

Infectious Disease Screening documentation aligns with regulatory requirement, enhances patient safety, and promotes standardization of care. The **Infectious Disease Risk Screening** PowerForm section is included in all inpatient, ambulatory, and emergency admission/intake forms.

Using the Infectious Disease Risk Screening PowerForm

1. Have you traveled within the past 30 days **OR** have you had contact with an ill person who has traveled within the past 30 days?

- Yes, patient traveled
- Yes, patient in contact with an ill person who traveled
- No
- Unable to obtain

Have you traveled within the past 30 days
OR
Have you had contact with an ill person who has traveled within the past 30 days?

- ☒ Yes, patient traveled
☐ Yes, patient in contact with an ill person who traveled
☐ No
☐ Unable to obtain

(Right Click for Reference Text)

NOTE: Depending on the responses selected, if the patient meets certain criteria a window will open to enter Estimated Date, Country, and Contact Illness, if known.

2. Location of travel
3. Have you had an overnight stay in a healthcare facility **OUTSIDE OF THE US** in the last 6 months?
 - Yes or No option

NOTE: If yes is selected, a window will open to enter: Estimated Date Hospitalized, Country, and Illness.

4. Infection Control Risk Assessment Factors

- Exposure to Comm Disease Past 21 Days
 - Selecting **Yes** opens Communicable Disease Exposure allowing for detailed documentation of the specific disease the patient was exposed to.
- New or Worsening Cough
- Febrile Illness with Rash
- Active Pulmonary TB
- Pos TB Test/Exposure to TB Last 10 Wks
- Active Diarrheal Disease

Infection Control Risk Assessment Factors

	Yes	No	Unable to obtain
Exposure to Comm Disease Past 21 Days			
New or Worsening Cough			
Febrile Illness with Rash			
Active Pulmonary TB			
Pos TB Test/Exposure to TB Last 10 Wks			
Active Diarrheal Disease			

Comm Diseases not limited to:
COVID, FLU, and RSV, MPx, Ebola, or other Viral Hemorrhagic Fevers,
highly pathogenic Avian Influenza, measles

If yes to any of the above factors, please follow the Identify, Isolate,
and Inform algorithm.

Right-Click on any answer field above to see the algorithm in the
reference text.

NOTE: Reference text was added to identify communicable diseases that should be assessed for exposure, right-click any answer field to see the algorithm in the reference text.

5. History of Antibiotic Resistant Organism

- Yes or No option

6. Resistant Organism

- MRSA
- VRE
- ESBL
- CRE
- Candia Auris

Resistant Organism

☐ MRSA☐ Candida Auris
☐ VRE
☐ ESBL
☐ CRE

CRE: Carbapenem Resistant Enterobacteriaceae
MDRO: Multi-drug Resistant Organisms
ESBL: Extended-Spectrum Beta-lactamase
MRSA: Methicillin Resistant Staphylococcus Aureus
VRE: Vancomycin Resistant Enterococcus

IMPORTANT: ALL the Risk Factors and Symptoms should be addressed with each patient. Follow the appropriate protocols for your location based on Risk Factors and Symptoms identified.