

MUST ATTACH PATIENT LABEL HERE

SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure you attach the correct patient label

 **COVID 19 Screening Maternity**

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| --- |
| **Screening questions before planned obstetric surgery**  |

**If answered YES to any one of the questions below:**

* Advise the woman to contact Health line for advice *0800 358 5453* immediately and that a doctor (anaesthetist) will phone her to discuss her surgery.
* Notify the DU SMO
* Notify the Anaesthetic coordinator
* Notify Theatre coordinator

**If answered NO to all the questions below:**

Please continue with surgery as planned.

|  |  |
| --- | --- |
| 1. Have you or anyone in your household returned from overseas in the last 14 days?
 |  [ ]  Yes [ ]  No |
| 1. Do you have any of the following symptoms:
* Cough
* Sore throat
* Shortness of breath
* runny nose, sneezing, post-nasal drip
* Loss of sense of smell
* Temperature
 | [ ]  Yes [ ]  No |
| 1. Are you a Health Care Worker?
 | ☐ Yes ☐ No |
| 1. In the last 14 days, have you had close or casual contact with, or are you living with, someone with confirmed, probable or suspected COVID 19, or who has been told by Health line to self-isolate?
 | [ ]  Yes [ ]  No |
| 1. Are you waiting for or have received a COVID-19 swab result?
 | ☐ Yes ☐ No |
| ***Usual pre-admit screening*** |
| 1. Have you been unwell in the past 48 hours?
 | [ ]  Yes [ ]  No |
| ***Birth support person screening*** |
| 1. Has your birth support person been unwell in the past 48 hours or been asked to self-isolate?
 | [ ]  Yes [ ]  No |

Name of Screener: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_

NB: Document screening answers on the HW Risk sheet under ‘other maternal medical’