

PATIENT'S INFORMATION
(Please Stick Label)

INPATIENT			
PROGRESS NOTES, PHYSICIAN'S ORDER & CARE PLAN			
Date & Time	Progress Notes Document individual Care Plan in the form of Measurable Goals e.g Aim to lower systolic blood pressure to 130mm Hg	Physician's Order	Signature, Name, Date & Time
	INFECTION PREVENTION AND CONTROL REPORT		
	Patient had exposure with 1/2/3/4/5/ () positive case.		
	Identify as: PUS Inside / PUS Outside		
	Final date of exposure:		
	Quarantine date requirement from to		
	1 st RT-PCR Required (Date):		
	2nd RT-PCR Required (Date):		
	Off isolation precaution on (Date):		
	Infection Control Prevention Measures:		
	1. Strictly contact and airborne precaution.		
	2. Wear full personal protective equipment (PFE) and N95 mask		
	when entering patient room.		
	3. Transfer patient to PUS area if patient in clean ward.		
	4. May off isolation precaution on day ____ if both RT-PCR swab		
	negative and asymptomatic for unvaccinated or partially		
	Vaccinated patients.		
	5. May off isolation on day ____ if day ____ RT-PCR swab negative		
	for fully vaccinated patients.		
	6. May off isolation on day ____ if day ____ RT-PCR swab negative		
	for fully vaccinated + booster dose received patients.		
	7. Inform Infection Control Nurse once patient plan for		
	discharge within quarantine date.		
	Revision 1. Effective date: 23 February 2022		

Revision 1. Effective Date: 15 April 2021

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