Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients Under Investigation for Ebola Virus Disease

1. **Identify exposure history:**
   Has patient lived in or traveled to an area with active Ebola transmission* or had contact with an individual with confirmed Ebola Virus disease within the previous 21 days?

   - NO: Continue with usual triage and assessment
   - YES: Identify signs and symptoms:

2. **Identify signs and symptoms:**
   Fever (subjective or > 100°F) AND** Ebola-compatible symptoms: severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage

   - NO: Continue with usual triage and assessment
   - YES: A. Continue with usual triage and assessment
   - YES: B. Notify local health department*** to discuss possible monitoring recommendations

3a. **Isolate and determine personal protective equipment (PPE) needed**
   Place patient in private room or separate enclosed area with private bathroom or covered, bedside commode. Only essential personnel with designated roles should evaluate patient and provide care to minimize transmission risk. The use of PPE should be determined based on the patient’s clinical status:
   - Is the patient exhibiting obvious bleeding, vomiting, copious diarrhea, or a clinical condition that warrants invasive or aerosol-generating procedures (e.g., intubation, suctioning, active resuscitation)?

   - NO:
   - YES: A. IMMEDIATELY notify the hospital infection control program and other appropriate staff
   - YES: B. IMMEDIATELY report to the local health department***

3b. **Inform**
   A. IMMEDIATELY notify the hospital infection control program and other appropriate staff
   B. IMMEDIATELY report to the local health department***

   - YES: A. Use PPE designated for the care of hospitalized patients
   - YES: B. If the patient requires active resuscitation, this should be done in a pre-designated area using pre-designated equipment

4. **Further evaluation and management**
   A. Complete history and physical examination; decision to test for Ebola should be made in consultation with local health department*** and Texas DSHS
   B. Perform routine interventions (e.g., placement of peripheral IV, phlebotomy for diagnosis) as indicated by clinical status
   C. Evaluate patient with dedicated equipment (e.g., stethoscope)

Adapted from algorithm developed by CDC in collaboration with American College of Emergency Physicians and Emergency Nursing Association

* For more information about areas with active Ebola transmission, call your local health department.***
** During an Ebola outbreak period, fever is not required to meet the PUI (suspect) case definition. Although the clinical case criteria may not require fever to be present, at least one other Ebola-compatible symptom, and an epidemiologic risk factor must be present to meet the PUI (suspect) case definition. These scenarios will be reviewed on a case by case basis.
*** Find your Local Health Department: [http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/](http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/)