

MEASLES



FRONT DESK MEASLES SCREENING

Everyone is offered mask before entry to clinic/site/facility or immediately upon entry:

1. ¿Ha viajado su hijo o la persona que lo cuida fuera de los Estados Unidos y ahora se encuentra enfermo? SÍ* NO
2. ¿Ha estado el niño expuesto al sarampión? SÍ* NO
3. ¿Tiene el niño fiebre y salpullido? SÍ* NO

* If the answer to **1, 2, or 3** is “YES” room immediately and implement airborne precautions. Further assessment should occur in the patient room and call Infection Prevention and Control (IPC) at 651-629-4444

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4. ¿Tiene el niño tos? SÍ † NO
 5. ¿Tiene el niño goteo nasal? SÍ † NO
 6. ¿Tiene el niño los ojos rojos o irritados? SÍ † NO

† If the answers to **4, 5, AND 6** are all “YES” room immediately and implement airborne precautions. Further assessment should occur in the patient room and call Infection Prevention and Control (IPC) at 651-629-4444

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