**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**](mailto: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: | |  |