First Point of Contact (FPOC)
Travel & Symptom Screening

First point of contact screening is a ***first step in the Identify, Isolate, Inform*** model and should take place ***at the first entry point/check-in*** at your facility. This step helps determine the most appropriate location for the patient within the Emergency Department, including if they should be placed in isolation precautions for a potential communicable illness.

STEP 1: ASK THESE SCREENING QUESTIONS AT CHECK-IN

- ***What symptoms brought you in to be seen today?***
- ***In the past 21 days, have you or a close contact traveled outside the U.S.? If yes, have you traveled to Democratic Republic of Congo, Uganda, or South Sudan?***

STEP 2: CONSIDER THE ANSWERS TO BOTH QUESTIONS

- **Is the patient experiencing any of the following symptoms?**

Fever or chills | Severe headache | Fatigue or tiredness | Muscle aches | Nausea or diarrhea | Stomach pain | Unexplained bleeding or bruising | Rash

- **...AND have they or a close contact traveled outside of the U.S. in the past 21 days? Note: pay extra attention to countries with active Ebola outbreaks but always consider other travel-related illnesses or infectious disease such as Measles.**

"YES" TO SYMPTOMS + TRAVEL = IMMEDIATE ACTION

- ❑ Mask yourself and the patient and then put on gloves.
- ❑ Lead the patient to a negative pressure room or single room with closed door.
- ❑ Post isolation signage.
- ❑ Notify the charge nurse and activate your facility's HCID plan.
- ❑ Document actions taken.
- ❑ Immediate Clinical Assessment.

Top Travel-Related Illnesses U.S. Hospitals May See

ILLNESS	RELATIVE U.S. IMPORTATION RISK*	KEY CLINICAL FEATURES	ADDITIONAL NOTES FOR HOSPITALS
Measles (Rubeola)	**MODERATE** Imported cases and outbreaks continue in the U.S.	• Fever, cough, coryza, conjunctivitis • Koplik spots, generalized rash • Risk of pneumonia, encephalitis	• Extremely contagious (airborne) • High risk for healthcare exposure • Ensure MMR immunization status; isolate airborne
COVID-19 / Other Novel Respiratory Viruses	**MODERATE** Ongoing global transmission and travel volume	• Fever, cough, sore throat, dyspnea • May cause pneumonia, ARDS, thrombotic complications	• Airborne/respiratory spread • Seasonal increases in activity • Use standard + transmission-based precautions
Dengue	**LOW TO MODERATE** Widespread globally; increasing in the Americas	• Fever, severe headache, myalgia • Nausea, rash, retro-orbital pain • Severe: plasma leakage, bleeding, shock	• Mosquito-borne (Aedes) • Consider in febrile returning travelers • Supportive care; fluid management critical
Malaria	**LOW TO MODERATE** 2,000 imported cases annually in the U.S. — mostly from Africa	• Fever, chills, sweats • Headache, malaise, myalgia • Severe: anemia, cerebral malaria, renal failure	• Mosquito-borne (Anopheles) • Consider in ANY febrile traveler returning from endemic areas • Obtain thick/thin smear or rapid test early
Mpox (Clade I & II)	**LOW** Global risk reduced since 2024	• Fever, lymphadenopathy, myalgia • Rash (often genital, perianal, or widespread)	• Person-to-person (close contact) • WHO ended global health emergency (May 2025) but ongoing endemic activity in parts of Africa
Meningococcal Disease	**LOW** Associated with crowding and mass gatherings; imported cases occur	• Fever, headache, neck stiffness • Nausea, photophobia • Sepsis, petechial/purpuric rash	• Spread via respiratory droplets; close contact • Risk higher in crowded settings • Consider in febrile travelers post-mass gatherings
Chikungunya	**LOW** Fewer imports than dengue; outbreaks are episodic	• Fever, rash • Severe arthralgia/arthritis • Headache, myalgia	• Mosquito-borne (Aedes) • Usually self-limited • Consider in travelers from affected regions
Multidrug-Resistant Tuberculosis (MDR-TB)	**LOW** Importation occur but sporadic; not common driven	• Chronic cough, weight loss, night sweats • Hemoptysis, fatigue	• Airborne (prolonged exposure) • Rule out in chronic respiratory symptoms in travelers • Requires infection control isolation
Ebola Virus Disease	**LOW** CDC/WHO assess low risk to the U.S. general population	• Fever, weakness, myalgia • Vomiting, diarrhea, abdominal pain • Hemorrhage in severe cases	• Requires direct contact with body fluids of symptomatic patients • Use full PPE and strict isolation • Immediately notify public health

* Relative U.S. Importation Risk: Likelihood of a U.S. traveler acquiring infection abroad and presenting to a U.S. hospital.

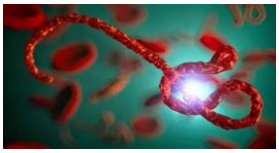
Sources: CDC Yellow Book (2024), CDC Travelers' Health, CDC Disease Surveillance Data, WHO Disease Outbreak News, WHO Risk Assessments (May 2025), PAHO Epidemiological Updates

BugBuster

Please familiarize yourself with the clinical presentation as well as the prevention efforts outlined below.

June 2026

EBOLA DISEASE is….



Caused by an infection with an orthoebolavirus. Orthoebolaviruses can cause serious and often deadly disease, with a mortality rate as high as 80 to 90 percent. People can get Ebola disease through contact with the body fluids of an infected sick or dead person. A person is only contagious once they begin showing symptoms of the disease.

Signs and Symptoms

Someone with Ebola disease may start getting sick 2 to 21 days after contact with an orthoebolavirus. However, on average, symptoms begin 8 to 10 days after exposure.

Dry Symptoms: fever, muscle and abdominal pains, severe headache, fatigue, weakness

Wet Symptoms: diarrhea, vomiting, unexplained hemorrhage (bleeding or bruising)

Assess patients for international travel to (DRC, Uganda, South Sudan) **OR** contact with someone with Ebola within the last 21 days **AND** symptoms

After identifying a possible Ebola case…

Isolate patient in a negative pressure room **immediately**

Wear PPE which includes: PAPR or N-95 respirator, impermeable gown/bodysuit, double gloves (long gloves on top), apron, face shield, head cover, and foot covers

Contact Infection Prevention **immediately**
828-213-5460 or 828-776-5216

Limit the healthcare personnel who enter the room and keep a log of everyone who enters the patient's room

Room must be closed for at least 1 hour before cleaning and EVS staff must wear PPE

Helpful Resource Links
https://www.cdc.gov/ebola/about/index.html
https://hcamissionhealth-all.policystat.com/policy/20496927/latest

Infection Prevention Main Office 828.213.5460
On-Call Cell Phone 828.776.5216

HCA Healthcare
Center for Clinical Advancement
NC Division

Titratable Drip Updates

Mission Health / HCA Healthcare

The order is your source of truth: review the MAR order for EVERY patient before starting or titrating a drip

Why This Matters…

- Titration parameters are now visible within new IV titratable medication orders.
- Default parameters in PowerPlans align with standardized options.
- Providers may adjust defaults to meet patient-specific needs.
- Purpose: **safer titration, fewer medication errors, better documentation accuracy**.

What Nurses Need To Do…

- **Review the medication order and dose each time** you start or titrate.
- Use the MAR - not memory, badge buddies, or old parameter lists.
- Look for the normalized rate and the titration goal, increment, and frequency.
- Clarify unexpected or unclear orders with the Provider and Pharmacist if needed.

Important safety reminders

"Normalized Rate"

Cerner term for the initial starting rate of an infusion.

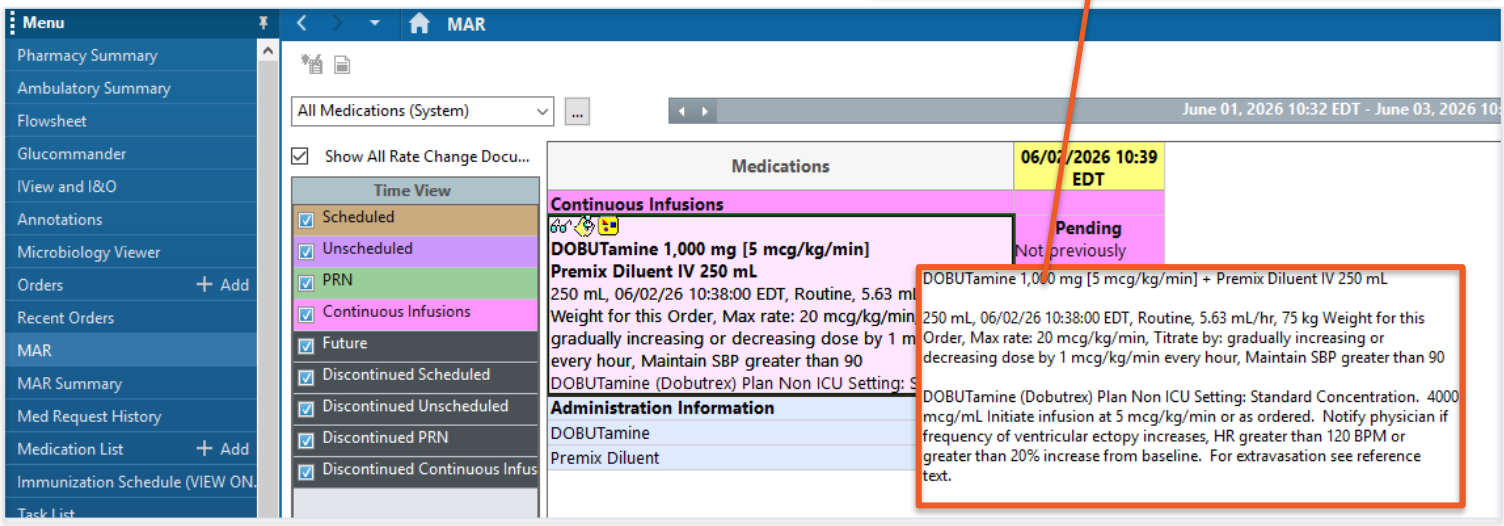
[Brackets]

On the order, brackets show the normalized rate, e.g., [5 mcg/kg/min].

Patient-specific orders

Providers can change rates and parameters on each order; for example - ICU and non-ICU parameters may differ.

Where to find titration details in the MAR



Practice point: avoid memorizing parameter goals or initial rates. Review the active order, dose, and parameters before each administration or titration.

Questions? Reach out to your Leader, Educator, or Pharmacist.

PAIN MANAGEMENT

Match the Therapy to the Pain Score

Use ordered PRN options safely. Choose the lesser therapy when appropriate — never exceed the ordered pain-range match.

DO NOT ADMINISTER A HIGHER PAIN-RANGE MEDICATION FOR A LOWER PAIN SCORE

This changes the provider's ordered range and would be considered practicing medicine outside the scope of nursing practice.

When the score is low, use the matching lower-range order or a lesser ordered option; escalate if pain is uncontrolled or orders are unclear.

SAFE PRN SELECTION: 4 GUARDRAILS

1. **Assess first:** Pain level, location, quality, timing, vitals, allergies, and last dose.
2. **Match the order:** Select the PRN medication that matches the patient-reported pain-score range.
3. **Lesser therapy is appropriate:** A less potent ordered option may be used based on patient choice or clinical rationale.
4. **Document + reassess:** Record pain score, option selected, rationale/patient choice, and response.

BOTTOM LINE: Match the documented pain score to the ordered range. Lesser therapy is allowed when appropriate; higher-range medication is not.

LOW SCORE ≠ **HIGH-RANGE MED**

Stay within the ordered pain range.

When to call the provider

- Pain score/order range does not match
- Patient requests a stronger option than ordered range allows
- Pain remains uncontrolled after intervention
- Order is unclear or safety concern exists

GLUCOMETER SAFETY CHECK

Clean That Glucometer!

2 wipes • 2 steps • every patient, every time

Clean and disinfect after EACH patient use — and anytime the meter is visibly soiled.

IFU requirement: Use a 2-step cleaning process with two separate germicidal wipes.

PICK THE RIGHT WIPE

STANDARD • CONTACT • DROPLET • AIRBORNE

PDI Super Sani-Cloth

2-minute wet time

CONTACT PLUS ONLY | C. diff + C. auris

PDI Sani-Cloth Bleach

4-minute wet time

DO IT RIGHT

1. **Clean with the first wipe**
   Remove visible body fluids and/or dirt from the meter surface.
2. **Disinfect with the second wipe**
   Wipe all sides of the meter 3 times, then discard the wipe.
3. **Protect the test strip port**
   Gently wipe the port area. Do not allow fluid to enter the port.
4. **Keep it wet**
   Keep the meter visibly wet for the full disinfectant contact time.

First wipe cleans + Second wipe disinfects = safer patient care.