Covid Medicines Delivery Unit (CMDU) Referral Form

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| Please send this referral form as an email to: fcms.c19virtualward@nhs.net | | | | | | | |
| DATE OF REFERRAL: | | | | | | | |
| To refer your patient, they must meet the below criteria  Positive LFT AND symptom onset within 7 days  Asymptomatic patients are not eligible for referral | | | | | | | |
| Does the patient have mental capacity to agree to this referral? Y  N  This referral has been discussed with the patient and the patient consents to relevant information being shared with the service provider. Patient consent will include provider access to Summary Care Records. If consent not obtained, please provide further details:  Does clinician have consent to discuss with patient’s relative Y  N  If yes state relatives name and number (Next of Kin / Main Carer): | | | | | | | |
| **PATIENT DETAILS** | | | | | | | |
| Title | Surname | | | | First Name: | | |
| NHS No: | Date of Birth: | | | | Age: | | Sex: |
| Home address: | | | | | Postcode: | | |
| Preferred No  Patient Home Contact No:  Preferred No  Patient Mobile Contact No: | | | | | Voicemails can be left. Y  N  Voicemails can be left. Y  N | | |
| Ethnicity: | Languages: | | | | Interpreter Required? Y N  Does the patient have hearing issues? Y  N | | |
| Smoking Status: | | | Allergies: | | | | |
| Any other risk factors/special circumstances the team need to be aware of: | | | | | | | |
| **Past Medical History** | | | | | | | |
| **Covid Status**  *Patients need to be COVID Positive and confirmed by LFT AND have symptoms* (feverish, chills, sore throat, cough, shortness of breath or  difficulty breathing, nausea, vomiting, diarrhoea, headache, red or watery eyes, body aches, loss of taste or smell,  fatigue, loss of appetite, confusion, dizziness, pressure or tight chest, chest pain, stomach ache, rash, sneezing,  sputum or phlegm, runny nose)  Date of onset of symptoms (NOTE asymptomatic patient are NOT eligible):  Date of LFT:  Test(s) Positive    Test(s) Negative | | | | | | | |
| **Please tick which cohort and description the patient meets from the list below** | | | |  | | | |
| |  |  |  | | --- | --- | --- | | Please tick | Cohort | Description | |  | Down’s syndrome / Chromosomal disorders | All patients with Down’s syndrome or other chromosomal disorders known to affect immune competence | |  | Patients with a solid cancer | This includes:   * Metastatic or locally advanced inoperable cancer * Lung cancer (at any stage) * people receiving any chemotherapy (including antibody-drug conjugates), PI3K inhibitors or radiotherapy within 12 months * people who have had cancer resected within 3 months and who received no adjuvant chemotherapy or radiotherapy * people who have had cancer resected within 3 to 12 months and receiving no adjuvant chemotherapy or radiotherapy are expected to be at less risk (and thus less priority) but still at increased risk compared with the non-cancer populations | |  | Patients with haematological disease and recipients of haematological stem cell transplant (HSCT) | This includes:   * Allogeneic HSCT recipients in the last 12 months or active graft vs host disease (GVHD) regardless of time from transplant (including HSCT for non-malignant diseases) * Autologous HSCT recipients in the last 12 months (including HSCT for non-malignant diseases) * Individuals with haematological malignancies who have received CAR-T cell therapy in the last 24 months, or until the lymphocyte count is within the normal range * Individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months, or radiotherapy in the last 12 months * All people who do not fit the criteria above, and are diagnosed with: * myeloma (excluding monoclonal gammopathy of undetermined significance (MGUS)) * AL amyloidosis * chronic B-cell lymphoproliferative disorders (chronic lymphocytic leukaemia, follicular lymphoma) * myelodysplastic syndrome (MDS) * chronic myelomonocytic leukaemia (CMML) * myelofibrosis * any mature T-cell malignancy * All people with sickle cell disease * People with thalassaemia or rare inherited anaemia with any of the following: * Severe cardiac iron overload (T2\*less than 10ms) * Severe to moderate iron overload (T2\* greater than or equal to 10ms) plus an additional co-morbidity of concern (for example, diabetes, chronic liver disease or severe hepatic iron load on MRI) * Individuals with non-malignant haematological disorders (for example, aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (for example, anti-CD20, anti-thymocyte globulin (ATG) and alemtuzumab) within the last 12 months | |  | Patients with renal disease | This includes:   * Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who have: * received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], anti-thymocyte globulin) * an additional substantial risk factor which would in isolation make them eligible for oral antivirals * Non-transplant patients who have received a comparable level of immunosuppression * Patients with chronic kidney stage (CKD) 4 or 5 (an eGFR less than 30 ml/min/1.73m2) without immunosuppression | |  | Patients with liver disease | This includes:   * Patients with cirrhosis Child’s-Pugh class A, B and C. whether receiving immune suppressive therapy or not. Those with decompensated liver disease (Child’s-Pugh B and C) are at greatest risk * Patients with a liver transplant * People with liver disease on immune suppressive therapy (including people with and without cirrhosis) | |  | Solid organ transplant recipients | Solid organ transplant recipients not in any of the above categories | |  | Patients with immune-mediated  inflammatory disorders (IMID) | This is including:   * people who have received a B-cell depleting therapy (anti-CD20 drug for example, rituximab, ocrelizumab, ofatumab, obinutuzumab) in the last 12 months. * people who have been treated with cyclophosphamide (IV or oral) in the 6 months prior to positive COVID test * people who are on corticosteroids (equivalent to GREATER than 10mg per day of prednisolone) for at least the 28 days prior to positive COVID test * people who are on current treatment with mycophenolate mofetil, oral tacrolimus, azathioprine, mercaptopurine (for major organ involvement such as kidney, gastro-intestinal tract, liver and/or interstitial lung disease), methotrexate (for interstitial lung disease or asthma ONLY) and/or ciclosporin. No minimum dose threshold is suggested * people who exhibit at least one of: * (a) uncontrolled or clinically active disease (that is, required recent increase in dose or initiation of new immunosuppressive drug or IM steroid injection or course of oral steroids within the 3 months prior to positive PCR);   AND/OR   * (b) other high-risk comorbidities (e.g. body mass index (BMI) >30, diabetes mellitus, hypertension, major organ involvement such as significant kidney, liver or lung inflammation or significantly impaired renal, liver and/or lung function) | |  | Respiratory | This includes:   * asthma in people on oral corticosteroids (equivalent to GREATER than 10mg per day of prednisolone for at least the 28 days prior to positive COVID test). Any asthma patient taking immunosuppressants for their asthma including but not exclusively methotrexate, ciclosporin * COPD on long term home non-invasive ventilation (NIV). Patients on long term oxygen therapy. People with moderate or severe disease (FEV1 greater than or equal to 50% predicted) who have required 4 or more courses of prednisolone 30mg for 5 days or greater in last 12 months * interstitial lung disease (ILD) - all patients with idiopathic pulmonary fibrosis * sub-types of ILD - for example, connective tissue disease related, sarcoidosis, hypersensitivity pneumonitis, NSIP (non-specific interstitial pneumonia) who have received a B-cell depleting therapy in last 12 months, or IV or oral cyclophosphamide in the 6 months prior to testing positive for COVID-19. Any ILD patient on current treatment with corticosteroids, mycophenolate mofetil, azathioprine, tacrolimus, cyclosporin or methotrexate. No minimum dose criteria * any people with any type of ILD who may not be on treatment due to intolerance but has severe disease with an FVC predicted less than 60% * NIV - all patients requiring this type of support regardless of the underlying disorder (which might include COPD, obesity hypoventilation syndrome, scoliosis, bronchiectasis, genetic muscular diseases refer to neurology section) * lung cancer patients, refer to ‘Solid cancer’ section above * lung transplant patients (refer to solid organ transplant section) * pulmonary hypertension (PH): groups 1 and 4 from PH classification | |  | Primary immune deficiencies | This includes:   * Common variable immunodeficiency (CVID) * Undefined primary antibody deficiency on immunoglobulin (or eligible for Immunoglobulin) * Hyper-IgM syndromes * Good’s syndrome (thymoma plus B-cell deficiency) * Severe Combined Immunodeficiency (SCID) * Autoimmune polyglandular syndromes/autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome) * Primary immunodeficiency associated with impaired type I interferon signalling * X-linked agammaglobulinaemia (and other primary agammaglobulinaemias) * Any patient with a secondary immunodeficiency receiving, or eligible for, immunoglobin replacement therapy | |  | HIV/AIDS | * people with high levels of immune suppression, have uncontrolled or untreated HIV (high viral load) or present acutely with an AIDS defining diagnosis * people on treatment for HIV with CD4 less than 350 cells per mm3 and stable on HIV treatment or CD4 greater than 350 cells per mm3 and additional risk factors (for example, age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, alcoholic dependency) | |  | Neurological disorders | This includes ONLY:   * Conditions associated with neuromuscular respiratory failure requiring chronic ventilatory support: * motor neurone disease * Duchenne muscular dystrophy * Conditions that require use of specific immunotherapies: * multiple sclerosis (MS) * myasthenia gravis (MG) * other immune mediated disorders * Dementia and neurodegenerative disorders when associated with severe frailty: * Alzheimer’s disease, vascular disease, Lewy body disease, or frontotemporal atrophy * Parkinson’s Disease * Huntington’s disease * progressive supranuclear palsy and multiple system atrophy | |  | High risk paediatric patients | **ELIGIBLE PAEDIATRIC PATIENTS SHOULD BE REFERRED DIRECTLY BY THEIR GP TO THE ONCALL PAEDIATRIC CONSULTANT AT THEIR LOCAL ACUTE TRUST – THEY WILL FURTHER DISCUSS THIS WITH THE TERTIARY MDT AT EITHER ALDER HEY OR ROYAL MANCHESTER CHILDRENS HOSPITAL**  Non-hospitalised individuals in the older than 12 and younger than 18 years age range considered at high risk from COVID-19 and to be prioritised for consideration of treatment with neutralising monoclonal antibodies when symptomatic and SARS-CoV-2 PCR positive.  **Children and young people (CYP) at substantial risk**  Complex life-limiting neurodisability with recurrent respiratory infections or compromise. CYP at significant risk if 2 or more of these risk factors are present Primary immunodeficiency:   * common variable immunodeficiency (CVID) * primary antibody deficiency on immunoglobulin (or eligible for immunoglobulin replacement) * hyper-IgM syndromes * Good’s syndrome (thymoma plus B-cell deficiency) * severe combined immunodeficiency (SCID) * autoimmune polyglandular syndromes or autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome) * primary immunodeficiency associated with impaired type I interferon signalling * x-linked agammaglobulinaemia (and other primary agammaglobulinaemias)   Secondary immunodeficiency:   * HIV CD4 count less than 200 cells per mm3 * solid organ transplant * HSCT within 12 months, or with GVHD * CAR-T therapy in last 24 months * induction chemotherapy for acute lymphoblastic leukaemia (ALL), non-Hodgkin’s lymphoma, chemotherapy for acute myeloid leukaemia (AML), relapsed and/or refractory leukaemia or lymphoma   Immunosuppressive treatment:   * chemotherapy within the last 3 months * cyclophosphamide within the last 3 months * corticosteroids greater than 2mg per kg per day for 28 days in last 4 weeks * B cell depleting treatment in the last 12 months   Other conditions:   * high BMI (greater than 95th Centile) * severe respiratory disease (for example, cystic fibrosis or bronchiectasis with FEV1 less than 60%) * tracheostomy or long-term ventilation * severe asthma (PICU admission in 12 months) * neurodisability and/or neurodevelopmental disorders * severe cardiac disease * severe chronic kidney disease * severe liver disease * sickle cell disease or other severe haemoglobinopathy * trisomy 21 * complex or chromosomal genetic or metabolic conditions associated with significant comorbidity * multiple congenital anomalies associated with significant comorbidity * bronchopulmonary dysplasia - decisions should be made taking in to account degree of prematurity at birth and chronological age * infants less than 1 year with congenital heart disease (CHD):   + cyanotic congenital heart disease   + haemodynamically significant acyanotic CHD and history of prematurity   + those due for corrective surgery, to avoid complications or delay due to SARS-CoV-2 infection | | | | | | | | |
| Name of Referrer:  Profession:  Organisation/Practice Code:  Contact No: | | GP Practice:  GP Practice address:  GP Practice Contact No:  GP Alternative Contact No:  GP Practice E-mail Address: | | | | | |
| GP/Referrer Signature: | | | | | | Date: | |