

**COVID-19 Patient/Accompanying Person Assessment**

Assessment to identify possible infection with **Coronavirus Infectious Disease 2019**.  
 For accompanying person assessment, please see page 2.

**This patient, please tick all that apply:**

- Has been diagnosed with laboratory or clinically confirmed COVID-19.  
*Date of first positive result:* \_\_\_\_\_
- Has been in contact with someone with confirmed COVID-19 or someone awaiting results.  
 of COVID-19 test. *Date of contact:* \_\_\_\_\_
- Is currently in self-isolation.  
*Date self-isolation started:* \_\_\_\_\_ *Reason for self-isolation:* \_\_\_\_\_
- Resides in a care home where there are current cases (in past 14 days) in residents or staff of COVID-19.
- Receives services from either domiciliary care or a day centre service where there is a confirmed case of COVID-19. *Type of care:* \_\_\_\_\_
- Is feeling unwell due to cold or 'flu-like illness.
- In the last 14 days, has travelled from high-risk areas. *Please contact IPCT or Consultant Microbiologist for further advice.*

Has at least one of the following symptoms of acute onset:

- Reports fever  $\geq 37.8^{\circ}\text{C}$
- Continuous cough
- Loss of, or change in, normal sense of taste or smell (anosmia)
- None of the above.**

If the patient answers **yes** to any of the above questions:

1. Take the patient to a designated isolation area in the clinical area and manage this patient using COVID-Amber PPE (*fluid-resistant surgical face mask, face shield/visor, apron, gloves*).
  2. Complete clinical review of the patient.
  3. If COVID-19 is considered, take a viral respiratory swab<sup>1</sup> from throat and nose whilst wearing COVID-Amber PPE (*fluid-resistant surgical face mask, face shield/visor, apron, gloves*).  
**Alternatively**, for patients not requiring admission, advise the patient to access COVID-19 swabbing through the most appropriate route, i.e. NHS 111 or departmental screening protocols.
  4. Consider the most appropriate approach to facilitate patient's appointment or admission. Please refer to UHPNT guidelines to help with this\*.
- If clinical review of the patient is **not** completed, document the rationale and actions undertaken in comments section on page 2.

<sup>1</sup> Routine patient screening should continue as per UHPNT admission pathways.

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Accompanying Person
Surname:
First Name:
DOB:
Address:

Patient's **accompanying person assessment**, please tick all that apply:

- Inform and gain verbal consent** in the interest of accompanying the patient to their appointments.
- Has been diagnosed with laboratory or clinically confirmed COVID-19.  
*Date of first positive result:* \_\_\_\_\_
- Has been in contact with someone with confirmed COVID-19 or someone awaiting results of COVID-19 test. *Date of contact:* \_\_\_\_\_
- Is currently in self-isolation.  
*Date self-isolation started:* \_\_\_\_\_ *Reason for self-isolation:* \_\_\_\_\_
- Is feeling unwell due to cold or 'flu-like illness.
- In the last 14 days, has travelled from high-risk areas. *Please contact IPCT or Consultant Microbiologist for further advice.*

Has at least one of the following symptoms of acute onset:

- Reports fever  $\geq 37.8^{\circ}\text{C}$
- Continuous cough
- Loss of, or change in, normal sense of taste or smell (anosmia)
- None of the above.**

If the patient's accompanying person answers **yes** to any of the above questions, treat the patient and accompanying person as "one" – refer to 1-4 instructions on page 1:

Comments:

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

<sup>1</sup> Routine patient screening should continue as per UHPNT admission pathways.

**For further information**, please go to G:\DocumentLibrary\UHPT Trust Documents\Infection Control  
 \* "Guideline for the Management of Coronavirus Infectious Disease (COVID)"  
 \* "Standard Operating Procedure for Management of suspected and confirmed cases of COVID-19"  
 "Guidelines for the Admission, Transfer & Discharge of the Infected Patient"

To be filed in the Nursing Notes