



COVID-19 Surgical Patient Screening for Surgery Inpatient Units

NAME: _____
DOB: _____ (DD/MM/YYYY)
HRN: _____

Mandatory Pre-operative COVID-19 test booking date, time and location:

NO SWAB required for patients having cataract surgery/endoscopy/interventional pain procedure under sedation

This screening is to be completed for all Surgical Patients Pre-operatively.

Does the patient have a risk factor for COVID-19 exposure? In the last 14 days has the patient:

- Returned from travel outside of Canada?
Been in close contact with anyone diagnosed with lab confirmed COVID-19 or anyone awaiting a test result?
Been in close contact with anyone with COVID-19 symptoms?
Been advised to self-isolate or quarantine by Public Health?
Lived/worked in a setting identified as a COVID-19 outbreak?
Resident of LTC, retirement home or other congregate setting?

Does the patient have new onset COVID-19 like symptoms?

- Fever
New or worsening cough
New or worsening shortness of breath
Sore throat or difficulty swallowing
Runny nose or nasal congestion without other known cause
Decrease or loss of sense of taste or smell
Nausea, vomiting, diarrhea, abdominal pain
Unexplained fatigue/malaise/sore muscles
Chills
Headaches (new or unexplained)
Pink eye (conjunctivitis)
If over 70: delirium, unexplained falls, acute functional decline, or worsening of a chronic disease

- Has a previous COVID-19 test been performed before admission?
Has a COVID-19 test been performed during current admission?
Rapid COVID test ordered and swab collected?
Rapid COVID test result received?
Droplet/Contact Precautions Required?

Screened by: _____ Signature: _____

