Provincial Health Services Authority
Province-wide solutions. Better health.

Providence HEALTH CARE

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Place Patient Label Here

COVID-19
PRE-ADMISSION / ADMISSION ASSESSMENT
ADULT

8480

Interdisciplinary Assessment

INITIAL SCREENING: ☐ Unable to obtain patient history → **Go to Final Team Assessment on page 2**

RISK FACTORS FOR COVID-19 EXPOSURE

In the last 14 days has the patient, planned support person or any household member:		
Returned from travel outside of Canada?	☐ No ☐ Yes	Return date: _____ Travel location: _____
Been in close contact with anyone diagnosed with lab confirmed or suspected COVID-19?	☐ No ☐ Yes	When? Date: _____
Lived or worked in a setting that is part of a COVID-19 outbreak?	☐ No ☐ Yes	When? Date: _____
Been advised to self-isolate or quarantine at home by Public Health?	☐ No ☐ Yes	Contact info: _____
Had previous COVID-19 test(s)? (if multiple, note positives and/or last performed)	☐ No ☐ Yes	Date: _____ Result: ☐ Negative ☐ Positive Date: _____ Result: ☐ Negative ☐ Positive

Does the patient, planned support person or any household member have any COVID-19 symptoms?
(New onset within the last 14 days, or worsening of chronic symptoms)

PRE-SCREEN – 24 to 72 hours prior to admission / visit / surgery Date/Time: _____ ☐ N/A	
Fever or Chills	☐ Yes ☐ No
Cough	☐ Yes ☐ No
Loss of sense of smell or taste	☐ Yes ☐ No
Difficulty breathing	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No
Loss of appetite	☐ Yes ☐ No
Extreme fatigue or tiredness	☐ Yes ☐ No
Headache	☐ Yes ☐ No
Body ache	☐ Yes ☐ No
Nausea or vomiting or diarrhea	☐ Yes ☐ No
Patient referred for testing	☐ Yes ☐ No
Support person asymptomatic	☐ Yes ☐ No ☐ N/A
Signature: _____	
Printed name: _____	
Designation: _____	

DAY OF ADMISSION SCREEN – On arrival / Day of surgery Date/Time: _____	
Fever or Chills	☐ Yes ☐ No
Cough	☐ Yes ☐ No
Loss of sense of smell or taste	☐ Yes ☐ No
Difficulty breathing	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No
Loss of appetite	☐ Yes ☐ No
Extreme fatigue or tiredness	☐ Yes ☐ No
Headache	☐ Yes ☐ No
Body ache	☐ Yes ☐ No
Nausea or vomiting or diarrhea	☐ Yes ☐ No
Patient referred for testing	☐ Yes ☐ No
Support person asymptomatic	☐ Yes ☐ No ☐ N/A
Signature: _____	
Printed name: _____	
Designation: _____	

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FINAL TEAM ASSESSMENT:

Patient	
COVID-19 risk factor (travel, contact, outbreak)	☐ Yes ☐ No ☐ Unknown
COVID-19 like symptoms	☐ Yes ☐ No ☐ Unknown
COVID-19 test result	☐ Positive ☐ Negative ☐ Unknown/Pending ☐ N/A
Planned support person or any household member	☐ N/A
COVID-19 risk factor (travel, contact, outbreak)	☐ Yes ☐ No ☐ Unknown
COVID-19 like symptoms	☐ Yes ☐ No ☐ Unknown
COVID-19 test result	☐ Positive ☐ Negative ☐ Unknown/Pending ☐ N/A

CONFIRM PATIENT RISK CATEGORY: (refer to table below)

☐ GREEN ☐ YELLOW ☐ RED

Physician signature _____ Printed name _____ Date/Time _____

PATIENT RISK CATEGORY TABLE:

STEP ONE			STEP TWO	
Must have this information prior to surgery			If COVID-19 PCR results available*	
From COVID-19 outbreak unit/facility or instructed to self-isolate by public health	COVID-19 symptoms	COVID-19 risk category	COVID-19 test results	COVID-19 risk category
NO	NO	GREEN	NEGATIVE**	GREEN
NO	YES/Unknown	YELLOW		GREEN
YES	NO	YELLOW		YELLOW
YES	YES/Unknown	YELLOW		YELLOW
Unknown	Unknown	YELLOW		YELLOW
			POSITIVE	**RED**

*Risk categorization of patients with COVID-19 tests pending should proceed based on Step one information above.

A negative test may facilitate downgrading a "yellow" risk patient from Step one to a "green" risk in Step two when test results become available.

**Interpret a negative test in the clinical context. If there is a confirmed COVID-19 exposure within the household and a strong clinical suspicion of COVID-19 despite negative testing, treat as yellow (continue droplet and contact precautions).