School-Based Telehealth Intake Tool



**Student Information Vital Signs**

First & Last Name: Temp: B/P:

Date of birth: Weight: Height:

Allergies: Resp Rate: Pulse Ox:

Current Medications:

Chief Complaint: Appointment Time:

**\*** You may invite the parent/guardian to join the visit by audio or video and if translation services are needed. Inform the provider of these details at the start of the visit.

Has your child been seen at Children’s Health before? Yes No

**Parent/Guardian Information**

First & Last Name:

**\***Phone Number:

**\***Email Address:

Pharmacy Name & Address:

Pharmacy Number:

School-Based Telehealth Point of Care Testing Protocol



* Do not discuss results with parents/guardians until the provider has determined the plan of care.
* Document result(s) on the POCT (Strep/Flu) Order located on the school nurse webpage.
* **If the test is invalid:** repeat the test with new specimen and submit new results.
* **If the second test is invalid:** call the Children's Health team at 1-844-483-5363 for further assistance.

Use this protocol to identify the appropriate symptoms related to the corresponding test.

**Influenza A+B Test**

**(Any suggestive symptoms)**

* Sore Throat
* Fever > l00.4 and/or chills
* Headache
* Cough
* Runny or stuffy nose
* Muscle or body aches
* Fatigue (tiredness)
* Diarrhea and/or vomiting

**Strep A Test**

**(Minimum of any 3 symptoms)**

* Sore Throat
* Fever > l00.4
* Headache
* Nausea, Vomiting, Abdominal pain
* Tonsil/throat redness, exudate
* Tender neck lymph nodes
* History of exposure to strep
* Fine, red body rash