

Form for COVID 19 risk assessment in BSD donor

Hospital Name
Name of Patient :

Age --- Gender: Male / Female

Bed Number

Hospital ID

Address of the patient

Nam of Relative and relationship with patient who gave History:

Places where patient travelled in the last 28 days before admission:

1) Epidemiological and Clinical Screening ,

A. Epidemiologic Screening

Does the deceased donor meet any of the following criteria?	Yes, No or Unknown**
• H/O international travel in the in the preceding 28 days	Yes, No or Unknown
• H/O Travel to or from a high-risk area where local COVID-19 transmission is occurring in the last 28 days (As per Gol website- https://www.mygov.in/covid-19/?cbps=1)	Yes, No or Unknown
• H/O Direct contact with known (laboratory confirmed patients) COVID-19 in the preceding 28 days*	Yes, No or Unknown
• H/o Direct contact with suspected case of COVID-19 in the preceding 28 days*	Yes, No or Unknown
• Confirmed Diagnosis of COVID-19 in the last 28 days	Yes, No or Unknown

*this includes being within six feet of a person with suspected or proven COVID-19.

Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

**For purpose of decision making unknown to be considered as yes

B. Clinical screening:

Has the deceased donor experienced any of the following symptoms* in the last 21 days?	Yes, No or Unknown**
Fever (>38°C or 100.3°F or subjective fever)	Yes, No or Unknown
Flu like symptoms and/or myalgias	Yes, No or Unknown
New onset cough	Yes, No or Unknown
Shortness of breath	Yes, No or Unknown

**For purpose of decision making unknown to be considered as yes.

C. Pulmonary Imaging :

- Is X-ray Chest / HRCT Chest Normal: Yes / No

- Are HRCT Chest Findings* typical of COVID 19 : Yes / No/ Equivocal

D. Laboratory screening: (RT-PCR testing of specimens):

Sample: - Nasopharyngeal /oropharyngeal Swab /Endotracheal secretions
BAL / Blood*

Test Result: Positive / Negative

(*Please tick mark & Attach the report)

Form Filled and signed by

Signature of Relative of Patient

Name Dr.....

Name.....

Designation

Relationship

Date & Time

Date & Time

Place

Place

***Report of HRCT Chest Findings:**

- 1) Presence of GGOs without consolidation
- 2) Presence of GGOs with consolidation
- 3) GGOs with peripheral distribution
- 4) GGOs with posterior distribution
- 5) GGOs with rounded morphologies
- 6) Multilobar/Multifocal involvement
- 7) GGOs with reticular changes
- 8) Vascular enlargement
- 9) Interlobular septal thickening in a crazy pavement pattern
- 10) Other findings

- 1) Multifocal lower lobar or multi lobar bilateral Lung GGOs (Ground glass Opacities) having rounded morphology with Peripheral and posterior distribution and with or without consolidation
- 2) Absence of Mediastinal Lymphadenopathy and Pleural effusion is important negative finding.

Reported by _____ **Qualification** _____

Designation _____ **Date** _____

2) Deceased Donor Risk Stratification based on above four Steps A-D:

i) High Risk Donor :

- If answers to one or more of both A (Epidemiologic) + B (Clinical) screening are yes
- If answer to C (CT Chest) and or D (COVID-19 test) is Yes
- If answer to A + C or B+C is Yes even if COVID-19 test is negative
- In presence of A/B + Positive COVID-19 test

ii) Intermediate Risk Donor:

-If answers to one or more of either A (Epidemiologic) or B (Clinical) screening are yes

And C and D are Negative

iii) Low Risk Donor:

If Answers to all A, B, C and D are Negative