

## Information Technology- ADOPT IT

### Modifications to the Soarian Travel History Assessment and COVID-19 Lab Order

| LOCATIONS(S)                        | INTENDED AUDIENCE(S) | EFFECTIVE DATE     | IMPACT      |
|-------------------------------------|----------------------|--------------------|-------------|
| Ballad Health<br>Soarian Facilities | Nurses               | <b>Immediately</b> | <b>High</b> |

**Summary:** In an effort to better identify and manage patients presenting with suspected signs/symptoms of **COVID-19**, effective **immediately**, changes described within this document have been applied to the Travel Section of the Soarian Admission Assessments. In addition, a modification has been made to the COVID-19 laboratory order.

**Changes apply to the following Soarian assessments:**

- Adult Admission Assessment (Tennessee and Virginia)
- Pediatric Admission Assessment
- ED Triage Assessment (Adult and Pediatric)
- Admission Perioperative Assessment

**What I need to know:** Review information within this document.

**Modifications to the Soarian Travel History Assessment Include:**

- The question addressing “have you traveled outside of the US in the last 3 months” has been removed.
- The following questions have been added:
  - **“Have you been in close contact with a suspected of or laboratory confirmed COVID-19 individual?”**
  - **“Have you traveled domestically in the last 30 days?”**
- The following question has been modified:
  - **“Have you had close contact with someone who has traveled outside the U.S. who is also sick” has been changed to “Have you had close contact with someone that has traveled outside the U.S. or within the U.S. to a high-risk area for COVID-19 in the last 30 days?”**

The screenshot shows a digital form titled "TRAVEL HISTORY" with a light blue background. At the top right, there is a link: "Link to CDC Travel Advisory Site: [CDC Travel Advisory](#)".

The form contains several questions with radio button options and text input fields:

- Question 1:** "Have you been in close contact with a suspected of or laboratory confirmed COVID-19 individual?"
  - Options:  Yes,  No,  Unknown
  - Input fields: "Where" and "When" (both empty text boxes).
- Question 2:** "Have you traveled outside the U.S. in the last 30 days?"
  - Options:  Yes,  No
  - Input field: "Where and Date" (empty text box).
- Question 3:** "Have you had close contact with someone that has traveled outside the US or within the US to a high-risk area for COVID-19 in the last 30 days?"
  - Options:  Yes,  No
  - Input field: "Where and Date" (empty text box).
- Question 4:** "Have you been hospitalized or been in a nursing home in the last 30 days?"
  - Options:  Yes,  No
  - Input field: "Where and Date" (empty text box).
- Question 5:** "Have you traveled domestically in the last 30 days?"
  - Options:  Yes,  No
  - Input field: "Where and Date" (empty text box).

At the bottom of the form, there is a section header: "ADDITIONAL ADMISSION DATA".

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**Modification to the COVID-19 Lab Order Screen:**

- A modification has been made to the COVID-19 lab order. On the order detail screen the “Travel to a high-risk international or domestic location with evidence of sustained community transmission within 14 days of starting symptoms” statement **has been changed to 30 days.** (noted in red box below)

The screenshot shows the 'COVID-19 Stat' form with the following fields and values:

- Service Description: COVID-19
- Service Abbreviation: ZG609
- Priority Stat: [Dropdown]
- Service Subtype: General Laboratory
- Frequency: [Dropdown]
- Visit Type/Acct #: IP 15151515
- Duration: [Dropdown]
- Start Date/Time: 03/28/2020 16:57
- Other diagnosis like flu strep ruled out: Yes (selected)
- Indications for Testing: [Dropdown]

The criteria text on the right side of the form is as follows:

Symptoms of acute respiratory infection (dyspnea, cough or fever with dyspnea or cough), requiring hospitalization.  
 AND  
 Contact with a confirmed COVID-19 case within 14 days of starting symptoms  
 AND / OR  
 Travel to a high-risk international or domestic location with evidence of sustained community transmission within 30 days of starting symptoms.  
 If you have a patient that does not meet these criteria and you strongly suspect they have significant risk of COVID-19, call your CMOS.

The sentence "Travel to a high-risk international or domestic location with evidence of sustained community transmission within 30 days of starting symptoms." is highlighted with a red box.

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>