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Hospital No.

Name

DOB

**Suspected Covid19 Infection -**

**Patient Admission & Management Summary**

**Frailty Score or PS (ring as approp.) :-**

**(CFS ≥ 65 yrs: 0-8; WHO Performance Status <65 yrs: 0-4)**

**Age:-**

**Comorbidities:-**

**If Pregnant inform Obstetric Cons/Labour Ward immediately (date ) :-**

**Date of Onset of symptoms OR Date of 1st Positive CV19 PCR if ‘Incidental’ :-**

**Vaccination Status:- Y/N AZ/Pfizer/Other:**

**1st dose date: 2nd dose date: 3rd Dose date: 4th Dose date:**

**COVID STATUS:-**

 **Lateral Flow Date:………… Result –Negative Positive**

 **Date of PCR Swab (1) Sent:\_\_\_\_\_\_\_\_\_ Result – Negative Positive**

 **Date of PCR Swab (2) Sent:\_\_\_\_\_\_\_\_\_ Result – Negative Positive**

 **Date of PCR Swab (3) Sent:\_\_\_\_\_\_\_\_\_ Result – Negative Positive**

**COVID Subtype:- Delta Omicron Other…………..**

**Covid CT value:- ………………. Date PCR swab sent…………….**

**Covid CT value:- ………………. Date PCR swab sent…………….**

**Covid19 Anti-spike antibodies: –**

**Send for ALL Covid19+ve PCR patients if considering nMABs (ring 4099 if urgent)**

**Date sent……………. Result – Negative Positive Intermediate**

**ESCALATION: 0 – Palliation Only**

 **1 – Oxygen therapy**

 **2 – Trial of CPAP/ NIV/ High Flow O2**

 **3 – ICU +/- Intubation and ventilation**

**CLINICAL TRIAL suitability: Yes / No (*Clinical Trials Nurses Ext 4447/Bleeps 1169/1121)***

**Communication with relatives: Yes / No Contact Details …………………….**

**FOR RESUSCITATION ACTIVE DNA CPR/RESPECT**

COMPLETED BY: Name: Grade & Bleep: Date:

**NB Use in conjunction with COVID19 Pneumonia Treatment Pathway (Microguide) & Bluteq prescribing forms (Pharmacy). For advice during working hours contact Respiratory Consultant/SpR (Bleep 1181); Bleep ICU On call SpR or Consultant (1319/1373) for review for ventilatory support/escalation**

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| --- | --- | --- |
| **Therapy** | **Indication :-Covid pneumonitis** | **Date started** |
| **Oxygen** | Prescribe SpO2 target range & O2 . Aim saturations $\geq $ 94% in all patients unless Type 2 respiratory failure/chronic hypoxia then 88-92%. If requiring > 4 L/min O2 then use Venturi/humidified circuit  |  |
| **Active Proning** | **Give** written patient information leaflet (Microguide) & advise all patients to self-prone. Physiotherapists to augment advice. |  |
| **Dexamethasone** 6mg PO (or 6.6mg IV if NBM) for 10 days | For suspected or confirmed COVID 19 pneumonitis**and** requiring supplemental O2 (or SpO2 <92% air) Consider PPI. Not for mild disease. (**Or** Prednisolone 40mg **Or** Hydrocortisone 50mg QDS IV) |  |
| **Tocilizumab \*\***8mg/kg, IV once, Max 800mg(if unavailable, use Sarliumab 400mg IV once) | Give if are on corticosteroids (unless contraindicated),**and** requiring supplemental O2 **and** CRP ≥75 **and** PCR +ve**OR** < 48hrs of starting ventilatory support (CPAP/NIV/HFNO/IMV)**NOT** if had another IL-6 inhibitor or platelets < 50x109/L (<150 for Sarilumab)**OR** have a bacterial/other viral infection. Seek advice if immunosuppressedCan give with other drugs eg Remdesivir, nMABs, if criteria for each fulfilled.See Microguide/complete Blueteq prescribing form |  |
| **Remdesivir** \*\*200mg IV Stat then 100mg iv OD for 4 days | Consider if Positive PCR test (community/ hospital) **and** requiring oxygen but **not** ventilatory support **and** is <10 days post symptom onset (**and** eGFR ≥30mls/min **and** ALT < x5 normal limit **and**  >40kg). Ensure daily bloods incl LFTs, U&Es. See Microguide & complete Blueteq prescribing form |  |
| **VTE prophylaxis --Dalteparin \*****\*** if platelets <50 or deranged clotting discuss with Haematology | **Mild** ie no O2 requirement- **Standard prophylactic dose LMWH****Moderate/Severe -**on O2 but not ventilatory support.Assess **bleeding risk** (VTE-BLEED Algorithm -Microguide) If **Low risk** of bleeding (<2): Consider T**reatment dose LMWH** (based on wt)If **High risk** of bleeding (≥2): Consider **Standard prophylactic dose LMWH****Severe** & on ventilatory support: Consider **Intermediate dose LMWH (wt based)**  |  |
| **Neutralising Monoclonal Antibodies\***\*(nMABS) 2.4g( 1.2g Casirivimab & 1.2g Imdevimab) | Consider **if hospitalised with Covid19 infection (Non- Omicron/ Delta ONLY)** **and** ≥12yrs old (> 40kg) **and** Covid19 PCR +ve **OR** MDT discussion if PCR –ve**and low antibodies to SARS-CoV-2 spike protein** (<50 & see Treatment Pathway**). Consider** if 50-200 depending if immunosuppressed/competent; D/W Micro Prescribe in 250ml of 0.9% Saline to infuse IV over 30min (See policy)Consider Recovery trial if Omicron variant |  |
| **Clinical Trials Drugs**  | Name & date started:-  |  |
| **Intravenous fluids**  | As required |  |
| **Antibiotics** | Consider for bacterial co-infection as per Microguide |  |
| **Mouthcare** | Advise on daily mouth hygiene & give patient info (Microguide) |  |
| **Therapy****(see Pathway & Policy/Microguide)** | **Indication :-Covid Infection****ie hospitalised with another condition & Covid19 PCR +ve****and** at risk of developing severe Covid19 disease (eg immunosuppressed/see policy)**OR** ifdeveloping severe Covid19 disease could de-stabilise another underlying condition or delay a clinically important treatment or intervention |  |
| **Remdesivir** \*\*200mg IV Stat then 100mg iv OD for 2 days | If **Covid subtype unknown** **AND** < 7 days +ve PCR (**and** eGFR ≥30mls/min **and** ALT < x5 normal limit **and**  >40kg).Ensure daily bloods incl LFTs, U&Es. See Microguide & complete Blueteq prescribing form |  |
| **Neutralising Monoclonal Antibodies\***\* | If known **Omicron & < 5 days +ve PCR give Sotrovimab 500mg IV**If known **Non-Omicron & & < 5 days +ve PCR give** 1.2g IV ( 06g Casirivimab & 0.6g Imdevimab)Send Spike Antibodies before giving but do not need know result  |  |

**\*\*Admitting consultant decision**

COMPLETED BY: Name: Grade & Bleep: Date: