



Community Healthcare Decision Pathway

Note 1: Resource Assessment Worksheet for Healthcare Facilities

Date

Healthcare Facility Name

Name/Title of Person Completing this Form

Phone Number

Fax Number

E-mail Address

The following table is a list of minimum suggested resources needed for each PITA level. Your facility must have the resources listed in a column to declare ability to manage a patient at that triage level.

PITA Level 1 (Resuscitation)	PITA Level 2* (Emergent)	PITA Level 3 (Urgent)	PITA Level 4 (Semi-urgent)	PITA Level 5 (Stable)
<input type="checkbox"/> Provider Evaluation	<input type="checkbox"/> Provider Evaluation	<input type="checkbox"/> Provider Evaluation	<input type="checkbox"/> Provider Evaluation	<input type="checkbox"/> Provider Evaluation
<input type="checkbox"/> Oral Fluids	<input type="checkbox"/> Oral Fluids	<input type="checkbox"/> Oral Fluids	<input type="checkbox"/> Oral Fluids	
<input type="checkbox"/> Oral Medications	<input type="checkbox"/> Oral Medications	<input type="checkbox"/> Oral Medications	<input type="checkbox"/> Oral Medications	
<input type="checkbox"/> Metered Dose Inhalers	<input type="checkbox"/> Metered Dose Inhalers	<input type="checkbox"/> Metered Dose Inhalers	<input type="checkbox"/> Metered Dose Inhalers	
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> Labs	<input type="checkbox"/> Labs	<input type="checkbox"/> Labs		
<input type="checkbox"/> IV Fluids	<input type="checkbox"/> IV Fluids	<input type="checkbox"/> IV Fluids		
<input type="checkbox"/> Nebulized Medications	<input type="checkbox"/> Nebulized Medications	<input type="checkbox"/> Nebulized Medications		
<input type="checkbox"/> CXR	<input type="checkbox"/> CXR	<input type="checkbox"/> CXR		
<input type="checkbox"/> Ventilators				
<input type="checkbox"/> Resuscitation Equipment				



PITA levels for which your facility can provide care (check all applicable): 1 2 3 4 5

* Patients with co-morbid conditions are likely to require a higher level of care. Consult current CDC guidelines.

Notes:

Disclaimer

The printable worksheets option will assist community leaders and decision makers in their selection of appropriate sites of care where patients may be screened, treated and/or transferred during an influenza pandemic. The worksheets are designed to assist coordination and management of resource availability, medical surge within the community and the severity of medical surge. This option is not a substitution for existing plans, systems, or approved forms, but is an additional resource for making informed decisions.