



MR 200A



Western Private Hospital

# INFECTIOUS DISEASE PREADMISSION SCREENING

Attach patient identification label

UR No: ..... Admission No: .....

Surname: .....

Name: .....

Date of Birth: ..... Gender: .....

Dr: .....

Patient Details

## PREADMISSION QUESTIONNAIRE FOR PATIENT REGARDING

### ACUTE INFECTIOUS DISEASE

In order to ensure the safety and wellbeing of all our patients, visitors and staff, we require you to complete the following questionnaire regarding recent travel history and your current state of health. This vigilance is a variation on a recommendation of the Australian Department of Health and the Victorian Department of Health & Human Services.

- 1. Have you travelled overseas in the last 2 weeks?  Yes  No
- 2. Have you stayed overnight in any hospital or residential care facility overseas in the last 12 months?  Yes  No
- 3. Do you have significant signs and symptoms of a respiratory infection, fever or diarrhoea?  Yes  No

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### HOSPITAL STAFF INSTRUCTIONS

**Note: If patient answers YES to any question, please contact Unit Manager / Hospital Coordinator.**

BINDING MARGIN - DO NOT WRITE IN THIS AREA

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INFECTIOUS DISEASE PREADMISSION SCREENING MR 200A



Western Private Hospital

# PREADMISSION SCREENING CHECKLIST COVID-19

Attach patient identification label

UR No: ..... Admission No: .....

Surname: .....

Name: .....

Date of Birth: ..... Gender: .....

Dr: .....

Patient Details

## SCREENING CHECKLIST FOR PATIENTS FOR THEATRE/CATH LAB NOT KNOWN TO BE COVID-19 POSITIVE. EACH CHECK TO BE COMPLETED ONCE FOR ALL EMERGENCY AND ELECTIVE PATIENTS

Date of procedure: ..... Procedure planned: .....

### Preadmission screening checklist (Ask during preadmission screen or day of surgery – Preadmission Nurse)

	YES	NO
Have you ever been diagnosed with coronavirus (COVID-19)? If <b>YES</b> , when:		
Have you volunteered or worked in hotel quarantine or worked as part of the COVID-19 Quarantine Victoria (CQV) in the last 14 days?		
Recent contact with known or suspected COVID-19 case in the past 2 weeks?		
Have you had contact with someone who has been in quarantine as a close contact of someone with coronavirus (COVID-19) in the past 14 days?		
Have you visited any of the current DHHS exposure sites across Victoria and interstate?		

Recently tested for COVID-19?  No  If **YES**: →  PCR Date: ..... Time: ..... Result: .....  
→  RAT Date: ..... Time: ..... Result: .....

### Does the patient have:

• A temperature ≥ 38°C?		
• A cough?		
• Sore throat?		
• Shortness of breath?		
• Other respiratory symptoms including runny nose?		
• Recent loss of the sense of smell?		

Are you a health or aged care worker with recent onset of the following symptoms? Headache, myalgia (muscle aches), stuffy/runny nose, nausea, vomiting, diarrhoea.

Are you a resident of an aged care facility or over the age of 75 with recent onset of any of the following symptoms? Headache, myalgia (muscle aches), functional or cognitive decline, exacerbation of underlying chronic condition, falls, loss of appetite, malaise (feeling tired), stuffy/runny nose, nausea, vomiting, diarrhoea.

### If the patient answered YES to any of above questions, notify the Surgeon and Anaesthetist

Nurse Printed Name: ..... Designation: ..... Signature: .....

### Pre-operative vulnerability checklist. (Complete the day of or the day before surgery – Ward or DPU Admitting Nurse)

	YES	NO
Pregnant		
Age > 65 years		
Respiratory co-morbidity		
Immunocompromised		
Frail		
Other co-morbidity ( CCF, diabetes, renal insufficiency, obesity)		

Nurse Printed Name: ..... Designation: ..... Signature: .....

### Preoperative Team Check (Complete with Time Out – Anaesthetic Nurse / Cath Lab NIC)

	YES	NO
Are there significant aerosolisation risks with this procedure?		
Is everyone wearing the appropriate level of PPE for this procedure?		
Are there non-essential staff in the theatre or procedure room?		
Are there vulnerable perioperative team members?		

### Advice: Re-deploy vulnerable and non-essential staff in high risk or aerosolising procedures. Discuss with proceduralist/surgeon, anaesthetist and/or NUM

Nurse Printed Name: ..... Designation: ..... Signature: .....

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