# **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 |
| * **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**  Yes  Choose an item.  **Secondary immunodeficiency**  Yes  Choose an item.  **Immunosuppressive treatment**  Yes  Choose an item.  **Other conditions**  Yes  Choose an item. |

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