Ebola Screening Tool

1. Have you traveled outside of the U.S. in the past 21 days?
   
   If **YES**, go to step 2
   
   If **NO**, screening is complete. Proceed with routine care.

2. Have you traveled to areas of western Africa with an ongoing Ebola outbreak (Liberia, Sierra Leone, or Guinea)?
   
   If **YES**, go to step 3
   
   If **NO**, screening is complete. Proceed with routine care.

3. Do you have fever **or** severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding?
   
   If **NO**, screen is finished. Proceed with routine care.
   
   E-mail patient’s name, DOB, and MRN to fppfeedback@wusm.wustl.edu for reporting to Public Health.

   If **YES**,
   
   i. Say: “Based on your travel history and symptoms, it is important for us to take you to a room immediately. For your safety, please put this mask on.”
   
   ii. Place the patient in a private room, with the door closed.
   
   iii. Call the attending Infectious Disease physician on-call

      1. Adult practices: 314-747-3253
      2. Pediatric practices: 800-678-4357