



MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____
FIRST NAMES: _____ DOB: _____

Please ensure you attach the **correct** patient label

Screening questions for all patients on entry to hospital

Inpatients must be screened daily and outcome recorded on the back of this form and in the clinical record

Screening Date/Time: _____

Designation: _____

Initials: _____

1. Have you had COVID-19 in the last 2 months and recovered?

Yes

No

2. Do you have any of the following exposure risk factors for COVID-19 infection?

- Have you tested positive in the last 10 days for COVID-19 infection? **RED STREAM**
- Have you had household contact in the last 7 days with someone who has COVID-19 infection?
- Unable to obtain a contact or exposure history

3. Do you have any new or worsening symptoms?

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sore throat | <i>If under</i> |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Runny nose/head | <i>12yrs</i> |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> cold | <input type="checkbox"/> Diarrhoea |
| | <input type="checkbox"/> Loss of smell/taste | <input type="checkbox"/> Vomiting |

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|--|--|------------------------------------|
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| | <input type="checkbox"/> Loss of smell/taste | <input type="checkbox"/> Vomiting |

PURPLE STREAM

RED STREAM

ORANGE A

ORANGE B

GREEN STREAM

Routine bed flow

Follow COVID-19 room placement guide

Single room (Door closed)

Single room (Door closed or *variance to room placement)

Routine bed flow

Standard precautions
(unless other transmissible infections)
Medical mask on patient for source control

Contact + airborne precautions

Contact + airborne precautions

Contact + airborne precautions

Standard precautions
(unless other transmissible infections)

Medical mask on patient for source control

Medical mask on patient for source control

Medical mask on patient for source control

Medical mask on patient for source control

Do COVID-19 test if not already performed

Do COVID-19 test

Do COVID-19 test

Do COVID-19 test

Positive Negative

Positive Negative

Positive Negative

RED STREAM

ORANGE A

RED STREAM

ORANGE B

RED STREAM

GREEN STREAM

***Variance to room placement for Orange B stream presentations:**

Variance must be agreed by the responsible clinician or patient flow manager and documented in the clinical record

No single rooms available: Patient may be cohorted in a room with curtains drawn.

- Staff must wear PPE required for airborne precautions (N95/P2 particulate respirator and eye protection) until the COVID-19 risk can be down graded to droplet or green. Patient/whānau should wear a medical mask if able

Child is under 2yrs with a single symptom, whānau are asymptomatic and no high risk criteria have been identified:

- Consult with senior decision maker regarding safe down grade to contact and droplet precautions

**Inpatient
Screening Tool COVID-19**

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Down grading COVID-19 risk

Decision to down grade must be documented in the clinical record

Red Stream Contact + Airborne	Orange Stream A Contact + Airborne	Orange Stream B Contact + Airborne	Orange Stream B Contact + Airborne
High risk criteria <u>AND</u> symptoms ▼ Seek Infectious Diseases or COVID-19 advice if needed	COVID-19 contact or exposure risk ▼ <input type="checkbox"/> It has been 7 days since the last high risk exposure <i>or</i> <input type="checkbox"/> A high risk exposure has been excluded <i>and</i> <input type="checkbox"/> COVID-19 test negative	Symptoms <u>ONLY</u> ▼ <input type="checkbox"/> Presentation is consistent with a diagnosis of an Acute Respiratory Infection <i>and</i> <input type="checkbox"/> COVID-19 test negative	Symptoms <u>ONLY</u> ▼ <input type="checkbox"/> Presentation not consistent with a diagnosis of an Acute Respiratory infection (<i>e.g. Pyelonephritis, heart failure</i>) <i>and</i> <input type="checkbox"/> COVID-19 test negative
DOWN GRADE	DOWN GRADE	DOWN GRADE	DOWN GRADE

Confirmed COVID-19, mild or improving respiratory symptoms and afebrile for 24 hours down grade to Green Stream in the following timeframes:

- **Asymptomatic, incidental, or mild COVID-19** – down grade to Green Stream on Day 8 if negative RAT on Days 7 and 8. Down grade Day 11 otherwise
- **Moderate/severe COVID-19** (required oxygen or ICU/HDU) – down grade to Green Stream on Day 11 if negative RAT on Days 10 and 11. Downgrade Day 15 otherwise
- **COVID-19 and immunosuppressed** – discuss with the Infectious Diseases service on a case-by-case basis but will generally require at least 15 Days of isolation – perform RAT on Days 14 and 15

Please note: day zero is day of symptom onset, or day of positive test if no symptoms

<input type="checkbox"/> Green Stream Standard precautions	<input type="checkbox"/> Orange Stream B Contact + Droplet ▼ <input type="checkbox"/> Respiratory symptoms have resolved >24hrs <i>or</i> <input type="checkbox"/> Back to baseline <i>or</i> <input type="checkbox"/> Bacterial respiratory infection and commenced on antibiotics >24hrs ago ▼ DOWN GRADE ▼ <input type="checkbox"/> Green Stream Standard precautions	<input type="checkbox"/> Green Stream Standard precautions
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Record of daily symptom checks: Any new or worsening symptoms of an acute respiratory infection?

Tick if any apply. If any new symptoms are identified, review streaming and commence appropriate level of precautions

Date	Fever	Cough	Shortness of breath	Sore throat	Runny nose	Loss of taste or smell	High risk criteria	Action taken	Initials	Designation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

INPATIENT SCREENING TOOL COVID-19

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