

New Covid-19 Screening Fields

New Covid-19 screening and vaccination questions will be added into the following PowerForms in Cerner coming 5/10/21:

Ambulatory Comprehensive Intake Amb

Ambulatory Quick Intake Amb

These questions match the current CDC guidelines for Covid-19 screening. They have been added at the top of the existing ID Risk Screen section. The original MDRO screening questions remain lower down in the form.

Ambulatory Comprehensive Intake Amb - ZZTEST, PATIENTEIGHT

*Performed on: 05/03/2021 1733 EDT By: Cerner Test, An

Summary

PHQ9

Allergies / Meds

Problems

Vision Testing POC

Past Medical History

Procedures / Surgeries

Family History

OB / GYN History

Fall Risk Assessment

More Vitals

ROS

Musculoskeletal Patient History

Initial Report of Work Injury or Occupa

* Advance Directive

Psychosocial/Spiritual

* Educ Needs

ID Risk Screen

Infectious Disease Risk Screening

COVID-19 EXPOSURE: Close physical contact to someone with suspected or confirmed COVID during prior 14 days?

Yes Unable to Obtain

No

COVID-19 DIAGNOSIS: Diagnosis of COVID in the last 10 days?

Yes Unable to Obtain

No

COVID-19 TESTING: Testing completed in the last 20 days?

Yes, Positive result

Yes, Negative result

Yes, still pending result

No testing done

Unable to Obtain

***Date of testing**

no free dates

***Location of testing**

COVID Signs/Symptoms in the Last 48 Hours

	Yes	No	Unable to obtain
*Fever (100.4 or greater)			
*Cough			
*Shortness of breath or difficulty breathing			
*Fatigue			
*Muscle or Body Ache			
*Headache			
*Loss of taste and/or smell			
*Sore Throat			
*Congestion or Runny Nose			
*Diarrhea			

COVID VACCINATION: Full round of vaccine series received?

Yes No

Partial Unable to Obtain

***Date of last vaccine(s)**

no free dates

COVID Vaccine Type/Brand Received:

Have you traveled outside the U.S. within the last 30 days?

Yes

No

Unable to obtain

Reason Unable to Obtain Travel History/IC Screen

Clinical condition Language barrier

Cognitive impairment Sedated

Intubated

Location of Recent Travel

<input type="checkbox"/> Africa	<input type="checkbox"/> Caribbean	<input type="checkbox"/> United States
<input type="checkbox"/> Africa-Central	<input type="checkbox"/> Central America	<input type="checkbox"/> Western Europe
<input type="checkbox"/> Africa-East	<input type="checkbox"/> Eastern Europe	<input type="checkbox"/> Other:
<input type="checkbox"/> Africa-South	<input type="checkbox"/> India	
<input type="checkbox"/> Africa-West	<input type="checkbox"/> Mexico	
<input type="checkbox"/> Asia	<input type="checkbox"/> Middle East	
<input type="checkbox"/> Australia/New Zealand	<input type="checkbox"/> Russia	
<input type="checkbox"/> Canada	<input type="checkbox"/> South America	