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| **TOCCV1\_ver4.0 Interim Position Statement: Tocilizumab for patients admitted to ICU with COVID-19 pneumonia (adults)** |
| **Patient NHS No:** |   | **Trust:** |   |
| **Patient Hospital No:** |  \* | **Practice Code:** |   |
| **Patient's Initials and DoB:** |   | **GP Postcode:** |   |
| **Choose Consultant:** |

|  |  |
| --- | --- |
|  | select |

 help |
| **Consultant Name:** |   \* | **Other Contact Details:** |   \* |
| **Notification Email Address:**  (NHSE accredited domains ONLY)  |
| **Treatment Start Date:** |   Clear selected value   \* |
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| **Please indicate whether patient meets the following criteria:** | **Please tick** |
| 1. I confirm that the patient is an adult with SARS-CoV-2 infection\*\* In the absence of a confirmed virological diagnosis, tocilizumab should only be used when a multidisciplinary team have a high level of confidence that the clinical and radiological features suggest that COVID-19 is the most likely diagnosis. |

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| Yes |
| No |

\* Required |
| 2. I confirm intravenous tocilizumab has been prescribed as the patient is an adult who is critically ill\*\* with severe COVID-19 pneumonia requiring respiratory support (high-flow nasal oxygen, CPAP or non-invasive ventilation, or invasive mechanical ventilation)\*\*\* and **all**of the following apply:• Less than 24 hours\*\*\*\* have elapsed since commencement of respiratory support (high-flow nasal oxygen, continuous positive airway pressure (CPAP) or non-invasive ventilation, or invasive mechanical ventilation)• The patient will receive tocilizumab according to the Interim Clinical Commissioning Policy Position Statement: Tocilizumab for critically ill patients with COVID-19 pneumonia (adults)\*\*\*\*\* and does not meet any of the exclusion criteria• The patient will receive one infusion of 8mg/kg (max 800mg)\*\* In the context of the COVID-19 pandemic, treatment of patients critically unwell with COVID-19 can be in the following (critical care equivalent) settings: designated intensive care unit (ICU); surge ICU; or other hospital settings delivering an equivalent level of respiratory care (such as respiratory ward, infectious disease ward).\*\*\*The decision to treat with tocilizumab should be made by two consultants, of whom one should be experienced in respiratory support\*\*\*\* This can be extended up to a maximum of 48 hours for relevant clinical reasons, such as transfer of patients. However, the principle is to treat patients as early as possible in their critical illness\*\*\*\*\* As part of the interim position statement hospitals are strongly encouraged to submit data through the ISARIC 4C Clinical Characterisation Protocol (CCP) case report forms (CRFs), as coordinated by the COVID-19 Clinical Information Network (CO-CIN) |

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| Yes |
| No |

\* Required |