****

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:-**

**At ‘highest risk’ patient group - Y/N**

**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**

**COVID Subtype:- 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/antivirals**

**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**

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

|  |  |  |
| --- | --- | --- |
| **Therapy** | **Indication :- Covid pneumonitis -adults****(consistent changes on CXR/CT)** | **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 OD 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) | Consider if are on corticosteroids (unless contraindicated), positive lateral flow or PCR test**and** requiring supplemental O2 **and** CRP ≥75 **and** PCR +ve**OR** < 48hrs of starting ventilatory support (CPAP/NIV/HFNO/IMV)**Not** if platelets < 50x109/L (<150 for Sarilumab) **OR** Neutrophils ≤1.0 x109/L**OR** have a bacterial/other viral infection. Seek advice if immunosuppressedCan give with other drugs eg Remdesivir if criteria fulfilled. Not usually with Baricitinib |  |
| **Remdesivir** \*200mg IV Stat then 100mg iv OD for 4 days | Consider if positive lateral flow or PCR test (community/ hospital) **and** requiring oxygen but **not** ventilatory support **and** is <10 days post symptom onset (**and** eGFR ≥30ml/min **and** ALT < x5 normal limit **and**  >40kg). Ensure daily bloods incl LFTs, U&Es.  |  |
| **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 **Treatment 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)**  |  |
| **Baricitinib**\*\* 4mg PO for 10 days or discharge if sooner; reduce dose if eGFR <60ml/min | Consider if positive lateral flow or PCR test **and** on Dexamethasone **and** no active TB**and** Neutrophils >0.5 x109/L; Reduce dose to 2mg OD if eGFR 30 to <60ml/min; 2mg alt days if eGFR 15 to <30ml/min**Not usually co-administered with Tocilizumab or Sarilumab** - can consider with MDT discussion for deteriorating /critical patient |  |
| **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 & Clinical Commissioning Policy/Microguide)** | **Indication :-Covid Infection** **ie hospitalised with another condition & Covid19 Lateral Flow or PCR +ve**If symptomatic/no sign of improvement/no O2 requirement**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 |  |
| **Nirmatrelvir 300mg + Ritonavir 100mg** **(Paxlovid) \*\*orally** Twice a day for 5 days*Antiviral-* ***First Line*** | If **< 5 days** symptom onset **and** Lateral flow or PCR +ve. Age ≥18yrs.**Do not give** if pregnant, severe liver disease, CKD 4/5 (↓ dose for CKD3) or solid organ transplant . Also see **Speciality advice** (Policy/Microguide/\*\*)**NOTE** There are many important **drug interactions**, check with Pharmacy/ Liverpool Covid-19 Drug Interactions website before prescribing;  |  |
| **Remdesivir** \***200mg IV** Stat then 100mg IV OD for 2 days *Antiviral-* ***Second line*** | If symptom onset < 7 days **and** Lateral flow or PCR +ve (**and** eGFR ≥30mls/min **and** ALT < x5 normal limit **and**  >40kgEnsure daily bloods incl LFTs, U&Es. See Microguide & complete Blueteq prescribing form |  |
| **Sotrovimab \*500mg IV** in 100mls 0.9% saline over 30min. *nMAB-* ***Third line*** | If **< 5 days** of symptom onset **and** Lateral flow or +ve PCR; ( if ≥12- <18yrs must be >40kg)Send Spike Antibodies before giving but do not need know resultCan give as first line if clinical judgement deems that an nMAB is preferred treatment |  |

**\*Consultant decision + advice from Pharmacy + see \*\*** **<https://www.covid19-druginteractions.org/checker>**

COMPLETED BY: Name: Grade & Bleep: Date: