



Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States

Upon arrival to clinical setting/triage

- Assess the patient for a fever (subjective or $\geq 100.4^{\circ}\text{F}$ / 38.0°C)
- Determine if the patient has symptoms compatible EVD such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage
- Assess if the patient has a potential exposure from traveling to a country with widespread Ebola transmission* or having contact with an Ebola patient in the 21 days before illness onset

Suspect Ebola if fever or compatible Ebola symptoms and an exposure are present

See next steps in this checklist and the Algorithm for Evaluation of the Returned Traveler for Ebola at <http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf>

Upon initial assessment

- Isolate patient in single room with a private bathroom and with the door to hallway closed
- Implement standard, contact, & droplet precautions
- Notify the hospital Infection Control Program at _____
- Report to the health department at _____

Conduct a risk assessment for: High-risk exposures

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids from an EVD patient
- Direct skin contact with skin, blood or body fluids from an EVD patient
- Processing blood or body fluids from an EVD patient without appropriate PPE
- Direct contact with a dead body in an Ebola-affected area without appropriate PPE

Low-risk exposures

- Household members of an EVD patient or others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE
- Healthcare personnel in facilities with EVD patients who have been in care areas of EVD patients without recommended PPE

Use of personal protective equipment (PPE)

- Use a buddy system to ensure that PPE is put on and removed safely

Before entering patient room, wear:

- Gown (fluid resistant or impermeable)
- Facemask
- Eye protection (goggles or face shield)
- Gloves

If likely to be exposed to blood or body fluids, additional PPE may include but isn't limited to:

- Double gloving
- Disposable shoe covers
- Leg coverings

Upon exiting patient room

- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials
- Discard disposable PPE
- Re-useable PPE should be cleaned and disinfected per the manufacturer's reprocessing instructions
- Hand hygiene should be performed immediately after removal of PPE

During aerosol-generating procedures

- Limit number of personnel present
- Conduct in an airborne infection isolation room
- Don PPE as described above except use a NIOSH certified fit-tested N95 filtering facepiece respirator for respiratory protection or alternative (e.g., PAPR) instead of a facemask

Patient placement and care considerations

- Maintain log of all persons entering patient's room
- Use dedicated disposable medical equipment (if possible)
- Limit the use of needles and other sharps
- Limit phlebotomy and laboratory testing to those procedures essential for diagnostics and medical care
- Carefully dispose of all needles and sharps in puncture-proof sealed containers
- Avoid aerosol-generating procedures if possible
- Wear PPE (detailed in center box) during environmental cleaning and use an EPA-registered hospital disinfectant with a label claim for non-enveloped viruses**

Initial patient management

- Consult with health department about diagnostic EVD RT-PCR testing***
- Consider, test for, and treat (when appropriate) other possible infectious causes of symptoms (e.g., malaria, bacterial infections)
- Provide aggressive supportive care including aggressive IV fluid resuscitation if warranted
- Assess for electrolyte abnormalities and replete
- Evaluate for evidence of bleeding and assess hematologic and coagulation parameters
- Symptomatic management of fever, nausea, vomiting, diarrhea, and abdominal pain
- Consult health department regarding other treatment options

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

* See 2014 Ebola Outbreak in West Africa—Case Counts or <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html> to determine if a country has widespread Ebola transmission

** See Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus or <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

*** See Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Persons Under Investigation for Ebola Virus Disease in the United States or <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>