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| **TOCCV1\_ver5.0 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 the patient has yet to receive treatment with an IL-6 inhibitor on this admission for COVID-19 |

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| Yes |
| No |

\* Required |
| 3. I confirm intravenous tocilizumab has been prescribed\*\* as the patient is an adult who is hospitalised and receiving dexamethasone or an equivalent corticosteroid (unless contra-indicated) \*\*\* and:**Option 1:**Has a C-reactive protein level of at least 75mg/L; AND an oxygen saturation of <92% on room air OR requirement for supplemental oxygen **OR****Option 2:**The patient Is within 24-48 hours\*\*\*\* of commencement of respiratory support (high-flow nasal oxygen, continuous positive airway pressure (CPAP) or non-invasive ventilation, or invasive mechanical ventilation)\*\*The decision to treat with tocilizumab should be made by two consultants, of whom one should be experienced in respiratory support\*\*\*Patients are expected to be on a corticosteroid as the current standard of care, except where there is a strong contraindication against its use. Patients may be commenced on both a corticosteroid and tocilizumab simultaneously if deemed clinically appropriate.\*\*\*\*The principle is to treat patients as early as possible in their critical illness**Please select which option applies:**

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| Option 1 |
| Option 2 |

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| Yes |
| No |

\* Required |
| 4. I confirm the patient will receive tocilizumab according to the Interim Clinical Commissioning Policy Position Statement: Tocilizumab for hospitalised patients with COVID-19 pneumonia (adults)\*\*\*\*\* and does not meet any of the exclusion criteria\*\*\*\*\* As part of the interim clinical policy 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 |
| 5. I confirm the patient will receive one infusion of 8mg/kg (max 800mg) |

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| Yes |
| No |

\* Required |
| 6. I confirm that the patients GP will be informed that they have received tocilizumab |

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| Yes |
| No |

\* Required |