

**BARWON HEALTH
COVID-19 CLINICAL RISK ASSESSMENT
AND MONITORING REFERRAL**

PATIENT LABEL
REQUIRED HERE

Patient Details

Name:	UR:
DOB: / /	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
Address: Street:	Suburb: Postcode:
Contact Number:	TREVI (leave blank if unknown):
Do you identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> None	
Country of Birth:	
Alternative contact (Name, number and relationship):	
Interpreter: <input type="checkbox"/> No <input type="checkbox"/> Yes –	Language:

Test Details

Day Zero / Date of test: / /	Vaccination: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of symptom onset: / /	Vaccination Number. : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Date last dose: / /

Symptoms Of Concern **Risk Factor Checklist** (Refer to Risk Stratification page 2)

Symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify below.	High-risk comorbidities <input type="checkbox"/> Yes <input type="checkbox"/> No Specify obesity and pregnancy
Shortness of breath <input type="checkbox"/> At Rest <input type="checkbox"/> On exertion	Immunocompromised <input type="checkbox"/>
Chest pain <input type="checkbox"/>	Pregnancy (specify weeks gestation): <input type="checkbox"/>
Syncope / Presyncope <input type="checkbox"/>	Chronic lung condition <input type="checkbox"/>
Haemoptysis (coughing blood) <input type="checkbox"/>	Chronic heart condition <input type="checkbox"/>
Other of concern – specify: <input type="checkbox"/>	Chronic neuromuscular condition <input type="checkbox"/>
Nil significant <input type="checkbox"/>	Chronic liver condition <input type="checkbox"/>
	Chronic kidney disease (eGFR <60ml/min) <input type="checkbox"/>
Function	Complex haematologic condition <input type="checkbox"/>
Oral intake adequate <input type="checkbox"/> Yes <input type="checkbox"/> No	Obesity (ask estimated weight + height) <input type="checkbox"/>
Managing ADLs <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma req. hosp/oral corticosteroids in last 12 months <input type="checkbox"/>
	Diabetes mellitus (on medication) <input type="checkbox"/>
Other Concerns (Including psychosocial)	Disability (eg Downs Syndrome, dependent with ADLs) <input type="checkbox"/>
	Complex paediatric chronic conditions <input type="checkbox"/>
	Other – specify: <input type="checkbox"/>

RISK STRATIFICATION: Adults

	Medium Comorbidities	Vaccinations up-to-date	Vaccinations not up-to-date	Unvaccinated (0 or 1 vaccination)
Age <65 Aboriginal <50	No	Usual-Care	Usual-Care	Medium-low acuity
	Yes	Usual-Care	Medium-low acuity	Medium-moderate acuity
Age 65-79 Aboriginal 50-64	No	Usual-Care	Medium-low acuity	Medium-moderate acuity
	Yes	Medium-low acuity	Medium-moderate acuity	Medium-moderate acuity
Age 80+ Aboriginal 65+	No	Medium-low acuity	Medium-moderate acuity	Medium-moderate acuity
	Yes	Medium-low acuity	Medium-moderate acuity	Medium-moderate acuity
Pregnancy >12 weeks and up to 2 weeks postnatal	No	Usual-Care	Medium-low acuity	Medium-moderate acuity
	Yes	Medium-low acuity	Medium-moderate acuity	Medium-moderate acuity

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High-risk comorbidity		Medium-moderate acuity	Medium-moderate acuity	Medium-moderate acuity
Social risk factors present		Medium-low acuity	Medium-low acuity	Medium-low acuity
Prescribed antivirals = at least medium-low risk			Symptom of concern present = high-risk pathway (inpatient)	

RISK STRATIFICATION: Paediatrics

Comorbidities	Symptoms	Vaccinations up-to-date	Vaccinations not up-to-date / not eligible
High-risk	Nil	Medium-low acuity	Medium-low acuity
	Mild or moderate	Medium-moderate acuity	Medium-moderate acuity
Moderate-risk	Nil	Usual-Care	Medium-low acuity
	Mild	Usual-Care	Medium-low acuity
	Moderate	Medium-low acuity	Medium-moderate acuity
Low-risk	Nil or mild	Usual-Care	Usual-Care
	Moderate	Medium-low acuity	Medium-low acuity
If social risk factor present = medium-low acuity		<1 month = medium-moderate	Severe symptoms = consider high-risk pathway

See [COVID-19 Positive Pathways resources | health.vic.gov.au](https://www.health.vic.gov.au/COVID-19-Positive-Pathways-resources) for comorbidities and symptom definitions

If > day 7 from test date then discuss with ID registrar on-call to see if requires further monitoring

Risk Stratification Monitoring Plan

Medium - moderate acuity	Refer to COVID Monitor	Usual-Care	No routine monitoring indicated, discuss with ID registrar on-call if any specific concerns
Medium - low acuity		High-risk	Inpatient

Consider the following for increase/decrease of risk following medical consultation:

- Those who live alone
- Remote location
- Disability / NDIS / High Risk Housing
- Concerns about current symptoms / health literacy / consumer engagement/ CALD communities / difficulty escalating care

Children significant medical conditions:

- Obesity
- immunocompromised (secondary to condition or treatment)
- Congenital heart disease (+/- discussion)
- Chronic lung disease (prematurity, but also cystic fibrosis).
- Asthma requiring hospital admission in the last 12 months
- Significant developmental disability

COVID antivirals prescribed? Yes No

If yes please specify _____

O2 requirement

- Was supplemental O2 required during inpatient stay? Yes No
- If yes, last date O2 was administered:
/ /

COVID Monitor On Boarding (if Medium Risk)

Verbal Consent to COVID Monitor program Yes No

COVID Monitor Service number provided (BH: 4215 7714 / WDHS: 5551 8352) Yes No

Is pulse oximetry indicated? ie significant breathlessness and/or significant underlying chronic lung disease or heart disease Yes No

Explain "Unable to Contact Escalation Process" if client is unable to contact RPM Service Yes No

REFERRAL:

Barwon Health COVID Monitor Phone: 4215 7714

Yes No

Email: COVIDPathways@barwonhealth.org.au

Western District Health Service Remote Patient Monitoring Phone: 5551 8352

Yes No

Email: dns.coordinator@wdhs.net

Name:

Designation:

Signature:

Date: / /