****

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 (date ) :-**

**Date of Onset of symptoms:-**

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

**1st dose date: 2nd dose date:**

**COVID STATUS:-**

**Lateral Flow +ve/-ve Date:…………….**

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

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

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

**(If double vaccinated & PCR +ve must immediately send repeat PCR & blood for Covid-19 Ab**

**with Vaccination Hx & date of onset of symptoms :- date……………)**

**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**

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**NB Use in conjunction with**

**COVID19 Pneumonia Treatment Pathway (Microguide)**

**For advice during working hours contact Respiratory Consultant/SpR (Bleep 1582);**

**Call ICU On call SpR /Consultant for review for ventilatory support/escalation**

|  |  |  |
| --- | --- | --- |
| **Therapy** | **Indication** | **Date started** |
| **Oxygen** | Prescribe SpO2 target range & O2 . Aim saturations 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  **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 | Give if are on corticosteroids (unless contraindicated)  **and** requiring supplemental O2 **and** CRP ≥75  **OR** < 48hrs of starting ventilatory support (CPAP/NIV/HFNO/IMV)  **NOT** if had another IL-6 inhibitor  **OR** have a bacterial/other viral infection.  Treatment decision for tocilizumab should be made by the receiving consultant and with the support from multi-disciplinary colleagues in cases of uncertainty. See Microguide & complete Blueteq prescribing form |  |
| **Remdesivir** 200mg IV Stat then 100mg OD for 5 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  Treatment decision for Remdesivir should be made by the admitting consultant. See Microguide & complete Blueteq prescribing form |  |
| **VTE prophylaxis --Dalteparin \*** | **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): T**reatment dose LMWH** (based on weight)  If **High risk** of bleeding (≥2): **Standard prophylactic dose LMWH**  **Severe** & on ventilatory support- **Intermediate dosing LMWH (5000units bd)**  \*if platelets <50 or deranged clotting discuss with Haematology |  |
| **Intravenous fluids** | As required |  |
| **Antibiotics** | Consider for bacterial co-infection as per Microguide |  |

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