **SCORE** | **INDIVIDUAL’S RISK SCORE** |
| 1 | International Travel within 14 days | 3 |  |
| 2 | Interstate Travel within 14 days | 2 |  |
| 3 | Travel within state within 14 days | 2 |  |
| 4 | Fever ≥ 100.0° F or 38°C | 1 |  |
| 5 | Cough | 1 |  |
| 6 | Cold | 1 |  |
| 7 | Sore throat | 1 |  |
| 8 | Body Ache | 1 |  |
| 9 | Diarrhoea | 1 |  |
| 10 | Excessive Fatigue | 1 |  |
|  | **Total Score** | 15 |  |

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**Total Score:\_\_\_\_\_\_\_**  
  
  
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| --- | --- |
| **CATEGORY** | **SCORE** |
| Low Risk | ≤ 2 |
| Moderate Risk | 3 - 6 |
| High Risk | ≥7 |

**RISK CATEGORY** (Tick appropriately) **- LOW RISK/MODERATE RISK/HIGH RISK**

**ACTION TAKEN**

1. Normal Care (Low risk)-
2. Care In Isolation(Moderate/High Risk/COVID Positive) -
3. Referred to Covid Nodal Centre (High risk/ Covid Positive with Concerns-

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| --- | --- | --- | --- | --- | --- |
| Date | Temp | sPO2 | Date | Temp | sPO2 |
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