# **Direct Referral Template** for Community Access to Neutralising Monoclonal Antibodies (nMAB) and Oral Antivirals for Covid-19 Treatment

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| Date of referral: |  |
| Primary Care referral [ ]  Yes  | Secondary Care referral [ ]  Yes  |
| Referrer name:Organisation: Team Contact No: Email:  |
| Usual GP: GP Organisation: Team Contact No: Email: |
| Patient information |
| NHS No |  |
| Surname:  | First Name:  |
| Title:  | Gender:  | D.O.B:  |
| Address: Postcode:  | Tel:  |
| Mobile:  |
| Email:  |
| Ethnicity:  | Language spoken: |
| Interpreter Required: [ ]  Yes [ ]  No |
| Patient (or relevant guardian if patient lacks consent) gives consent for referral? [ ]  Yes [ ]  No |

**If unable to tick Yes or N/A in the ‘Patient Eligibility Criteria’ section – please don’t refer to a CMDU**. The eligibility criteria are defined by NHSE and can be seen [here](https://www.nice.org.uk/guidance/ta878).

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| **Patient Eligibility Criteria:**  |
| **Date of Positive Covid-19 LFD Test Result:**       [ ]  N/A **Date of Positive Covid-19 PCR Test Result:**       [ ]  N/A**Within 5 days⃰** of **symptom onset.** [ ]  Yes ***⃰ referrals made on day 5 will still be triaged and actioned by CMDUs, even if these are seen after day 5 (e.g., referred on Friday evening and triaged on Monday)*** |
| **The patient is symptomatic and not showing signs of improvement** [ ]  Yes  |
| **Patient NOT requiring hospitalisation or oxygen for COVID-19** [ ]  Yes  |
| **Patient 12 years old or older** [ ]  Yes |
| **Patient weighs more than 40kg** [ ]  Yes |
| **I confirm that the medication list (below or attached) has been checked with the patient****and is a complete list** [ ]  Yes |
| **Complete list of current medication (or attached summary with checked medication list):**      **CV-19 vaccination status:**       |
| **The patient is in a ‘High Risk’ group**  The below eligibility criteria are **accurate on 19.3.2024**. An up to date list of those eligible for these treatments can be found [here](https://www.nice.org.uk/guidance/ta878).**Please complete Section 1 or 2 depending on the age of the patient.**  |
| **Section 1****‘High Risk’ Adults:**  |
| * **Down’s syndrome or other chromosomal disorders known to affect immune competence** [ ]  Yes

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| * **Solid cancer** [ ]  Yes

Choose an item. |
| * **Haematological diseases and recipients of haematological stem cell transplant (HSCT)** [ ]  Yes

Choose an item. |
| * **Renal disease** [ ]  Yes

Choose an item. |
| * **Liver diseases** [ ]  Yes

Choose an item. |
| * **Solid organ transplant recipients** [ ]  Yes
 |
| * **Immune-mediated inflammatory disorders (IMID)** [ ]  Yes

Choose an item. |
| * **Respiratory** [ ]  Yes

Choose an item. |
| * **Immune deficiencies** [ ]  Yes

Choose an item. |
| * **HIV/AIDS** [ ]  Yes

Choose an item. |
| * **Neurological disorders** [ ]  Yes

Choose an item. |
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| **Section 2****High Risk Children (older than 12 and younger than 18 years, greater than 40KG weight, and clinical concern):**  |
| * **Children and young people (CYP) at substantial risk** [ ]  Yes

Choose an item. |
| * **CYP at significant risk if 2 or more of these risk factors are present:**

**Primary immunodeficiency** [ ]  YesChoose an item.**Secondary immunodeficiency** [ ]  YesChoose an item.**Immunosuppressive treatment** [ ]  YesChoose an item.**Other conditions** [ ]  YesChoose an item. |

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| **Section 3****Additional Risk Groups - patients:**  |
| * **aged 85 years and over** [ ]  Yes

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| * **with end-stage heart failure who have a long-term ventricular**

**assistance device** [ ]  Yes  |
| * **on the organ transplant waiting list** [ ]  Yes
 |
| * **who are residents in a care home AND who:**
* **are aged 70 years and over OR** [ ]  Yes
* **have body mass index (BMI) of 35 kg/m2 or more OR** [ ]  Yes
* **have diabetes OR** [ ]  Yes
* **have heart failure** [ ]  Yes

For hospital acquired CV-19: see full guidelines [here](https://www.nice.org.uk/guidance/ng191)   |