## Coronavirus (COVID-19) surgical screening checklist

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| (REMOVE) Date of procedure: | Patient label |
| Procedure planned: |

Elective surgery patients: to be asked by a healthcare worker before the day of surgery and re-checked on the day of surgery.

Emergency surgery patients: to be asked by a healthcare worker preoperatively.

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| Preoperative epidemiological and clinical screening checklist | Yes | No |
| Have you recently been tested for coronavirus (COVID-19)? If YES: Date: Time: Result: | | |
| Have you ever been diagnosed with coronavirus (COVID-19)? If so, when: |  |  |
| Have you had contact with a person who has coronavirus (COVID-19) infection (or is still awaiting a test result) in the last 14 days? |  |  |
| Have you had contact with someone who has been quarantined or asked to self-isolate as a close contact of someone with COVID-19 in the last 14 days? |  |  |
| Have you visited, lived or worked at a location with a recognised outbreak in the last 14 days? For case locations and outbreaks, visit [www.dhhs.vic.gov.au/case-locations-and-outbreaks](http://www.dhhs.vic.gov.au/case-locations-and-outbreaks) |  |  |
| Have you returned from overseas in the last 14 days? |  |  |
| Do you have: | | |
| * Fever or chills? |  |  |
| * A cough? |  |  |
| * A sore throat? |  |  |
| * Shortness of breath? |  |  |
| * Other respiratory symptoms including stuffy/runny nose? |  |  |
| * A recent loss of the sense of smell or taste? |  |  |
| Are you a health or aged care worker with recent onset of the following symptoms? Headache, myalgia (muscle aches), stuffy/runny nose, nausea, vomiting, diarrhoea |  |  |
| Are you a resident of an aged care facility or over the age of 75 with recent onset of any of the following symptoms? Headache, myalgia (muscle aches), functional or cognitive decline, exacerbation of underlying chronic condition, falls, loss of appetite, malaise (feeling tired), stuffy/runny nose, nausea, vomiting, diarrhoea |  |  |
| Notify the anaesthetist and surgical team if:   * Patient answers yes to any of the above * Patient has negative coronavirus (COVID-19) test result but has symptoms on the day of surgery * Patient scheduled for elective surgery has a positive or pending coronavirus (COVID-19) test result | | |

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| Preoperative vulnerability checklist | Yes | No |
| Pregnant |  |  |
| Age over 65 years |  |  |
| Respiratory comorbidity |  |  |
| Immunocompromised |  |  |
| Frail |  |  |
| Other comorbidities (e.g. CCF, diabetes, obesity, renal insufficiency) |  |  |
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| Perioperative team checklist (at time out) | Yes | No |
| Are there significant erosolization risks with this procedure? |  |  |
| Is everyone wearing the appropriate level of PPE for this procedure? |  |  |
| Are there non-essential staff in the theatre or procedure room? |  |  |
| Are there vulnerable perioperative team members? |  |  |
|  |  |  |
| *It is advisable for vulnerable staff and non-essential staff in high-risk or aerosolising procedures to be re-deployed. Please discuss this with the proceduralist/surgeon, anaesthetist and/or Nurse Unit Manager.* | | |

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| ICU need and availability checklist | Yes | No |
| Is ICU likely to be needed post-op? |  |  |
| Is ICU aware of the case? |  |  |
| If ICU admission required post op, is an ICU bed available? |  |  |
| Expected ICU length of stay (in days)? | days | |
| Have goals of management been defined? |  |  |

This checklist can be modified and locally adapted by individual hospitals and health services. It can be used for both elective and emergency surgery and should accompany the patient from peri-op to theatre, and from there to the ward or ICU.