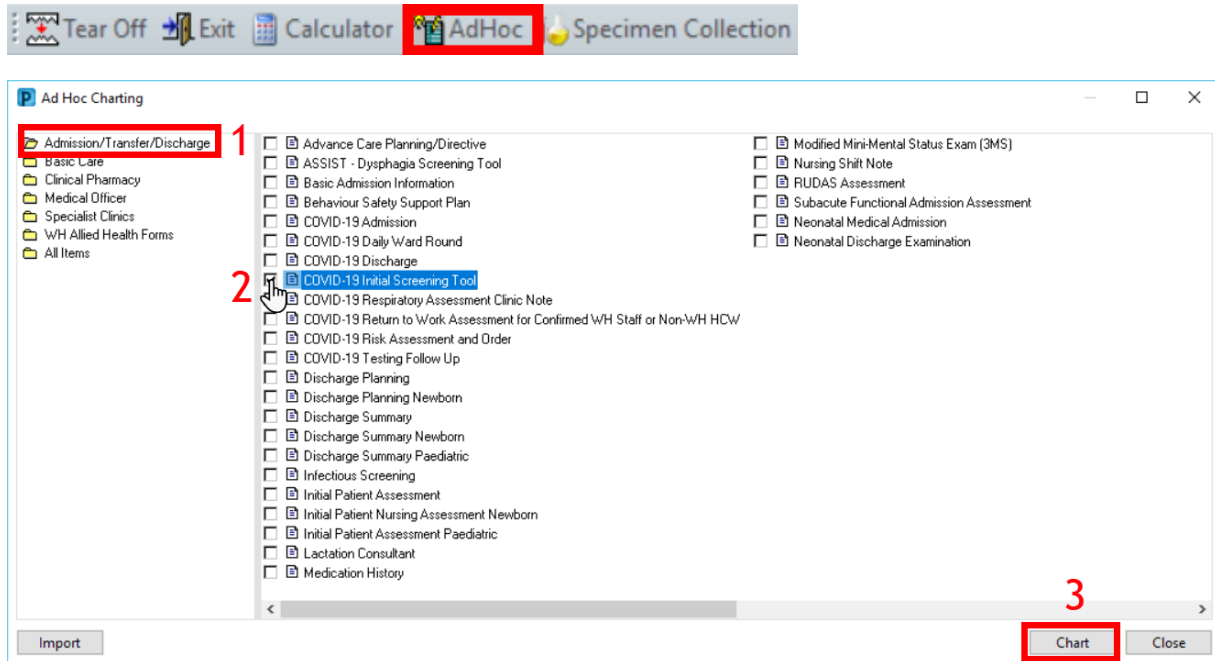




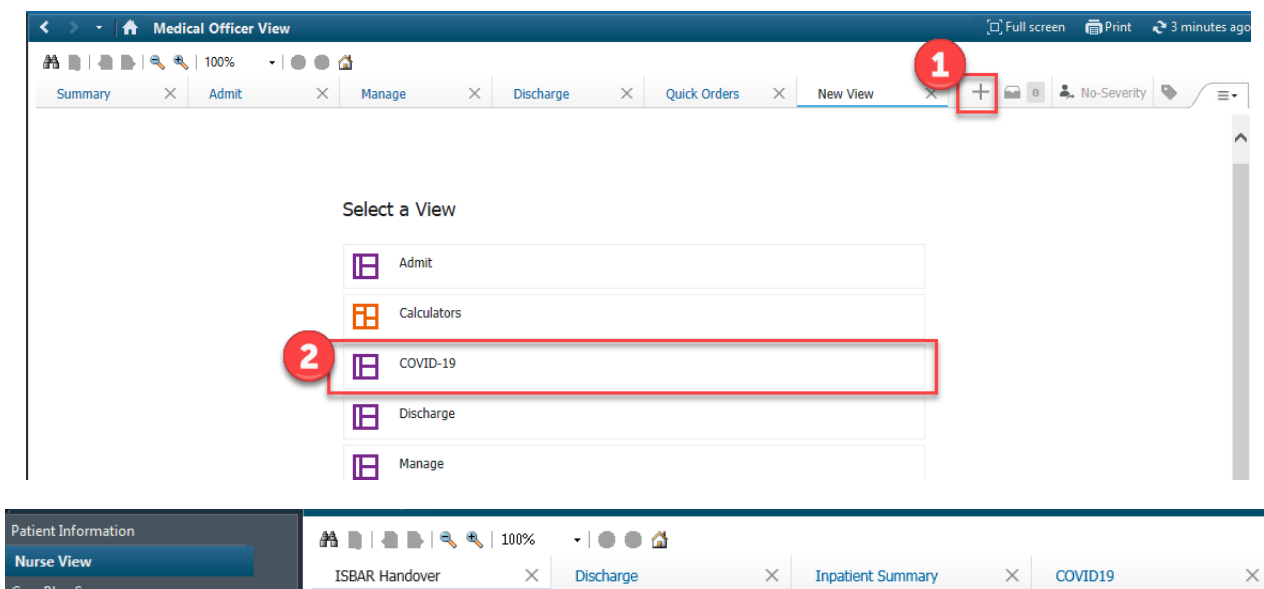
EMR Quick Reference Guide

COVID-19 EMR Initial Screening Tool

- 1) Navigate to **Medical Officer View** or **Nurse View**
 - a) If you do not have access to these views, access the COVID-19 Initial Screening Tool via the “Ad Hoc” button in the toolbar at the top of the screen:



- 2) Select the '+' tab and then select 'COVID-19'
- 3) *Once this step is performed, you will not need to repeat this for all other patients*
- 4) *Click and drag the tab across the top to arrange the order*



- 5) Select the 'COVID-19 Initial Screening Tool' from the list relating to COVID-19 and the COVID-19 Initial Screening Tool will open

COVID19 Forms

- Allergies (0)
- Microbiology (3)
- Laboratory
- Anatomical Pathology (0)
- Medical Imaging (3)
- Medications
- Chief Complaint ...
- History of Presenting

COVID19 Forms

- Key References and Guides (1)
 - Western Health Clinical Guidelines
- Please use these forms for COVID-19 suspected or confirmed cases: (6)
 - COVID-19 Respiratory Assessment Clinic Note
 - COVID-19 Admission
 - COVID-19 Daily Ward Round
 - COVID-19 Discharge
 - COVID-19 Initial Screening Tool**

- 6) Fill in all fields accordingly

COVID-19 Initial Screening Tool

Initial Screening Questions

Is the patient in isolation for any reason?
Consider the following guiding questions with the patient and select the appropriate response:

Do you have COVID-19? *If patient has tested positive within the last 28 days, select 'Confirmed COVID-19'.*

Are you waiting on COVID-19 swab results? *If yes, select 'Awaiting COVID test result'.*

Have you traveled outside of Victoria - interstate or overseas- in the last 28 days? *If yes, select 'Returned traveller'.*

Have you been in contact with a confirmed COVID-19 case in the last 14 days or visited an exposure site? *If yes, select one of 'Exposure to confirmed COVID case' or 'Exposure to tier 1 site'.*

Is anyone in your household currently in isolation at home or awaiting a test result? *If yes, select 'Secondary close contact'.*

Have you been notified by the Department of Health or asked by your GP to self-isolate for any reason? *If yes, select appropriate reason, otherwise select 'Other' and state reason in box to the right.*

Does the patient have any clinical illness compatible with COVID-19?
Do you have any of the following: fever, chills, cough, sore throat, shortness of breath, runny nose, loss of smell or loss of taste?

How many doses of the COVID-19 vaccine has the patient received?

Has the patient worked in any settings at risk of higher COVID-19 transmission in the last 14 days?

COVID-19 Rapid Antigen Test Result

Unable to ascertain reason

Any additional comments

- 7) Once form is completed, select the green tick on the top left corner to submit

Documentation

Once submitted via the green tick, a document is generated in the patient's chart under

List

Service Date/Ti...	Subject	Type
11/10/2021 15:39:00	COVID-19 Initial Screening Tool	Infectious Screening - Text

Document Type: Infectious Screening - Text
Document Date: 11 Oct, 2021 15:39 AEDT
Document Status: Auth (Verified)
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Performed By/Author: De Vries, Thomas - HMO on 11 Oct, 2021 15:39 AEDT
Verified By: De Vries, Thomas - HMO on 11 Oct, 2021 15:39 AEDT
Visit info: IPE5179655, Sunshine, Inpatient, 17/05/2021 -

COVID-19 Initial Screening Tool Entered On: 11/10/2021 15:41 AEDT
Performed On: 11/10/2021 15:39 AEDT by De Vries, Thomas - HMO