

**NORTHWEST COMMUNITY EMS SYSTEM
PATIENT AGREEMENT for NON-TRANSPORT during COVID-19 Pandemic**

EMS Agency:		Incident #:	
Date:		Time:	
Patient name (PRINT):		Address:	
Date of birth:	Gender:	Phone #:	

The patient DOES NOT have any of the below RISK FACTORS for severe illness from COVID-19

- | | |
|---|---|
| <ul style="list-style-type: none"> • Age 65 years or older • Resident in a congregate living facility • Chronic lung disease; moderate to severe asthma • Heart disease with complications/ uncontrolled HTN • Diabetes mellitus; renal failure, liver disease • Obesity with a BMI of 40 or higher | Immunocompromised state:
Cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
Pregnant |
|---|---|

The patient currently denies/does not have any of the S&S suggesting severe illness from COVID-19

Fever > 100° F (may not have a fever)	Abnormal vital signs for pt; severe fatigue or weakness
Shortness of breath; SpO ₂ <94%; ↑ work of breathing	Severe headache or new onset altered mental status
Chest pain; abn. breath sounds/sputum production	Leg pain, asymmetric swelling/loss of distal pulses
Evidence of abnormal clotting (S&S heart attack or stroke)	S&S of sepsis or septic or cardiogenic shock
X	The patient's social assessment meets CDC requirements for shelter in place

Disclosure to patient / legal representative if a minor

Based on your (patient's) age, medical history, and our assessment, you (the patient) **either appear well or** may have an infectious disease that could include COVID-19, but the **condition appears mild**.

Hospitals are unable to test everyone for COVID-19 who presents to an ED if they are asymptomatic or have mild S&S. National guidelines prioritize testing and there are many community testing sites.

Fortunately, **you** (the patient) **do not currently meet the criteria for evaluation at a hospital**. In order to limit exposures and preserve resources, **we are not transporting** you (the patient) at this time.

We **encourage you to contact your** (the patient's) **physician or primary care practitioner**. Many are able to conduct a virtual exam if you have computer access. There are hotlines you can call or access <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

If your (the patient's) **condition worsens or you develop any of the S&S above**, please immediately call your (the patient's) doctor, **9-1-1**, or have someone take you to the nearest hospital.

Patient/legal representative acknowledgement

I understand the information received from EMS and acknowledge that I (the patient) was assessed, had an adequate opportunity to ask questions. I am able to follow the instructions provided to manage my health condition at home right now and understand that if my condition worsens, I should immediately seek help by contacting my physician, calling 9-1-1, or going to an emergency department.

Patient / surrogate signature _____
Date

CHECK HERE if patient/surrogate gave verbal consent for EMS to sign on the patient's behalf

EMS member PRINTED NAME & Signature (Do NOT sign patient's name) _____
Date

Witness (PRINT Last NAME/Signature Paramedic/ PHRN) _____
Date