

ICH PATIENT SERVICES OFFICE

ICH Community Hospital Referral Screening Checklist

Name of Patient :		NRIC / FIN No. :	
Referring Source :		Date/Time of Referral :	

1.1. Referring Discipline <u>screened</u> by PSO:		Check Box (Please Tick)	Remarks
General Medicine	(Readiness and surveillance screening by PSO)	<input type="checkbox"/>	
Neurology	(Readiness and surveillance screening by PSO)	<input type="checkbox"/>	
Orthopaedic Surgery (Non-fast Track)	(Readiness and surveillance screening by PSO)	<input type="checkbox"/>	

1.2. Referring Discipline <u>does not</u> require readiness screening by PSO:		Check Box (Please Tick)	Remarks
Orthopaedic Surgery - TKR/ Hip Fracture/ Lower limb Fracture pathway (No readiness screening by PSO, <u>to check BIPAP/CPAP & surveillance screening</u>)		<input type="checkbox"/>	
Orthopaedic Surgery, Neurosurgery – ERAS SPINE (No readiness screening by PSO, <u>to check BIPAP/CPAP & surveillance screening</u>)		<input type="checkbox"/>	
General Surgery/AS23 – Breast Surgery (No readiness screening by PSO, <u>to check BIPAP/CPAP & surveillance screening</u>)		<input type="checkbox"/>	
Emergency Medicine – through EDIFY to IR/SA/10G/11G (No readiness and surveillance screening by PSO, <u>to check BIPAP/CPAP</u>)		<input type="checkbox"/>	
Emergency Medicine - through ED/EDTC to IR/SA (No readiness and surveillance screening by PSO, <u>escalate to ICH screening clinician, to call if no reply after 30mins, past 11am</u>)		<input type="checkbox"/>	
Rehabilitation Medicine (No readiness screening by PSO, <u>request for MRSA swab and send</u>)		<input type="checkbox"/>	

1.3. Referring Discipline requires <u>additional</u> screening by ICH Screening Clinician: (Readiness and surveillance screening by PSO before escalating to screening clinician)		Check Box (Please Tick)	Remarks
General Surgery		<input type="checkbox"/>	
All referrals from external institutions (Readiness and surveillance screening by PSO)		<input type="checkbox"/>	
All Medical Sub-specialties	RAI, RCCM, Cardiology, Endocrinology, ENT, Eye, Infectious Disease, Haematology, Oncology.	<input type="checkbox"/>	
All Surgical Sub-specialties	Ophthalmology, Urology, Neurosurgery	<input type="checkbox"/>	

1.4. GRM (Frailty/Dementia/IR/SA/GMU/NCID/Non-GRM)		Check Box (Please Tick)	Remarks
GRM to (Frailty/ Dementia-only for Sub class)	▪ No readiness screening by PSO, <u>to check BIPAP/CPAP & surveillance screening.</u>	<input type="checkbox"/>	
GRM to (IR/SA)	▪ No readiness screening by PSO, <u>to check BIPAP/CPAP & surveillance screening.</u>	<input type="checkbox"/>	
GRM to (GMU)	▪ No readiness screening by PSO, <u>to check BIPAP/CPAP & surveillance screening.</u> Check for gatekeeper's approval and bed assignment.	<input type="checkbox"/>	
GRM (NCID) or (Non-GRM) to (10G/11G)	▪ Escalate to GRM doctor for approval. ▪ If accepted, readiness and surveillance screening by PSO.	<input type="checkbox"/>	

2. Referral Review (<u>Readiness Screening</u>) Checklist	Pass	Fail	Remarks
<ul style="list-style-type: none"> ▪ If all criteria are met, accept the referral. ▪ If 1 to 3 criteria not met (i.e. 1 to 3 missing ticks), escalate to ICH Screening Clinician. ▪ If >3 criteria not met (i.e. 4 or more missing ticks), reject the referral. 			
No IV chemotherapy / radiotherapy (Reject case immediately if yes)	<input type="checkbox"/>	<input type="checkbox"/>	
Not on dialysis (Reject case immediately if yes)	<input type="checkbox"/>	<input type="checkbox"/>	
Not on Parenteral Nutrition (Reject case immediately if yes)	<input type="checkbox"/>	<input type="checkbox"/>	
Check that patient fulfil the following:	<input type="checkbox"/>	<input type="checkbox"/>	
No psychiatric or behavioural issues	<input type="checkbox"/>	<input type="checkbox"/>	
Not on suicidal precaution	<input type="checkbox"/>	<input type="checkbox"/>	
Not on BIPAP / CPAP (Must check for all fast track & GRM SA cases)	<input type="checkbox"/>	<input type="checkbox"/>	
Tracheostomy suctioning less frequent than 4 hourly	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature <37.5 for the past 24 hours	<input type="checkbox"/>	<input type="checkbox"/>	

Blood Pressure SBP 100 – 170	<input type="checkbox"/>	<input type="checkbox"/>	
Pulse per Minute 50 – 100	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Rate 12 – 20	<input type="checkbox"/>	<input type="checkbox"/>	
SpO2 ≥95% (Unless special circumstances such as Type II RF)	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen Level ≤2L / min of Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	
No appointments/imaging scheduled within the next 3 working days, except for:	<input type="checkbox"/>	<input type="checkbox"/>	
(i) X-rays and AIMS modalities (ii) Ultrasound Doppler Ultrasound, DVT or US Doppler Venous Limb Left / Right, US Doppler Venous Lower Limb Left / Right or US Venous Doppler Upper Limb Left / Right (iii) Ultrasound scans For abdomen [US Abdomen (HBS and Kidneys)], kidneys (US Kidneys), ureter, bladder (US Urinary Bladder or US Urinary Bladder & Kidneys) and hepatobiliary system [US Hepatobiliary System (HBS)] (iv) Video-fluoroscopic [RF Video Fluoroscopy Swallow (VFS Study)] Swallowing Study			

3. ICH Surveillance Screening Checklist

(i) CRE Swab Status (inclusive of CPO)	Known	Unknown	Remarks
<ul style="list-style-type: none"> Known CRE – proceed to plan admission and inform BMU on isolation bed via Bed Manager Comment. Unknown CRE – request for swab and send. Swab to be done right before the physical transfer of patient. External Referrals – request for swab and hold. Swab to be done upon request before the physical transfer of patient. 	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) MRSA Swab Status	Known	Unknown	Remarks
<ul style="list-style-type: none"> Known MRSA - proceed to plan admission and inform BMU on cohort bed via Bed Manager Comment. Unknown MRSA – request swab and send. Swab to be done right before the physical transfer of patient. External Referrals – request for swab and hold. Swab to be done upon request before the physical transfer of patient. 	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) VRE Swab Status	Known	Unknown	Remarks
<ul style="list-style-type: none"> N.A. for TTSH External Referrals – request for swab and send. Swab to be done upon request before the physical transfer of patient. 	<input type="checkbox"/>	<input type="checkbox"/>	

* Patients with valid negative MRSA/CPO/VRE swab within 24hrs could be transferred directly to ICH without an exit swab.

Referral outcome and details:

Escalated to ICH clinician:	<input type="checkbox"/> Yes <input type="checkbox"/> No [Date: _____]
Referral ward type:	<input type="checkbox"/> General IR <input type="checkbox"/> General SA <input type="checkbox"/> GRM SA – Frailty / Dementia / GMU
Referral status:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Withdrawn [Date: _____ Time: _____]
Contact person:	<input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Others: _____
Initial FC:	<input type="checkbox"/> Completed [selected ward class: <input type="checkbox"/> Sub <input type="checkbox"/> B1 <input type="checkbox"/> A1] <input type="checkbox"/> Declined <input type="checkbox"/> Others: _____ [Contact no.: _____ Name: _____]
MCAF usage:	<input type="checkbox"/> MCAF-M <input type="checkbox"/> MCAF-S [Remarks: _____]
Planned admission:	Planned admission: <input type="checkbox"/> Yes <input type="checkbox"/> No

Other remarks/instructions:

Performed by PSA in-charge	:		Date	:	
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