

Monkeypox Admission & Primary care referral pathway

For all clinicians involved in the assessment and admission of patients with possible Monkeypox

Patient should have any of the following symptoms:

- Rash on any part of your body
- Fever
- New lump/s in neck, groin or under your arm

And they have any of the following risk factor

- Is a gay / bisexual or other MSM?
- Has had any contact with confirmed monkeypox in the 21 days prior to symptom onset
- Or has travelled to an area with a current outbreak in the 21 days prior to symptom onset.

Please contact the ID Consultant (in hours) via Dect 65207 or on call micro/ID (RSCH) out of hours via switch. The Consultant or Registrar should then call the Nurse in Charge in Courtyard on Deck 62049 who will liaise with Clinical Site Team

**Please admit this patient to single side room on level 6
Courtyard**

Admission Guidance

- All co-located patients who are immune suppressed should immediately be transferred to another inpatient bed.
- Where possible all patients with suspected Monkeypox should be cared for by single RN. This RN should ideally NOT care for other patient in the same shift and should ideally care for the same patient for each of their shifts.
- Level 3 PPE should be worn at all times when in caring for a patient with suspected Monkeypox – FFP3 mask, full sleeved gown, gloves and visor/goggles.
- If Monkeypox is confirmed the patient will need to be transferred to a High Consequence Infectious Disease bed (nearest is GSTT or RF).
- All waste from Suspected Monkeypox patients should be dealt with as category A waste and linen disposed, not sent for washing [UKHSA monkeypox guidance for environmental cleaning and decontamination](#)

All referral from primary care physicians and NHS 111 should be triaged in the following way?

Are you concerned that the patient needs swabbing for Monkeypox & they are a gay bisexual or other MSM?



YES

Please refer to Sexual health service who will triage patient appropriately?

If they have not had recent sexual contact but have still require assessment or swabbing, please.



ID consultant (in hours) or ID/Micro on call should triage patient
&
Consultant to liaise with NIC on Courtyard who will arrange for patient to come to CY as per admission pathway if required.