**COVID-19 TREATMENT (nMAB OR ORAL ANTIVIRAL) FOR NON-HOSPITALISED PATIENTS**

[CAS-ViewAlert (mhra.gov.uk)](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103191)

|  |  |  |
| --- | --- | --- |
| **Trust Name** | **Method of Referral** | **Telephone** |
| COVID-19 nMAB or oral antiviral Treatment Service | Email to: [hsiccg.hiow-cmdu@nhs.net](mailto:hsiccg.hiow-cmdu@nhs.net) | [insert telephone number] |

\*Please ensure highlighted information is completed\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient Demographics** | | | | **GP Practice Details** | |
| **Surname** |  | Title |  | Usual GP |  |
| **First names** |  | | |
| DOB |  | Gender |  | **Practice Name** |  |
| **NHS number** |  | BMI |  |
| Ethnicity |  | | | **Practice Address** |  |
| **Address** |  | | |
| **Postcode** |  | | | **Postcode** |  |
| **Tel home** |  | | | Tel |  |
| **Tel mobile** |  | | | Fax |  |
| Email |  | | | Email |  |
| **Referred by** |  | | | **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Essential Criteria (must answer Y for all)** | | |
| Patient within clinical cohorts considered at highest risk from COVID-19 (see Appendix 1): | | Y  N |
| **Please indicate which of the ‘highest’ risk cohorts\*\* the patient belongs to (refer to appendix 1)**:   |  | | --- | | Patients with Down’s Syndrome | | Patients with Sickle cell disease | | Patients with a solid cancer | | Patients with a haematologic malignancy | | Patients with renal disease | | Patients with liver disease | | Patients with immune-mediated inflammatory disorders (IMID) | | Patients with primary immune deficiencies | | Patients with HIV or AIDS | | Solid organ transplant recipients | | Patients with rare neurological conditions (please state)\*\*\*: |   \* 1 Options Required   \*\*\* Must be one of Multiple sclerosis, Huntington’s chorea, Motor neurone disease  or Myasthenia gravis | |  |
| Infection confirmed by PCR within the last 5 days: | | Y  N |
| Sample date | |  |
| Date infection confirmed by PCR: | |  |
| Onset of symptoms of COVID-19 within the last 5 days: | | Y  N |
| **Date of onset of symptoms of COVID-19:** | |  |
| **For paediatrics only**  Patient 12 years or over: | | Y  N |
| **For paediatrics only**  Patient body-weight 40kg or over: | | Y  N |
| **Supporting Patient Information** | | |
| Pregnant or possibility of pregnancy: | | Y  N |
| Current symptoms present: | | Y  N |
| **Symptoms:**  feverish  chills  sore throat  cough  shortness of breath or difficulty breathing  nausea  vomiting  diarrhoea  headache  red or watery eyes  body aches  loss of taste or smell | fatigue  loss of appetite  confusion  dizziness  pressure or tight chest  chest pain  stomach pain  rash  sneezing  sputum or phlegm  runny nose | |
| Housebound: Y  N | | |
| Swallowing difficulty: Y  N | | |
| Patient is under section Y  N | | |
| Patient is known to acute hospital speciality team Y  N  **If Yes please indicate team and trust:** | | |

*For use by referring service only*

|  |
| --- |
| Additional Clinical Information |
| If this case has been discussed with the secondary care clinical team, please specify with whom, when and the advice given: |
|  |
| *Please ensure that you include as much clinical information as possible to support the referral*  **Please send completed referral form to:** [**hsiccg.hiow-cmdu@nhs.net**](mailto:hsiccg.hiow-cmdu@nhs.net) |

**Appendix 1: Patient cohorts considered at highest risk from COVID-19 and to be prioritised for treatment with nMABs.**

The following patient cohorts were determined by an independent advisory group commissioned by the Department of Health and Social Care (DHSC).

