QUICK COVID-19 GUIDE

NEDSS Base System (NBS)

User Guide for COVID-19 Investigations

TN Department of
. **Health**

Division of Communicable and Environmental Diseases and Emergency Preparedness

https://hssi.tn.gov/auth/login

Version 2

August 20, 2020

Summary of Priority Variables

Please prioritize completion of the following fields in the **INVESTIGATION**.

	Male	(26 Years)	
Investigation ID: CAS11405259TN01	Created: 04/06/2020
Investigation Status: Open	Last Updated: 04/06/2020
Investigator:	Case Status: Confirmed

| Patient | Case Info | COVID | Contact Tracing | Contact Records | Supplemental Info |

□ **Patient Information**
Collapse Subsections
□ General Information

Patient Tab	
Field	**Notes**
Comments	Add notes about healthcare worker or single cases in healthcare facilities here. Add info about cases who are currently in another state so our team can transfer them to the appropriate state.
First name	
Last name	
Date of birth	
Current Sex	
Street Address	
City	
State	
Zip	
County	This field is used to determine county counts on the webpage.
Telephone	
Ethnicity	
Race	
Case Info Tab	
Field	**Notes**
Jurisdiction	This field is used to determine the jurisdiction/region on the daily brief.
Investigation status	When closed, the investigation will no longer appear in the open investigations queue.
Was the patient hospitalized for this illness?	This field is used to determine the hospitalization info on the webpage.
Did the patient die from this illness?	This field is used to determine the death info on the webpage.
Date of death	
Is the patient a health care worker in the US?	This field helps capture information about healthcare facilities that will need follow-up.
Does the patient have a history being in a healthcare facility (as a patient, worker or visitor)?	This field helps capture information about healthcare facilities that will need follow-up.
In the 14 days prior to illness onset, did the patient have any of the following travel exposures?	Answer all related travel questions in this section.
Healthcare facility type	Adding the type will help with facility follow-up.
Healthcare facility name	Adding the name will help with facility follow-up.
In the 14 days prior to illness, did the patient have any of the following exposures (answer all that apply)?	Answer: Workplace Is this workplace critical infrastructure? If critical infrastructure, specify setting Adult congregate living facility K-12 School (include name and role)

08/20/2020

Summary of Priority Variables

	College/University (include name and role) Childcare center (include name and role) Correctional facility Community event/ mass gathering
In the 14 days prior to illness onset, did the patient have any of the following contact exposures?	Enter yes to appropriate contact (household, community, healthcare)
Is this case part of an outbreak?	This field is used to capture cases that are part of clusters.
Outbreak name	If this case is part of a cluster, add the cluster name here. It may take 24 hours for the cluster name to be added to the dropdown after it is requested.
Is this patient recovered?	Defer to your local CEDS/epi leadership for guidance on how to complete this variable according to your metro/region's work flow
Case status	Only confirmed and probable cases are included in our counts.
COVID Tab	
Field	**Notes**
Symptom present during course of illness?	
Symptom onset date:	
During this illness, did the patient experience any of the following symptoms?	Enter yes or no for: -subjective fever -loss of taste or smell -cough -shortness of breath -nausea
Did the patient have any underlying medical conditions and/or risk behaviors?	Enter yes or no for: -diabetes mellitus -hypertension -cardiovascular disease -chronic renal disease -chronic liver disease -chronic lung disease
Is this patient pregnant?	Pregnant at time of COVID-19 test