

COVID 19 assessment form

Assessment date: _____

Clinic: _____

Department:		Time in:	
Patient name:		Temperature:	
D.O.B:		Pre weight	
Gender:		Height:	

Visual triage (clinical signs and symptoms):		
Fever (> 38 °C)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cough (new or worsening)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dyspnoea (new or worsening)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
History (risk of exposure to and signs of coronavirus)		
Travel to or residence in known high risk area within the last 14 days	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Close contact with a pneumonia case of unknown cause linked to COVID 19 cluster within 14 days before onset of illness	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Clinical assessment		
Signs of acute respiratory illness of any degree of severity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Clinical signs and symptoms suggestive of pneumonia	<input type="checkbox"/> YES	<input type="checkbox"/> NO

1. Patient may enter regular dialysis / waiting area YES
2. Patient moved to respiratory triage – awaiting medical assessment/ referral YES

Assessed and actioned by: _____ Signature: _____

Plan for suspected cases:	YES	NO
Patient placed in respiratory isolation (including any accompanying visitors)		
Patient and any accompanying visitors given surgical mask to wear		
AN95, gowns and alcohol outside room		
Airborne precautions poster displayed outside room		
Doctor informed		
Arrange transfer to hospital use dedicated ambulance service Phone no : Call for the emergency ambulance (No: _____) if the patient is breathless or medically unstable (i.e. hypotensive , respiratory distress		
Inform relatives of transfer to _____ (hospital)		

NOTE:

Inform the ambulance operator that you are referring a suspect case of pneumonia with relevant travel history

All suspected cases of pneumonia with relevant travel history to are to be isolated and reported to MOH immediately