

**ICH PATIENT SERVICES OFFICE**  
**ICH Community Hospital Referral Screening Checklist**

Name of Patient :	NRIC / FIN No. :			
Referring Source :	Date/Time of Referral :			
<b>1.1. Referring Discipline <u>screened</u> by PSO:</b>				
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"/>			
<b>1.2. Referring Discipline <u>does not</u> require readiness screening by PSO:</b>				
Orthopaedic Surgery - TKR/ Hip Fracture/ Lower limb Fracture pathway (No readiness screening by PSO, <u>to check BIPAP/CPAP</u> & surveillance screening)	<input type="checkbox"/>			
Orthopaedic Surgery, Neurosurgery – ERAS SPINE (No readiness screening by PSO, <u>to check BIPAP/CPAP</u> & surveillance screening)	<input type="checkbox"/>			
General Surgery/AS23 – Breast Surgery (No readiness screening by PSO, <u>to check BIPAP/CPAP</u> & surveillance screening)	<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 <b>to IR/SA</b> (No readiness and surveillance screening by PSO, escalate to ICH screening clinician, to call if no reply after 30mins, past 11am)	<input type="checkbox"/>			
Rehabilitation Medicine (No readiness screening by PSO, <u>request for MRSA swab and send</u> )	<input type="checkbox"/>			
<b>1.3. Referring Discipline requires <u>additional screening</u> by ICH Screening Clinician: (Readiness and surveillance screening by PSO before escalating to screening clinician)</b>				
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"/>		
<b>1.4. GRM (Frailty/Dementia/IR/SA/GMU/NCID/Non-GRM)</b>				
GRM to ( <b>Frailty/ Dementia</b> -only for Sub class)	▪ No readiness screening by PSO, <u>to check BIPAP/CPAP</u> & surveillance screening.	<input type="checkbox"/>		
GRM to ( <b>IR/SA</b> )	▪ No readiness screening by PSO, <u>to check BIPAP/CPAP</u> & surveillance screening.	<input type="checkbox"/>		
GRM to ( <b>GMU</b> )	▪ No readiness screening by PSO, <u>to check BIPAP/CPAP</u> & surveillance screening. Check for gatekeeper's approval and bed assignment.	<input type="checkbox"/>		
GRM ( <b>NCID</b> ) or ( <b>Non-GRM</b> ) to ( <b>10G/11G</b> )	▪ Escalate to GRM doctor for approval. ▪ If accepted, readiness and surveillance screening by PSO.	<input type="checkbox"/>		
<b>2. Referral Review (Readiness Screening) Checklist</b>				
		<b>Pass</b>	<b>Fail</b>	<b>Remarks</b>
<ul style="list-style-type: none"> <li>▪ If all criteria are met, accept the referral.</li> <li>▪ If 1 to 3 criteria not met (i.e. 1 to 3 missing ticks), escalate to ICH Screening Clinician.</li> <li>▪ If &gt;3 criteria not met (i.e. 4 or more missing ticks), reject the referral.</li> </ul>				
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 <b>SBP 100 – 170</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulse per Minute <b>50 – 100</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Rate <b>12 – 20</b>	<input type="checkbox"/>	<input type="checkbox"/>	
SpO2 <b>≥95% (Unless special circumstances such as Type II RF)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen Level <b>≤2L / min of Oxygen</b>	<input type="checkbox"/>	<input type="checkbox"/>	
No appointments/imaging scheduled within the next 3 working days, <u>except</u> 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 Swallowing Study	[RF Video Fluoroscopy Swallow (VFS Study)]		

### 3. ICH Surveillance Screening Checklist

(i) CRE Swab Status (inclusive of CPO)	Known	Unknown	Remarks
▪ Known CRE – proceed to plan admission and inform BMU on isolation bed via Bed Manager Comment.	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Unknown CRE – request for <b>swab and send</b> . 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.			
(ii) MRSA Swab Status	Known	Unknown	Remarks
▪ Known MRSA - proceed to plan admission and inform BMU on cohort bed via Bed Manager Comment.	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Unknown MRSA – request <b>swab and send</b> . 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.			
(iii) VRE Swab Status	Known	Unknown	Remarks
▪ N.A. for TTSH	<input type="checkbox"/>	<input type="checkbox"/>	
▪ External Referrals – request for swab and send. Swab to be done upon request before the physical transfer of patient.			

\* 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 :