

COVID-19 - Respiratory Assessment Clinic Form



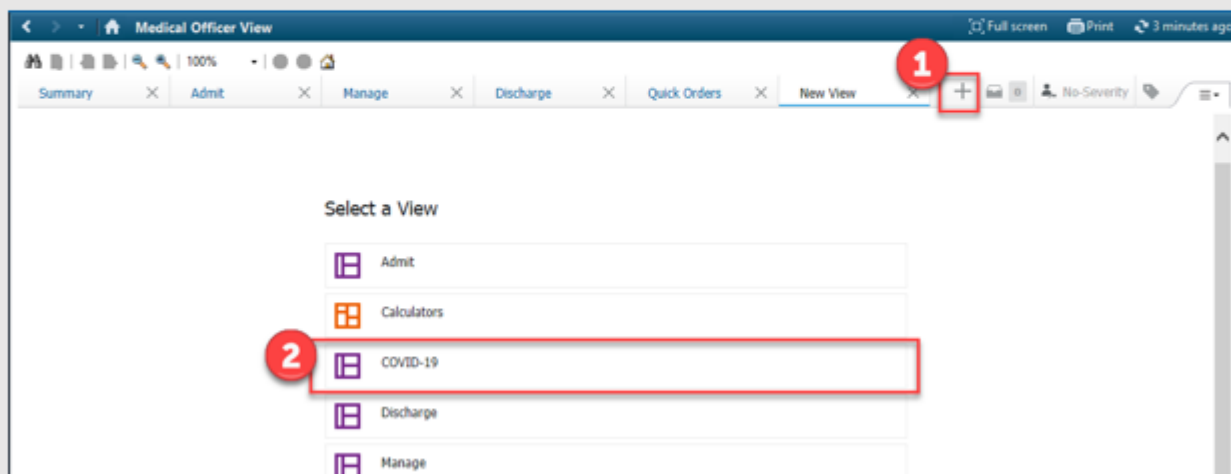
This Quick Reference Guide will explain how to:

Navigate and I COVID-19 Respiratory Assessment Clinic Form

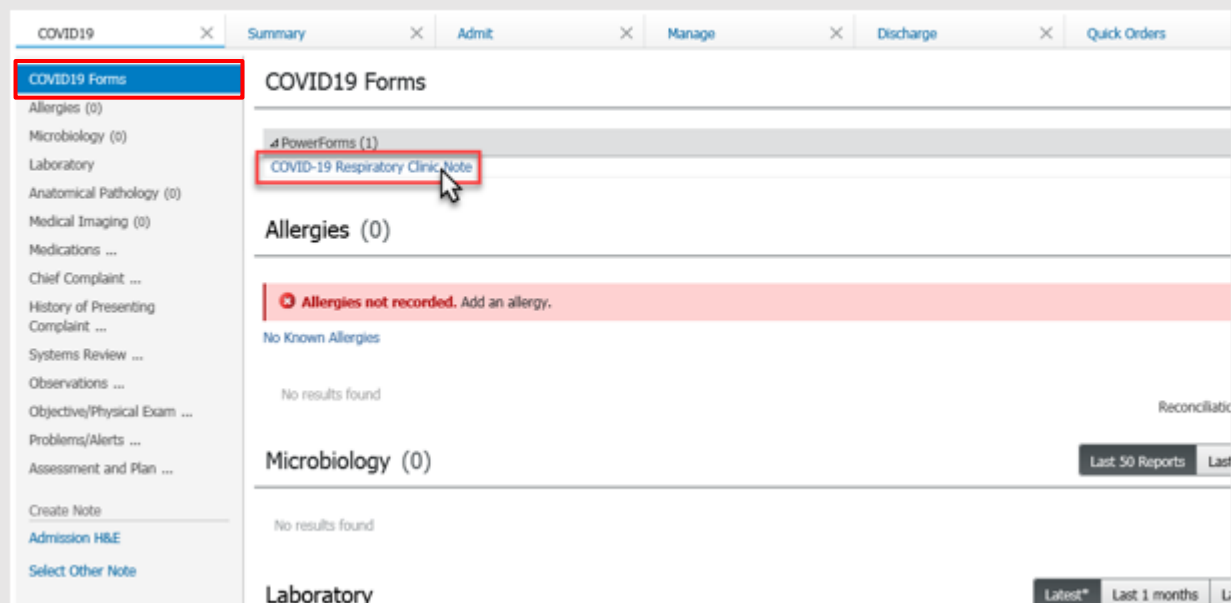
I. Navigate to **Medical Officer View** or **Nurse View**

II. Select the '+' tab and then select 'COVID-19'

- Once this step is performed, you will not need to repeat this for all other patients
- Feel free to click and drag the tab across the top to arrange the order



III. Select the 'COVID-19 Respiratory Clinic Tool' from the list of Powerforms relating to COVID-19





1. The COVID-19 Respiratory Clinic Form will appear
2. First fill in the ALL-staff members that are present by searching for their names
 - Search by <Last Name>, <First Name> and press enter
 - Or select the magnifier button and search for staff using the provider selection pop up
 - RUSON/CAs using this form: please include the supervising RN or MO in this field

COVID-19 Clinic Note

Staff Members Present

[Magnifier icon] [Text input] [Magnifier icon] [Text input] [Magnifier icon] [Text input] [Magnifier icon]

Provider Selection

Last name: [Vel] First name: [] Suffix: [] [Search]

Title: [] Alias: [] Alias type: [] [New Provider]

Username: [] [Preview]

[Clear]

Limit by group [No data filtering]

Limit by organization [Filtered: WHS Williamstown Hospital, WHS S...]

Limit by position [No data filtering]

Limit by relationship [No data filtering]

View physicians only

Name	Organizations	Aliases	Positions
Vek	WHS Footscray H...		Medical Officer
Vek	ina	WHS Footscray H...	Clinical - View
Vek	s - RN	WHS Footscray H...	Nursing
Veli	SW	WHS Footscray H...	Allied Health - So...
Veli	- RN	WHS Footscray H...	Nursing
Velij	aniela - AHA	WHS Footscray H...	Allied Health - Ass...
Vell	IN	WHS Footscray H...	Nursing
Vell		Williamstown Hos...	Clinical - View
Vell		WHS Footscray H...	Clerk - Ward
Vell	- OT	WHS Footscray H...	Allied Health - OT
Vell		WHS Footscray H...	Medical Officer - ...
Vell	RN	WHS Footscray H...	Nursing
Vell	RM	WHS Footscray H...	Nursing - Register...
Vek		WHS Footscray H... IPM MAIN CODE...	Medical Officer
Velt		WHS Footscray H...	

[OK] [Cancel]



3. Complete all the form fields, once complete select the green tick on the top left corner to submit

The screenshot shows a web-based form titled "Respiratory Assessment Clinic Note". At the top left, there is a green checkmark icon with a red callout box containing the number "2" and the text "Select the green tick to submit". The form is divided into several sections: "Staff Members Present", "Asymptomatic Testing" (with a sub-question "Does this patient have COVID-19 related symptoms?" and radio buttons for "Symptomatic" and "Asymptomatic"), "Symptoms" (with radio buttons for "Yes" and "No" for various symptoms like Cough, Fevers or chills, etc., and a "Date of Onset" field), "Travel History" (with a "Yes" radio button selected), "Contact History" (with "Yes" radio buttons selected for "Close contact with confirmed case" and "Involvement in a localised outbreak of COVID-19"), "Observations" (with fields for SpO2, RR, Temp, Pulse Rate, and BP), "Examination" (with a "Yes" radio button selected for "Examination performed?"), and "Impression & Plan" (with radio buttons for "Meets current definition for suspected COVID-19 case?" and "COVID-19 test ordered?", and checkboxes for "Outcomes"). A red box highlights the main form area, and a callout box with a red "1" says "Complete all form fields". At the bottom right, it says "In Progress".

- *Popups will occur for a YES answer to travel history and examination performed*
- *Complete the form and once done click on the return button on the top left corner to return to the main form*



COVID-19 Travel History

Did symptoms develop within 14 days of travel? Yes No

Did you travel outside of Australia in the past 4 weeks? Yes No

Travel Location	Arrival Date	Departure Date	Travel Details (Including City/Geographic area)
<Alpha>	<Date>	<Date>	
<Alpha>	<Date>	<Date>	
<Alpha>	<Date>	<Date>	

What date did you arrive back in Australia?

Other travel within 14 days prior to symptom onset? Yes No

Where did you travel within Australia?
Use "Other:" checkbox to enter a location not listed. Eg. Mornington Peninsula

Australian Capital Territory
 Northern Territory
 South Australia
 Western Australia
 New South Wales
 Queensland
 Tasmania
 Other:

Details of travel
Include arrival and departure dates

Date of return from travel

*** Click on the return icon in the top left hand corner to return to the main form ***

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

Documentation