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| FAMILY NAME: | https://nww.uhsussex.nhs.uk/wp-content/uploads/2021/03/UHS-logo-small.jpg    **Paediatric**  **Covid19 Medicines Delivery Unit (CMDU) – 12-17yrs and >40kg only** |
| Given name: |
| Title: Gender: |
| NHS number: |
| Hospital number: |
| Date of birth: \_ \_ / \_ \_ / \_ \_ \_ \_ |
| *Complete above in full or affix patient label* |
| Location: |

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| **For Sotrovimab Treatment only** | | | |
| Date: | Time: | HDU Consultant: | |
| **Eligibility criteria**  Patients must meet all the eligibility criteria and none of the exclusion criteria. Non-hospitalised patients are eligible for treatment if:  • SARS-CoV-2 infection is confirmed by either:  o Polymerase chain reaction (PCR) testing OR  o Lateral flow test (registered via gov.uk or NHS 119)  within the last 5 days  **AND**  · Symptomatic with COVID-19 and showing no signs of clinical recovery  **AND**  • Onset of symptoms of COVID-19 within the last 7 days  **AND**  • A member of a ‘highest’ risk group (as defined in Appendix 1 below). | | | |
| **Contraindications (if Yes to any of the below)** | | | |
| Previous allergic reaction to Sotrovimab or any of its excipients | | | Yes / No |
| Weight of 40kg or less | | | Yes / No |
| Requiring hospitalisation for Covid19 | | | Yes / No |

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| **General History** | |
| Past medical history |  |
| Current medications (including nutritional supplements) |  |
| General assessment |  |
| Name of doctor completing form & designation |  |

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| **Parental consent for Sotrovimab** | |
| Full name |  |
| Parental responsibility | Yes No Relationship: |
| Signature |  |

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| **Sotrovimab Prescription** | | | | |  | |
| Name |  | | | |
| Allergy Status |  | | | |
| Hospital number |  | | | |
| DOB |  | | | |
| Address |  | | | |
| Speciality/Department |  | | | |
| Clinical urgency | Urgent within 24 hours please | | | |
| Patient contact details | Mobile/Tel: | | | Weight (kg) |
| Other relevant information |  | | | Pharmacy Use only | |
| **Drug Name (Approved)** | **Formulation** | **Dose** | **Frequency** | **Quantity/ Duration** | Screened by: | |
| Sotrovimab | Infusion | 500mg | stat | 1 vial |  |  |
| 0.9% Sodium Chloride | Infusion | Diluent for Infusion | stat | 1 x 50ml |  |  |
| Administration Giving Set with 0.2micron Filter or available equivalent 0.2micron filter |  |  |  | 1 set |  |  |
| 0.9% Sodium Chloride | Infusion | 30ml as a flush after infusion |  | 1 x 50ml |  |  |
| Prescriber Name, GMC/NMP/GPhC Registration Number & Contact Details | | Signature | | Date |  | |
|  | |  |
| Nurse or Healthcare Administrator Name: | | Signature | | Checker | Date | |
|  |
| Patient Contactable: ☐ Yes ☐ No | | | | | Check | |  |
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| **Nursing care** | Yes | No | Signature |
| Patient to be nursed in cubicle for procedure PPE to be worn –FFP3 mask, visor, gown and gloves (covid + patient) and trolley placed outside room with FP3 masks available |  |  |  |
| Sotrovimab to be ordered by Lead Paeds Pharmacists using Prescription |  |  |  |
| Baseline observations within normal limits? |  |  |  |
| Post infusion observations within normal limits? |  |  |  |
| Any adverse reactions to infusion – if yes please state:  If signs and symptoms of severe hypersensitivity reactions occur appropriate treatment and/or supportive care should be initiated. |  |  |  |
| Information leaflet provided to patient/parent on arrival for treatment |  |  |  |

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| **Discharge plan** | | | |
| Patient fit for discharge |  |  |  |
| Discharged to |  | Discharged in the care of |  |
| Signature of nurse |  | Name and Band |  |

**Notes and Guidance**

* It is essential to ensure that the patient is eligible for treatment and fits within the eligibility criteria listed in Appendix 1 below.
* Also ensure that the patient is not showing signs of recovery ie there is a risk of deterioration. There is a large body of anecdotal evidence that most patients in this age group recover from Covid19 without intervention. This is supported by the prevalent variant being Omicron which is less severe than previous variants
* If logistically possible, it is ideal to medically assess a patient on day 4 / 5 or later from positive lateral flow test. Most patient at this time are showing signs of recovery and do not need intervention.
* If any queries, always use the CMDU Regional Advice Pathway to contact Evelina or St George’s Paediatric ID team for advice.
* Sussex CMDU coverage spans the county of Sussex and the only Paediatric CMDU Infusion Unit is based at RACH in Brighton. Therefore please consider the logistics of transport when discussing treatment with patient/parent/guardian.

Defining the highest-risk clinical subgroups upon community infection with SARS-CoV-2 when considering the use of neutralising monoclonal antibodies (nMABs) and antiviral drugs: independent advisory group report - GOV.UK (www.gov.uk)

**Appendix 1: pathway for PCR or LFT positive symptomatic cases aged older than 12 and younger than 17 years, greater than 40kg weight, and clinical concern**

Non-hospitalised individuals in the 12 to 17 years of age range considered at high risk from COVID-19 and to be prioritised for consideration of treatment with neutralising monoclonal antibodies when symptomatic and SARS-CoV-2 PCR or LFT positive. Concerned clinicians should refer for regional MDT case discussion through local established pathways, who will confirm eligibility and consider risk benefit and whether to proceed with offer of treatment.

**Children and young people at substantial risk**

Complex life-limiting neurodisability with recurrent respiratory infections or compromise.

**Children and young people at significant risk if 2 or more of these risk factors are present**

Primary immunodeficiency:

* common variable immunodeficiency (CVID)
* primary antibody deficiency on immunoglobulin (or eligible for immunoglobulin replacement)
* hyper-IgM syndromes
* Good’s syndrome (thymoma plus B-cell deficiency)
* severe combined immunodeficiency (SCID)
* autoimmune polyglandular syndromes or autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome)
* primary immunodeficiency associated with impaired type I interferon signalling
* x-linked agammaglobulinaemia (and other primary agammaglobulinaemias)

Secondary immunodeficiency:

* HIV CD4 count less than 200 cells per mm3
* solid organ transplant
* HSCT within 12 months, or with GVHD
* CAR-T therapy in last 24 months
* induction chemotherapy for acute lymphoblastic leukaemia (ALL), non-Hodgkin’s lymphoma, chemotherapy for acute myeloid leukaemia (AML), relapsed and/or refractory leukaemia or lymphoma

Immunosuppressive treatment:

* chemotherapy within the last 3 months
* cyclophosphamide within the last 3 months
* corticosteroids greater than 2mg per kg per day for 28 days in last 4 weeks
* B cell depleting treatment in the last 12 months

Other conditions:

* high BMI (greater than 95th centile)
* severe respiratory disease (for example, cystic fibrosis or bronchiectasis with FEV1 less than 60%)
* tracheostomy or long-term ventilation
* severe asthma (paediatric intensive care unit (PICU) admission in 12 months)
* neurodisability and/or neurodevelopmental disorders
* severe cardiac disease
* severe chronic kidney disease
* severe liver disease
* sickle cell disease or other severe haemoglobinopathy
* trisomy 21
* complex or chromosomal genetic or metabolic conditions associated with significant comorbidity
* multiple congenital anomalies associated with significant comorbidity