

COVID-19 GP Referral Form – email to covid19screen@nhw.org.au

Form is subject to revision as the COVID-19 outbreak evolves

Interim COVID-19 (Coronavirus) pre-screening criteria tool

Date:	Referring Doctor/GP
Patient Name:	GP Clinic:
Date of Birth:	NHW UR Number:
Address:	Medicare Number:
Phone Number:	

Screening Criteria for Suspected COVID-19 cases

CASE DEFINITION A:

Clinical criteria:

Does the patient have the following signs and symptoms?

Provide a surgical mask to the patient to wear whilst being assessed

(Tick all that apply) Fever¹ **OR** Cough Sore throat Shortness of breath

1 Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

Date of symptom onset _____

AND

Epidemiological criteria:

In the last 14 days did the patient travel anywhere outside of Australia?

YES NO

Date arrived in Australia _____

Have close contact² with a laboratory-confirmed Covid-19 case?

YES NO Unknown

CASE DEFINITION B:

Does the patient have severe community acquired pneumonia (critically ill*) and no other cause has been identified, with or without recent international travel, they are classified as a suspected case.

**Critically ill means requiring care in ICU/HDU, or for patients in which ICU care is not appropriate, respiratory or multi-organ failure. Clinical judgement should be exercised considering the likelihood of COVID-19*

CASE DEFINITION C:

If any healthcare worker with direct patient contact, residential aged care worker or aged care resident has a fever (≥ 37.5) AND an acute respiratory infection (e.g. shortness of breath, cough, sore throat), they are classified as a suspect case.

Decision to screen

YES (keep mask on patient)

NO

Name _____

Signature _____

Date ____ / ____ / ____

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Personal Protection

Place a surgical mask on the patient on arrival at the facility

If in NHW ED place patient in single room (use negative pressure room (6) if available –

If mild symptoms screen outside of facility

Use contact, droplet and airborne precautions (gloves, disposable fluid resistant gown, hair cover/hood, P2/95 mask and eye protection)

Seek Advice

Immediately contact Victorian Department of Health, Communicable Diseases Unit if you encounter a suspected case on 1300 651 160 & is a Health Care Worker, Aged Care Worker or Aged Care Resident that meets Case definition C

Supportive treatment and monitoring

For ED

If the patient is in respiratory distress, give oxygen and clinically assess as per sepsis pathway/ guidelines
If the patient is not in distress, provide supportive therapy as needed.

For COVID 19 Screening Clinic

Refer to ED for further medical assessment

If stable by personal transport

If unstable please call ambulance on 000

Follow the Public Health Unit advice on the exact specimens required for specialised testing to identify whether the patient has novel coronavirus (COVID-19), the approved collection methods and equipment for collecting specimens and the protocols for handling, storage and transport to correct laboratory.

When collecting specimens in the Emergency Department use the negative pressure room (rm 6) if available, if not use a single room with the door closed and leave the room vacant for 30 minutes following specimen collection.

Cleaners are to wear PPE when cleaning the room. Contact, Droplet and Airborne precautions are to be used.

As a general rule collection of a single nasopharyngeal swab for viral testing.

Nasopharyngeal Swab Collection (rotate gently for a few seconds into one nostril) and Use Flock swab / dry swab /orange top for swabs: these are viral swabs.

Request a chest x-ray if clinically warranted. Please ring ahead to notify radiology if this is a suspected case and ensure the patient is wearing a surgical mask that covers the nose and the mouth.

For lower respiratory infection a sputum culture can be requested.

NB treating Medical Officer may order an Influenza Multiplex PCR, the same swab can be used.

Finally advise isolation at home, provide a fact sheet, and provide a single use surgical mask for the patient to use to get home. Self-isolation and general COVID 19 packs will be given to all patients on discharge per DHHS requirements.

Welfare checks to be attended daily until results of screening have been reported and patient notified of results.

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Specimens for COVID-19 testing (when ordering the tests, tick the tests that have been requested)

<i>Specimen type</i>	<i>Tick if collected</i>	<i>Date collected</i>	<i>Sent to lab</i>	<i>Result</i>	<i>Patient notified</i>	<i>comments</i>
<i>Nasopharyngeal COVID-19</i>						
<i>Nasopharyngeal Influenza multiples PCR</i>						
<i>Serum COVID-19</i>						
<i>Oropharyngeal COVID-19</i>						
<i>Sputum COVID-19</i>						
<i>Other</i>						

The Treating Doctor and Infection Prevention and Control review results and follow-up any results. For suspected cases sent home to “self-isolate” please forward details to Infection Prevention and Control via email [NHW Infection Control <NHWInfectionControl@nhw.org.au>](mailto:NHWInfectionControl@nhw.org.au)