Coronavirus Novel 2019 Case Report   I-NEDSS

Demographic - *Add or update person current name, address, phone, identification information.*

General Illness - *Medical Background info which includes name of Physician, hospitalization status, current diagnosis, outcome of case*

Clinical - *Add or update patient's clinical information.*

Treatment and Immunization - *Add or update patients treatment and immunization information.*

Laboratory Tests - *Add or update laboratory test information.*

Contacts - *Add or update contacts ill with similar illness and all household or intimate contacts.*

Travel History - *Add or update travel history information.*

Exposure History - *Add or update exposure history information.*

Multisystem Inflammatory Syndrome - *Add or update patient's clinical information.*

Epidemiologic Data - *Add or update all epidemiologic data.*

<u>General Illness</u> -

Disease/Onset Date: _____ Date (+ test):___

Date patient sought initial medical evaluation:

Location where first seen:
community test site is outpatient clinic

Patient's Physician: **Phone:**

Was the patient seen in ER? Which hosp:

Admitted? to the same as ER Hospital?

Hospital:

Admission Date: **Discharge Date:**

 (Under Treatment) in the Intensive Care Unit?

   ICU Admission Date: (mm/dd/ccyy)

   ICU Discharge Date: (mm/dd/ccyy)

 ventilator? intubated? ECMO? negative pressure room?

 Treatments:

<u>Clinical</u> -

 Patient Status: sx@home/@hosp, sx resolved, asx

 Patient Status As Of: (mm/dd/ccyy)

 Fever or feeling feverish (>100.4 F or >38 C):

 Highest Temperature:

 First Date Fever Present: (mm/dd/ccyy)

 Cough, shortness of breath, wheezing

 Sore Throat, headache:

 Muscle Aches Chills

 Diarrhea Vomiting Abdominal Cramps (3 or more loose or watery stools in 24 hours):

 Rigors temp rises quickly severe shivering chills

 Loss of Taste and/or Smell

 Runny nose (rhinorrhea):

 Fatigue: Chest Pain

 Other Symptoms (rash, weight loss):

 Acute Respiratory Distress Syndrome (ARDS):

 Abnormal EKG:

 Renal Failure: Dialysis?

 Comorbid Conditions: *Asthma or other breathing conditions/ heart-kidney-liver disease, current or former smoker, high BP, cancer treatment, immune system problems, diabetes, seizures, sickle cell, overweight, substance abuse, OTHER*
 Pregnant? Due Date?   **Calc/based on?**

<u>Treatment and Immunization</u> -*.*

Isolation Status: @home, @hosp, released

Was the patient requested to self quarantine at home?

Did the patient complete home quarantine?

[Travel History](#) - *Add or update travel history information.*

Did the patient travel on a plane, cruise ship, prior to onset? *Out of the US, out of Illinois,*
Flights: date, airline, flight number, time, airport

within Illinois
Travel: car? Hotel? Friend's house? Sites of interest? Bars, restaurants?

[Exposure History](#) - *In the two weeks before you started feeling ill*
Attend a concert, rally or protest, large party (date   to date)

[Epidemiologic Data](#) - *Add or update all epidemiologic data.*

Did the patient have close contact (approach within 2 meter [approx. 6 feet]) with an ill patient who was confirmed or suspected to have Coronavirus?

Did the patient have close contact with another person who traveled to an area in the world where Coronavirus is circulating?

In the 14 days prior to illness onset, was the patient in a hospital or a nursing home for any reason (i.e., visiting, working or for treatment)? [Exposure History](#)

In the 14 days prior to illness onset, was the patient in a clinic or a doctor's office, dialysis center or dentist office**, physical therapy for any reason?** [Exposure History](#)

In the 14 days prior to illness onset, did the patient have any contact with animals (e.g pets at home, at a friends' house, at work) horses, life stock, petting zoo, wildlife?

In the 14 days prior to illness onset, did the patient visit any live animal markets?

[Exposure History](#) **Go to the gym, the pool/beach/water park?**
get a manicure/haircut?
Go to the store? Go to church?
Restaurant or bar?

Last Day worked ([Exposure History](#)):
Did you let work know you were sick?
Anyone else sick at work?
When will you return to work? *(NO COVID RETEST)*

Occupation:

Other Occupation:

Name of Employer:

Employer Address:

Employer City/State/Zip:

Date Investigation Initiated:

Date interview completed:

Were referrals made as appropriate for services and/or treatment? 10 things you can do, Need help with groceries, finding a doctor**,** Emergency

Was educational information provided on disease containment? *Release from isolation, everyone else quarantine?   They quarantine 14 days from last day of isolation of case. Disinfecting*

Epi Comment:

Contents - *Add or update contacts ill with similar illness and all household or intimate contacts.*

Number of Household Members (including Case): ____

Name:

DOB: **Current Age:**   **Sex:**

Ethnicity: **Races:**

Home Phone:

Address Line 1:

Address Line 2:

City: **County:**   **State:**   **Zip:**

Relation to Case:

Was the contact ill with fever and/or respiratory symptoms?

Date of Illness Onset: (mm/dd/ccyy)

If contact has been identified as a case, enter State Case ID, if known:

Contact Occupation:

Contact Comment:

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