FLOW CHART FOR CLINIC STAFF RECEIVING PHONE CALLS ABOUT MONKEY POX

WHO IS CALLING?

PUBLIC HEALTH

PATIENT/FAMILY

NO EXPOSURE

GENERAL QUESTIONS/CONCERNS

SCHEDULE NURSE VISIT FOR VACCINATION

CONNECT PATIENT TO THE NAVAJO NATION WARMLINE

Navajo Nation Warmline: 928-380-7772
Chinle Public Health: 928.674.7798

POSSIBLE EXPOSURE

MILD SYMPTOMS

SCHEDULE NEXT AVAILABLE PROVIDER PHONE VISIT.

PHONE PROVIDER DETERMINES NEED FOR IN PERSON EVALUATION

POSSIBLE MONKEYPOX SYMPTOMS

SEVERE SYMPTOMS OR CONCERNS

CONSIDER REFERRAL TO ED FOR URGENT EVALUATION

KNOWN MONKEYPOX

CONCERNS ABOUT SYMPTOMS

DESIRES SCHOOL/WORK CLEARANCE

SCHEDULE NEXT AVAILABLE PROVIDER PHONE VISIT

OPTION 1

OPTION 2
Monkeypox OPD Guidance
Navajo Nation Warmline 928-380-7772, Chinle Public Health x67998

PEP++
- This group is coordinated through Chinle Public Health Dept.
- Scheduled directly into a Pharmacy Vaccination Clinic planned for Wednesday, 9/7/22
- If screen + at vaccine visit will be referred to MPX Visit Encounter with provider in clinic

PEP: Possible or known exposures
1. Identified through contact tracing or referrals by Public Health
   - PH schedules into IM/FP Nurse Visit for vaccination
   - Clinic nurse uses screening questions prior to vaccination
   - If patient screens +, moved into the MPX Visit Encounter with provider in clinic
2. Self-referred for possible exposure or concerns/questions
   - MSA/Staff link these patients to care through the Navajo Nation Warmline
   - Navajo Nation Warmline 928-380-7772
   - Warmline connects pts to CPH who perform exposure screen and contact tracing
   - If deemed high-risk exposure by Chinle PH, then PH will schedule for NV in IM/FP for Vx

Symptoms of possible MPX
- Pt calls clinic for appt due to concerns for possible MPX WITH symptoms/rash etc.
- MSA recommends same day ED/UC eval if severe symptoms/concerns, or schedules patient into same day PHONE VISIT if mild symptoms
- Provider phone visit obtains hx of exposures, risk factors, symptoms and decides IF patient needs evaluation in ED/UC or clinic (ex. testing in case of rash etc). If clinic fu is felt to be best option, provider works with MSA to find timely availability for in-person visit in clinic.
- If phone encounter determines patient doesn’t actually have symptoms but may have been exposed or has questions, then will connect patient to NN Warmline or Chinle PH directly
- Provider can schedule Clinic NV for vaccination if qualifies based on hx obtained at phone visit.

Hx of MPX and requesting Clearance from Isolation/Return to Work
- MSA schedules this patient into a phone visit
  - we do not feel that these patients need in-person evaluation for clearance but phone visit to confirm that symptoms have resolved and all lesions have fully healed

Face to Face encounter for MPX evaluation in clinic
- Always remember to review most updated guidance on Resources Tab<<
  - Single room
  - PPE is contact/airborne with eye protection
  - If testing indicated:
    - Labcorp test via EHR order
    - Ideally collect samples from 3 lesions