



MR 200A



Western Private Hospital

**INFECTIOUS DISEASES  
SCREENING CHECKLIST**

Attach patient identification label

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

Surname: .....

Name: .....

Date of Birth: ..... Sex at Birth: .....

Dr: .....

Patient Details

*To ensure the safety and well-being of our patients, visitors, and staff, we require the completion of this infectious screening checklist based on recommendations from the Australian and Victorian Departments of Health.*Pre-Admission  
Day of Admission

1. Have you travelled overseas in the last 2 weeks? If yes, where? Date	Y	N		
2. Have you stayed overnight in any hospital or residential care facility overseas in the last 12 months? If yes, where? Date	Y	N		
3. Have you been diagnosed with COVID-19 in the last 3 months?	Y	N		
4. If yes to above, did you require hospitalisation?	Y	N		
5. Are you currently experiencing (or worse than usual) any of the following symptoms:				
Temperature > 38°C	Y	N		
Cough	Y	N		
Sore throat	Y	N		
Shortness of breath	Y	N		
Other respiratory symptoms such as stuffy/runny nose	Y	N		
Recent loss of smell	Y	N		
Headache, nausea, vomiting, diarrhoea	Y	N		
Muscle pain/aches	Y	N		
6. Do you currently have or have you ever been told you have any of the following infections in the past?				
MRSA - Methicillin resistant staphylococcus aureus	Y	N	ESBL – Extended spectrum beta lactamase	Y N
VRE – Vancomycin resistant enterococci	Y	N	C diff – Clostridioides difficile	Y N
CRE – Carbapeneum resistant enterobacteriaceae	Y	N	C Auris – Candida auris	Y N
CPE - Carbapeneum producing enterobacteriaceae	Y	N	<b>Nursing Staff - If YES - See Transmission Based Precaution Work Instruction (PROMPT)</b>	

**COVID TEST RESULT – DAY OF ADMISSION - Nursing Staff Only**

PCR RAT Date..... Result.....

Nurse print name: ..... Sign ..... Designation .....

If the patient answers YES to Q1 or Q2 – Notify Hospital Co-ordinator for advice.

If the patient answers YES to Q3-Q6 or test positive to COVID notify Admitting Dr or Anaesthetist.

Document all follow up in progress notes.

**THEATRE/CATH LAB PATIENT PRE-OPERATIVE QUESTION***Complete day of or day prior to surgery. If YES to any question, contact the NUM / NIC and document any follow up in progress notes*

Date of procedure:	Procedure planned:		
	Pregnant	Y	N
	Any respiratory or other co-morbidity (CCF, CKD, Obesity)	Y	N
	Immunocompromised	Y	N
	Frail	Y	N

Nurse Print Name: ..... Sign: ..... Designation: .....

**PREOPERATIVE TIME OUT TEAM QUESTIONS***If YES to any question contact the NUM / NIC and document any follow up in progress notes*

Are there significant aerosolisation risks with this procedure?			Y	N
Is everyone wearing the appropriate level of PPE for this procedure?			Y	N
Are there non-essential staff in the theatre or procedure room?			Y	N
Are there vulnerable perioperative team members? Consider redeployment of vulnerable staff in high-risk situations such as during aerosolising procedures.			Y	N

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

Nurse Print Name: ..... Sign: ..... Designation: .....

BINDING MARGIN – DO NOT WRITE IN THIS AREA

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INFECTIOUS DISEASE PREADMISSION SCREENING MR 200A