



BE STRONGER | CARE HARDER | LOVE DEEPER

Patient Sticker

DATE OF COVID TEST: _____
Date of First Symptoms: _____
Gestational age at diagnosis: _____
EDD: _____
Prenatal care Provider/Group: _____

Patient Phone number: _____
Next of Kin: _____
Next of Kin Phone Number: _____

Date of MFM consult: _____
MFM Consulted: _____

Date of Neonatology Consult: _____
Neonatologist Consulted: _____

Does the patient have Advanced Directives regarding end of life care? Y N

Is the patient scheduled for induction of labor or Cesarean section? Y N

If Yes, what is the date and time? _____

Is the scheduled date prior to the date of discontinuation of transmission based precautions? Y N

- 1. Test-based strategy.
o Resolution of fever without the use of fever-reducing medications and
o Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
o Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected >=24 hours apart (total of two negative specimens)
2. Non-test-based strategy.
o At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
o At least 7 days have passed since symptoms first appeared

If the scheduled IOL or Cesarean section is prior to the date of discontinuation of transmission based precautions, have you notified the following?

Table with 4 columns: Department/Person, Name of person notified, Date notified, Additional requests/comments. Rows include Emergency Room, L&D Nurse Manager, OB Attending, OB Chief, Anesthesia, Infectious Disease, Infection Control, Perinatal Coordinator.

Completed By:

Date Completed: