

For use during outbreak of EVD in West Africa, 2014



Ebola Virus Disease Clinical Risk Assessment Form Version 1.0, 10/09/2014



Section A - Patient Details

Enter the details in section A or attach patient label in space provided in section B

Surname: Forename:

Address:

Sex: F ☐ M ☐ NK ☐ Date of Birth: Age:

Emergency Dept/Ward: Patient's Hospital Number:

Section B - Patient label

Place patient label below

Section C - Assessed by

Name of assessor:

MCRN:

Date of assessment:

Section D - Travel history

Has the patient returned from an area affected by the current outbreak (www.hpsc.ie) in the **21 days before onset of symptoms?** Yes ☐ No ☐ Unknown ☐

If yes, which country City/Region/Town

Section E - Signs & Symptoms

			Yes	No	Unknown				Yes	No	Unknown
Fever $\geq 38.6^{\circ}\text{C}$			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of fever in the previous 24 hours			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever $\geq 38.6^{\circ}\text{C}$ persisting 72 hours after use of antimalarials or antimicrobials			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BP systolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retrosternal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<90 mmHg*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myalgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haematemesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Melaena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rate >20/min*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharyngitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulse >90bpm*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bruising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

*Adult definitions; seek local expert guidance for assessment of children.

If other symptoms, please specify:

Was onset of symptoms sudden or gradual? ☐ Sudden onset ☐ Gradual onset

Date of onset of first symptoms:

Fever + travel to area affected by current outbreak + bleeding or signs of bleeding increase the likelihood of EVD diagnosis. Please complete questions overleaf to assess exposure.

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Clinical Risk Assessment Form v1.0

Section F - Exposure

Has the patient...

	Yes	No	Unknown
1. Had close face to face contact (e.g. within 1 metre) without appropriate personal protective equipment (including eye protection) with a probable or confirmed case who was coughing/ vomiting/ bleeding/ had diarrhoea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Had direct contact (without appropriate personal protective equipment) with any material soiled by body fluids from a probable/confirmed case of EVD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Been identified as a contact of a probable or confirmed case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Had unprotected sexual contact with a case up to three months after recovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Had a percutaneous injury (e.g. with a needle) or mucosal exposure to bodily fluids, tissues or laboratory specimens of a probable or confirmed case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Participated in funeral rites with direct exposure to <u>any</u> human remains (not just those of a probable/confirmed case) in/from an affected area without appropriate personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Had direct contact with Fruit bats / rodents / primates, living or dead, in/from affected areas, or bushmeat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed category of EVD risk

If **YES** to ANY of questions 1-7 AND **FEVER**. See EVD algorithm for immediate actions.

High Risk Exposure

If **NO** to ALL of the above; AND **YES** to **TRAVEL** from an area affected by the current outbreak in the 21 days before onset of symptoms AND **FEVER**; EVD is possible, but malaria more likely

No high risk exposure. Likely alternative diagnosis.

If **NO** to ALL of the above; AND **NO** to **TRAVEL**; AND **YES** to **FEVER**; EVD is unlikely.

No Risk

Reassess if fails to improve, e.g. nosebleed, bloody diarrhoea, sudden rise in ASK or CK, sudden fall in platelets, fall in BP, rapidly increasing O₂ requirements in absence of diagnosis. Consider bioterrorism related VHF if symptoms suggestive but no travel history.