INFECTION RISKASSESSMENT

Patient Name:	NHS No.: DOB:

Attach this sticker to the transfer documentation in all cases. If you answer "YES" to any of the questions, contact the admitting area in advance to allow for appropriate isolation to be arranged.

YES	NO	Does the patient have a previous history of **MRSA, MSSA, E.coli, CPE, PVL** or another multi-resistant organism? (circle as appropriate)
YES	NO	Is this patient know, or suspected to have **Pulmonary TB** for which they have received less than two week's treatment, or considered infectious by the TB nurse?
YES	NO	Does the patient have a current/recent history of **Diarrhoea & Vomiting** (Viral Gastroenteritis) or a current/recent history of **Clostridium Difficile (CDI)?**

Does the patient have any of the following infections:
Chickenpox ☐ Slapped Cheek ☐ Scarlet Fever ☐
Measles ☐ Rubella ☐ or other communicable disease:
Or Infestation:- Head Lice ☐ Scabies ☐

This form has been completed with information available at the time of the assessment
Name: Date:

INFECTION RISKASSESSMENT

Patient Name:	NHS No.: DOB:

Attach this sticker to the transfer documentation in all cases. If you answer "YES" to any of the questions, contact the admitting area in advance to allow for appropriate isolation to be arranged.

YES	NO	Does the patient have a previous history of **MRSA, MSSA, E.coli, CPE, PVL** or another multi-resistant organism? (circle as appropriate)
YES	NO	Is this patient know, or suspected to have **Pulmonary TB** for which they have received less than two week's treatment, or considered infectious by the TB nurse?
YES	NO	Does the patient have a current/recent history of **Diarrhoea & Vomiting** (Viral Gastroenteritis) or a current/recent history of **Clostridium Difficile (CDI)?**

Does the patient have any of the following infections:
Chickenpox ☐ Slapped Cheek ☐ Scarlet Fever ☐
Measles ☐ Rubella ☐ or other communicable disease:
Or Infestation:- Head Lice ☐ Scabies ☐

This form has been completed with information available at the time of the assessment
Name: Date: