****

Hospital No.

Name

DOB

**Confirmed Covid19 Infection**

**Adult Patient Admission & Management Summary**

**IS THIS COVID PNEUMONITIS OR COVID INFECTION?**

COVID pneumonitis = new (or increased) oxygen requirement and/or typical changes on CXR/CT

COVID infection = positive lateral flow or PCR with no CXR changes and not requiring oxygen, minimal symptoms

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

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

**Age:-**

**Comorbidities:-**

**Vaccination status:- Y/N/partly Most recent vaccination 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**

**If immunosuppressed and persistently COVID positive consider PCR with CT value:**

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

**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 …………………….**

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

**FOR RESUSCITATION ACTIVE DNA CPR/RESPECT**

COMPLETED BY:

Name: Grade & Bleep: Date:

**NB Use in conjunction with latest NICE guidance. 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**

Hospital No.

Name

DoB

|  |  |  |
| --- | --- | --- |
| **Therapy** | **Indication:- Covid pneumonitis**  **(consistent changes on CXR/CT)** | **Date started** |
| **Oxygen** | Prescribe SpO2 target range & O2 on EPMA. 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 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.  (o**r** Prednisolone 40mg o**r** 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 immunosuppressed |  |
| **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 |  |
| **CPAP/HFNO** | To be considered when patients are requiring >40% oxygen. Requires discussion between Respiratory/Medical Consultant and ITU |  |
| **Therapy**  **(see Pathway & Clinical Commissioning Policy/Microguide)** | **Indication:- Covid Infection**  **i.e. 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 (e.g. 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**  >40kg  Ensure daily bloods incl LFTs, U&Es. See Microguide |  |
| **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 result  Can 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>**