**INPATIENT COVID-19 VACCINATION REFERRAL FORM**

**Exclusion criteria:**

* Within 28 days of a positive Covid-19 test result
* Covid-19 isolation or cohort bay
* Previous 1st dose of Covid-19 vaccination < 11 weeks (unless clinically indicated e.g. about to commence immunosuppressive therapy)
* Participation in any Covid-19 vaccination trial
* Current fever or acute infection

**Inclusion Criteria:**

* Length of stay > 21 days
* Meets the current JCVI priority criteria for vaccination

**Please print details – all fields mandatory**

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| --- | --- | --- | --- |
| **Patient Details** | | **Referrer Details** | |
| **Affix patient label here** | | **Name** |  |
| **Role** |  |
| **Ward** |  | **Contact Number** |  |
| **Estimated discharge date** |  | **Date of referral** |  |

|  |  |
| --- | --- |
| **Please complete – all fields mandatory** | **YES** |
| **Is this a referral for 1st dose?** |  |
| **Is this a referral for 2nd dose?**  If 2nd – what was 1st vaccine and date given? |  |
| Confirm you are aware of the recent advice concluding a link between the AstraZeneca vaccine and cerebral venous sinus thrombosis (CVST) with thrombocytopenia and have no clinical concerns with continuing |  |
| **Patient has capacity: p**atient offered vaccination and record of conversation recorded in healthcare record. Date: |  |
| **Patient lacks capacity:** best interests discussion with appropriate members of multidisciplinary team and/or next of kin/carer has taken place and record of discussion recorded in healthcare records. Date: |  |
| Please note Pfizer is **not** an option at SFT and do not change prescription  **Vaccine prescribed on Medication Chart in STAT (once only) section:**  Date:  Prescription: Covid-19 Vaccination (AstraZeneca)  Dose: 0.5ml  Route: IM  Time: STAT  Prescriber: |  |
| **Any other relevant additional information from referrer:** |  |

**Please note:** referrals will be collated until a sufficient number are received to ensure appropriate use of doses per vial. Contact will be made with the ward.

**Please email completed referral to:** [**sft.inpatientvaccinations@nhs.net**](mailto:sft.inpatientvaccinations@nhs.net)