**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)

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| **Trust Name** | **Method of Referral** | **Telephone**  |
| [ ]  COVID-19 nMAB or oral antiviral Treatment Service | Email to: 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** |  |

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| **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)**:

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| 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 diseaseor 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*

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| 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** |

**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).

