**PLEASE COMPLETE THE ELIGIBILITY CRITERIA ASSESSMENT IN THE 1ST SECTION, PRIOR TO PROCESSING THE REFERRAL**

**NOT ALL PATIENTS WILL BE ELIGIBLE FOR TREATMENT DESPITE BEING ON THE HIGH RISK REGISTER**

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|  **Eligibility Criteria 1: Confirmed Infection** |
| Has the patient had a positive COVID-19 test?  | Yes: [ ]  | No: [ ]   | **IF NO, PATIENT IS NOT ELIGIBLE** |
| Which test did the patient have? | PCR: [ ]  | LFT: [ ]  | Date: Click or tap to enter a date. |
|  **Eligibility Criteria 2: Time Window** |
| Is the onset of symptoms within the last 7 days? | Yes: [ ]  | No: [ ]  | **IF NO, PATIENT IS NOT ELIGIBLE** |
| When did the symptoms start? |  Click or tap to enter a date. |
|  **Eligibility Criteria 3: Recovery and Consent** |
| Is the patient symptomatic of COVID-19 and showing no signs of clinical recovery? | Yes: [ ]  | No: [ ]  | **IF NO, PATIENT IS NOT ELIGIBLE** |
| Following consultation and informed choice, does the patient wish to undertake treatment? | Yes: [ ]  | No: [ ]  | **IF NO, DO NOT REFER** |
|  **Eligibility Criteria 4: Exclusion Criteria** |
| Does the patient require hospitalisation for COVID-19? | No: [ ]  | Yes: [ ]  | **IF YES, PATIENT IS NOT ELIGIBLE** |
| Does the patient require new supplemental Oxygen due to COVID-19? | No: [ ]  | Yes: [ ]  | **IF YES, PATIENT IS NOT ELIGIBLE** |
| Is the patient under 12 years old? | No: [ ]  | Yes: [ ]  | **IF YES, PATIENT IS NOT ELIGIBLE** |
| Does the patient weigh less than 40kg? | No: [ ]  | Yes: [ ]  | **IF YES, PATIENT IS NOT ELIGIBLE** |
|  **Eligibility Criteria 5: High Risk Group** |
| Does the patient have a high-risk condition? | Yes: [ ]  | No: [ ]  | **IF NO, PATIENT IS NOT ELIGIBLE** |
| **Only patients that fall within one of the highest risk category groups are eligible for treatment, please highlight the high-risk group the patient is in, further details of eligibility can be found** [**here.**](https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies) |
| Down’s syndrome or other chromosomal disorders |[ ]  Solid cancer within the last 12 months |[ ]
| Haematological diseases and recipients of haematological stem cell transplant |[ ]  Renal disease including chronic kidney disease (CKD) stage 4 or 5 |[ ]
| Liver diseases-Cirrhosis Child-Pugh class ABC, liver transplant, liver disease on immunosuppressive therapy |[ ]  Solid organ transplant recipients |[ ]
| Immune-mediated inflammatory disorders receiving immunotherapy |[ ]  Immune deficiencies |[ ]
| HIV with high levels of immune suppression or presenting acutely with AIDS |[ ]  Rare neurological: MS, MND, Huntington’s disease or myasthenia gravis. |[ ]

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| **Patient details** |
| Name: Click or tap here to enter text. | NHS No: Click or tap here to enter text. | DOB: Click or tap here to enter text. |
| 1st Contact No.: Click or tap here to enter text. | 2nd Contact No.: Click or tap here to enter text. |
| GP Practice: Click or tap here to enter text. | GP Contact No.: Click or tap here to enter text. |
| Referrer name: Click or tap here to enter text. | Referrer role: Click or tap here to enter text. |
| Referrer Contact No.: Click or tap here to enter text. | Referral date: Click or tap here to enter text. |
| **Past Medical History:** | **Active Medications:** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **GP colleagues, please send completed form via e-RS. For other referrers please email form to** **cmdu.rbh@nhs.net** |
| **Triage Assessment** |
| **Vaccine status** | Unvaccinated: [ ]  | 1st: [ ]  | 2nd: [ ]  | 3rd: [ ]  | 4th: [ ]  | 5th: [ ]  |
| Click or tap here to enter text. |
|  **1st Line Antiviral Pathway: Paxlovid (Nirmatrelvir/Ritonavir)** |
| Is the patient pregnant?  | No: [ ]  | Yes:[ ]  | **IF YES, PAXLOVID CONTRAINDICATED** |
| Is the patient of childbearing age? | No: [ ]  | Yes:[ ]  | **IF YES, CONTRACEPTION COUNSELLING**  |
| Does the patients have a history of advanced decompensated liver failure or CKD stage 3-5? | No: [ ]  | Yes:[ ]  | **IF YES, PAXLOVID CONTRAINDICATED** |
| Has the patient had symptoms for > 5days? | No: [ ]  | Yes:[ ]  | **IF YES, PAXLOVID NOT RECOMMENDED** |
| Is the patient on any medications contraindicated with the use of Paxlovid? | No: [ ]  | Yes:[ ]  | **IF YES, PAXLOVID CONTRAINDICATED** |
| [**Liverpool Drug Checker**](https://covid19-druginteractions.org/) | [**Specialist Pharmacy Service Guidance**](https://www.sps.nhs.uk/home/guidance/covid-19-treatments/oral-antivirals/) |
|  **1st Line nMAb Pathway : Sotrovimab (Xevudy)** |
| Has the patient had symptoms for > 5 days? | No: [ ]  | Yes:[ ]  | **IF YES, CLINICAL JUDGEMENT REQUIRED** |
| Does the patient have history of hypersensitivity reactions? | No: [ ]  | Yes:[ ]  | **IF YES, CLINICAL JUDGEMENT REQUIRED** |
| Does the patient have known reactions to the active substances or any excipients? | No: [ ]  | Yes:[ ]  | **IF YES, SOTROVIMAB CONTRAINDICATED** |
| Is it appropriate to transfer the patient to the RBFT for treatment? | Yes:[ ]  | No: [ ]  | **IF NO, CONSIDER COMMUNITY DELIVERY** |
|  **2nd Line Antiviral Pathway: Remdesivir (Veklury)** |
| Has the patient had symptoms > 7 days? | No: [ ]   | Yes:[ ]  | **IF YES, REMDESIVIR NOT INDICATED** |
| Is the patient aged between 12-17 years old? | No: [ ]  | Yes:[ ]  | **IF YES, REMDESIVIR NOT RECOMMENDED** |
| Does the patient have an eGFR <30ml/min? | No: [ ]  | Yes:[ ]  | **IF YES, REMDESIVIR CONTRAINDICATED** |
| Does the patient have an ALT ≥ 5 times the range? | No: [ ]  | Yes:[ ]  | **IF YES, REMDESIVIR CONTRAINDICATED** |
|  **3rd Line nMAb Pathway: Molnupiravir (Lagevrio)** |
| Is the patient pregnant?  | No: [ ]   | Yes:[ ]  | **IF YES, MOLNUPIRAVIR CONTRAINDICATED** |
| Is the patient of childbearing age? | No: [ ]  | Yes:[ ]  | **IF YES, CONTRACEPTION COUNSELLING**  |
| Is the patient under the age of 18 years? | No: [ ]  | Yes:[ ]  | **IF YES, MOLNUPIRAVIR CONTRAINDICATED** |

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|  **CMDU Triage Outcome** |
| Not eligible: [ ]  | Paxlovid: [ ]  | Sotrovimab: [ ]  | Remdesivir: [ ]  | Molnupiravir: [ ]  | Declined: [ ]  |
|  **Consent** |
| Patient consents to receive the full course of COVID-19 treatment and declares that all the information given above is true to the best of their knowledge? | Yes: [ ]  |
| Patient is satisfied and understands the purpose of treatment and the possible risk applicable to them? | Yes: [ ]  |
|  **Onward Management:** |
| Discharged: [ ]  | Follow-up: [ ]  | VACU:  | [ ]  | ED: [ ]  | SDEC: [ ]  | Unable to contact: | [ ]  |