Ebola Virus Disease New Patient Protocol

1. Any patient stating they are seeking evaluation or being referred to rule out Ebola virus infection must be asked,
   a. If they have any of these symptoms,
      — malaise/fatigue (new) — headache — shortness of breath
      — fever — runny nose — nausea
      — chills — sore throat — abdominal pain
      — rash — cough — diarrhea
   b. In the past 3 weeks,
      — Have they been in or had contact with anyone who has been in?
         _ Guinea
         _ Liberia
         _ Nigeria
         _ Sierra Leone
   c. If contact with others (as above), what type?,
      — Direct physical contact
      — Co-worker
      — Co-traveler
      — Roomed together
      — Other:______________________________________________________________
   d. Was the above contact person ill?
      — How?:______________________________________________________________
      — Diagnosis:___________________________________________________________

2. Notify the physician and nurses immediately (verbally) of the above to receive further instructions.

   NOTE: Under NO CIRCUMSTANCES tell them to come to our facility.

   ___ a. Tell them to go to the hospital emergency department and to call ER staff to warn them Ebola virus disease is a consideration and to get instructions on how to enter their facility (do not enter the ER facility/waiting area without specific instructions).

   ___ b. If able to do so physically, tell them to drive themselves to the ER and to have no further contact with anyone else.

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