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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. | |  | | --- | | Yes | | No |   \* Required |
| 2. I confirm the patient has yet to receive treatment with an IL-6 inhibitor on this admission for COVID-19 | |  | | --- | | 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:**   |  | | --- | | Option 1 | | Option 2 | | |  | | --- | | 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) | |  | | --- | | Yes | | No |   \* Required |
| 5. I confirm the patient will receive one infusion of 8mg/kg (max 800mg) | |  | | --- | | Yes | | No |   \* Required |
| 6. I confirm that the patients GP will be informed that they have received tocilizumab | |  | | --- | | Yes | | No |   \* Required |