



**MUHC DIALYSIS PATIENT CARE PATHWAYS
AFTER COMPLETING SCREENING QUESTIONNAIRE FOR COVID-19
Version March 15, 2020**

DIALYSIS PATIENT CARE PATHWAY

**AT HD UNIT
DOORS**

PAB/RN/UC will screen ALL patients and visitors using: AMBULATORY DIALYSIS CLINIC EVALUATION QUESTIONNAIRE FOR COVID-19.

P1

**YES to Question 1 AND Yes to Question 2A:
SUSPECTED COVID-19**

- Patient should wear a procedure mask and wash hands.
- Put patient in an **isolation room**. He/she may remove the mask.
- AHN/RN will **call nephrologist on call** to decide where the patient is to go for TESTING and whether dialysis should be delayed.
- **Dialyze the patient in an isolation room with DROPLET/ CONTACT precautions** [procedure mask, visor, gown, gloves, handwashing]
- AHN/RN will **inform ID** who will decide need for hospital admission.

P2

**YES to Question 1 AND NO to Question 2A:
RULE OUT INFLUENZA / OTHER DIAGNOSIS**

- Patient should wear procedure mask and wash hands.
- Dialyze the patient in an isolation room. Use DROPLET/CONTACT precautions [procedure mask, visor, gown, gloves, hand-washing]
- Call the nephrologist on call and infection control practitioner to decide need for further assessment. May need swab for influenza.

P3

**NO to Question 1 AND Yes to Question 2B:
ASYMPTOMATIC POTENTIALLY EXPOSED**

- **Patient should wear procedure mask at ALL times** and wash hands.
- **Dialyze the patient in an isolation room**. If one is not available, use an area at least 2 meters from others.
- Staff to use hand-washing. No mask, gown, gloves required.
- **After dialysis, the patient's mask should be disposed in biomedical waste bin. Wash hands.**
- Ask the patient what date the exposure likely occurred. Dialyze the patient as above until 14 days after the exposure.
- **If the patient develops symptoms, treat according to P1.**

P4

NO to Question 1 AND NO to Question 2B: LOW RISK

- Dialyze the patient as per usual universal precautions.

**MUHC DIALYSIS VISITOR CARE PATHWAYS
AFTER COMPLETING SCREENING QUESTIONNAIRE FOR COVID-19
Version March 15, 2020**

DIALYSIS VISITOR CARE PATHWAY

**AT HD UNIT
DOORS**

PAB/RN/UC will screen ALL patients and visitors using: AMBULATORY DIALYSIS CLINIC EVALUATION QUESTIONNAIRE FOR COVID-19.

V1

YES to Question 1 AND Yes to Question 2A: SUSPECTED COVID-19

- Visitor should wear a procedure mask and wash hands.
- **Instruct visitor to remain at least 2 meters away from others.**
- **Visitor will require testing.** Escort them to be tested at:
MGH: B2-COVID Clinic.
RVH: C4-CIM Center COVID Clinic.
Lachine Hospital: Emergency Room.

V2

YES to Question 1 AND NO to Question 2A: OTHER DIAGNOSIS

- Please request the visitor to return home or seek medical attention.
Visitors who have symptoms are not permitted in the dialysis unit or the waiting room.
- It is advisable that the visitor to remain at considerable distance from others until symptoms resolve.

V3

NO to Question 1 AND Yes to Question 2B: ASYMPTOMATIC EXPOSED

- Visitor should return home and are advised to call 1-877-644-4545 if they develop symptoms.
- It is advisable that the visitor remain at considerable distance from others for 14 days after the original exposure.

V4

NO to Question 1 AND NO to Question 2B: LOW RISK

- Visitor may sit with patients who are P3 (ASYMPTOMATIC POTENTIALLY EXPOSED) or P4 (LOW RISK).



Standardized Questionnaire for Dialysis Patients During COVID-19 Pandemic

This is a standard screening process that I need to use on all patients visiting hospital clinics to identify infectious symptoms.

Question 1. Do you have (or have you recently had) one or more of the following symptoms:
Cough? Fever? Shortness or breath or difficulty breathing?

- YES :** **Ask the patient to put on a procedure mask and to wash his/her hands. Go to Question 2A**
- NO :** **Go to Question 2B**

Question 2A. In the 14 days before your symptoms appeared, did you:

- Travel outside of Canada?
 - Have contact with anyone who is sick and traveled outside of Canada?
 - Have contact with someone with probable or confirmed COVID-19, or have laboratory exposure to biological material containing the virus SARS CoV-2?
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- YES :** **End of questionnaire. Follow carepath P1 or V1**
 - NON:** **End of questionnaire. Follow carepath P2 or V2**

Question 2B. In the last 14 days, did you:

- Travel outside of Canada?
 - Have contact with anyone who is sick and traveled outside of Canada?
 - Have contact with someone with probable or confirmed COVID-19, or have laboratory exposure to biological material containing the virus SARS CoV-2?
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- YES :** **End of questionnaire. Follow carepath P3 or V3**
 - NON:** **End of questionnaire. Follow carepath P4 or V4**



Questionnaire Standardisé Pour les Patients Dialysés Pendant la Pandémie COVID-19

Ceci est un questionnaire standardisé qu'on doit utiliser pour tout patients qui visitent la clinique afin d'identifier les symptômes infectieux.

Question 1. Avez-vous (ou eu récemment) un ou plusieurs des symptômes suivants :
Toux? Fièvre? Éssoufflement ou difficulté respiratoire?

- OUI :** Demander au patient de mettre un masque de procédure et de se laver les mains. Poursuivre la question 2A
- NON :** Passez à la question 2B

Question 2A. Dans les 14 jours avant l'apparition des symptoms, avez-vous:

- Voyagé à l'extérieur du Canada?
- Été en contact avec une personne malade qui a voyagé à l'extérieur du Canada?
- Été en contact avec un cas confirmé ou probable de COVID-19 **ou**
Été exposé en laboratoire à du matériel biologique contenant le virus SARS CoV-2?
 - OUI :** Fin du questionnaire. **Suivre le parcours de soins P1 ou V1**
 - NON:** Fin du questionnaire. **Suivre le parcours de soins P2 ou V2**

Question 2B. Au cours des 14 derniers jours, avez-vous:

- Voyagé à l'extérieur du Canada?
- Été en contact avec une personne malade qui a voyagé à l'extérieur du Canada?
- Été en contact avec un cas confirmé ou probable de COVID-19 **ou**
Été exposé en laboratoire à du matériel biologique contenant le virus SARS CoV-2?
 - OUI :** Fin du questionnaire. **Suivre le parcours de soins P3 ou V3**
 - NON:** Fin du questionnaire. **Suivre le parcours de soins P4 ou V4**