



SEVERE ACUTE RESPIRATORY SYNDROME

GUIDELINES AND RECOMMENDATIONS

Updated Interim Domestic Guidelines for Triage and Disposition of Patients Who May Have Severe Acute Respiratory Syndrome (SARS)

To facilitate identification of patients who may have SARS in ambulatory care settings, targeted screening questions concerning fever, respiratory symptoms, close contact with a SARS suspect case patient, and recent travel should be included when patients call for appointments and at triage or as soon as possible after patient arrival. The most recent case definition for SARS, accessible at www.cdc.gov/ncidod/sars/casedefinition.htm, should be used as the basis for questions regarding travel history.

- Health-care personnel who are the first points of contact should be trained to perform SARS screening. In the absence of a systematic screening or triage system, providers taking care of patients in ambulatory care settings should perform such screening before performing other history-taking or examinations.
- Because patients with developing SARS may present with either only fever or only respiratory symptoms, infection control precautions should be instituted immediately for patients who have either fever or respiratory symptoms and have had close contact with SARS or who have a history of international travel to an area identified by the case definition (see www.cdc.gov/ncidod/sars/casedefinition.htm). A surgical mask should be placed on such patients early during the triage process until other recommended infection control precautions can be instituted including:
 - Standard precautions (e.g., hand hygiene); in addition to routine standard precautions, health-care personnel should wear eye protection for all patient contact.
 - Contact precautions (e.g., use of gown and gloves for contact with the patient or their environment)
 - Airborne precautions (e.g., an isolation room with negative pressure relative to the surrounding area and use of an N-95 filtering disposable respirator for persons entering the room). Where respirators are not available, healthcare personnel evaluating and caring for suspect SARS patients should wear a surgical mask.

Decisions concerning inpatient hospital admission or discharge of a patient with suspected or developing SARS should generally be based on the patient's health-care needs (e.g., diagnostic, therapeutic, or supportive regimens that necessitate hospitalization).

- Patients should not be hospitalized solely for the purpose of infection control unless they cannot be discharged directly to their home (e.g. travelers, homeless persons) or if infection precautions recommended for the home or residential setting (www.cdc.gov/ncidod/sars/ic-closecontacts.htm) are not feasible in their home environment (e.g. crowded dormitory setting, prisons, jails, detention centers, homeless shelters, or other multi-person single room dwellings).
- Under such circumstances patients should be hospitalized using recommended infection control precautions. Patients may then be discharged as soon as arrangements can be made for

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discharge directly to a home or residential setting where appropriate infection control precautions can be implemented and maintained.

- Alternatively, the patient could be discharged to a designated residential facility for isolation of convalescing cases where recommended infection control measures can be followed (www.cdc.gov/ncidod/sars/ic-closecontacts.htm).
- During transport between health-care facility and home or residential setting, patients should wear a surgical mask and limit interactions with others (e.g., avoid public transportation). For emergency medical ground transport of SARS patients, see www.cdc.gov/ncidod/sars/emtguidance.htm.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)