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

**REFERRAL FORM**

[Overview | Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 | Guidance | NICE](https://www.nice.org.uk/guidance/ta878)

[PRN00453\_Rapid Policy Statement - Interim Clinical Commissioning Policy - remdesivir and molnupiravir for non-hospitalised patients with COVID-19\_May 2023 (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00453-RPS-ICCP-Remdesivir-and-molnupiravir-for-non-hosp-patients-with-COVID-19-May-2023.pdf)

[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 (updated March 2023) - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report-march-2023/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies)

**Please document when an answer is not provided by the patient and ensure highlighted information is completed**

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| **Trust Name** | **Method of Referral** | **Telephone** |
| COVID-19 nMAB or oral antiviral Treatment Service | Email to abc.athome[@nhs.net](mailto:uhsussex.c19medsdelunit@nhs.net) | 07521 619217 |

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| **Patient Demographics** | | **GP Practice Details** |
| Surname | Title | Usual GP |
| First names | DOB | Practice Name |
| NHS number | Gender | Practice Telephone |
| Weight (kg) - | | Practice Address |
| Ethnicity - | |
| Address | |
| Tel home | Tel mobile |
| Email | |
| Referred via :  Date : <Today's date> | | |

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| **Has patient been contacted by letter, text, or email?** | | |
| Letter: | Text: | Email: |

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| **Essential Criteria (Please use link below to assess eligibility)** | |
| Patient within clinical cohorts considered at highest risk from COVID-19  Please refer to the Independent Report: Defining the highest risk clinical subgroups upon community infection with SARS-CoV-2 - [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 (updated March 2023) - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report-march-2023/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies)  It is essential that the patient is within one of the Highest Risk Clinical Subgroups when referral is made to ensure eligibility for treatment. Please ensure that this criteria is followed. | |
| **Onset of symptoms of COVID-19 within the last 7 days** Yes /  No | |
| **Date of onset of symptoms of COVID-19:** | |
| Infection confirmed by registered lateral flow test: | |
| **Date infection confirmed by Lateral Flow Test:** | |
| Patient does have symptoms / COVID-19 symptoms that are **NOT** consistently improving | |
| **Symptoms** | |
| feverish | fatigue |
| chills | loss of appetite |
| sore throat | confusion |
| cough | dizziness |
| shortness of breath or difficulty breathing | pressure or tight chest |
| nausea | chest pain |
| vomiting | stomach pain |
| diarrhoea | rash |
| headache | sneezing |
| red or watery eyes | sputum or phlegm |
| body aches | runny nose |
| loss of taste or smell |  |

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| **Specific for Paediatrics** | |
| **only For paeds**  Patient 12 years or over: | Y  N |
| **For paeds only**  Patient body weight 40kg or over: | Y  N |

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| Supporting Patient Information | | | | |
| Is an interpreter required? | | Please specify the language: | | |
| Is the patient in a Care Home | | | If yes are the advocate details available? | |
| Advocate name and contact details: | | | | |
| Pregnant or possibility of pregnancy: | | | | |
| Breastfeeding: | | | | |
| If needed can the patient travel to a treatment centre? If not, are they bedbound? | | | | |
| Hastings | Brighton | | Patient bedbound |  |
| Transport required:  Yes /  No | | | | |
| Patient can swallow large tablets | | | | |
| Is the patient aware of need for list of up-to-date medication (including OTC) for the medical assessment | | | | |

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| Any Further Comments: |

***For use by GP or 111 service only***

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| Additional Clinical Information  **\*GP referrers, please document up to date medication list\*** |
| If this case has been discussed with the secondary care clinical team, please specify with whom, when and the advice given: |
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| *Please ensure that you include as much clinical information as possible to support the referral* |

**Please send completed referral form to:**

abc.athome[@nhs.net](mailto:uhsussex.c19medsdelunit@nhs.net)

***This section is to be completed by Clinical Assessors Only***

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| Document details of virtual clinical assessment  (Ensure you have read the trust guidelines for Nirmatrelvir plus ritonavir, Sotrovimab, and Molnupiravir)  Only patients who fit within the ‘Highest Risk Clinical Subgroups’ should be eligible for treatment after virtual clinical assessment. If patient does not fit the within the ‘Highest Risk Clinical Subgroups’ then they will not be eligible for treatment. | | | |
| **Clinical/Medical Assessor Name:** | | **Date:** | |
| Has the Patient been contacted?  **Yes No** | | | |
| **If patient ineligible, due to:** | | | |
| Symptoms > 7days | | Asymptomatic or getting better | |
| **Treatment Offered:** | | | |
| Accepted | | Declined | |
| **Treatment Confirmed:** | | | |
| Nirmatrelvir plus ritonavir\*\* | Sotrovimab\* | | Molnupiravir\*\* |
| \*Inform patient that admin staff will call within 48 hours to make suitable arrangements for patient to have infusion at a suitable CMDU site. CMDU sites are available at Brighton at Louisa Martindale Hospital and Hastings at Conquest Hospital. Handover to admin staff to make necessary arrangements. Prescribe an outpatient prescription and email with referral to CMDU Admin at [uhsussex.cmdu.admin@nhs.net](mailto:uhsussex.cmdu.admin@nhs.net)  **\*\*** Inform patients who choose delivery, that their prescription will be delivered within 5 days. Prescribe on outpatient prescription and email with referral to Pharm@Sea at [uhsussex.pharm.sea@nhs.net](mailto:uhsussex.pharm.sea@nhs.net) | | | |