**COVID Antiviral Service – Referral Form**

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| Section 1 – Patient Information |
| Name |  |
| CHI (or DoB if no GP in Scotland) |  |
| Contact phone number(s) |  |
| Registered GP |  |
| Health board (or usual country of residence) |  |

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| Section 2 – COVID Assessment |
| Day of infection | 0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5[ ]   |
| Date symptoms started |  |
| Tested positive (Yes/No) |  |
| Worsening advice | * Contact GP if symptoms worsen
* Out of hours, phone NHS 24 on 111 or **phone 999 in a life-threatening emergency**
* **Oncology** patients should phone the **cancer patient helpline** on **0800 917 7711** if on chemotherapy and have signs of infection/toxicity, including COVID symptoms.
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| Section 3 – Eligibility and suitability for treatment |
| Meets current eligibility criteria (Yes/No/Unsure) |  |
| Reason |  |
| Pregnant (if female age ≤55) |  |
| Age <18 |  |

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| Section 4 – Referral details |
| Completed by (name) |  |
| Date |  |
| Additional information (if any)  |  |

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| Guidance for Flow Navigation Centre |
| * Use Trak to obtain all patient details (e.g. name and CHI) where available.
* Once complete, email to loth.pharmacistcovidmedicinetriage@nhslothian.scot.nhs.uk and cc the flow centre email (flowcentre@nhslothian.scot.nhs.uk) **using only the day of symptoms as the subject of the email (e.g. *DAY 1*)**.
* Advise patients that they will usually be contacted by telephone the same day or the following day. However, referrals received at the weekend will be contacted on Monday.
* The caller ID may show as “unknown” or “private” number.
* Ask patients to have a list of current medicines available for when they are contacted.
* If patient is not eligible due to date of symptom onset >5 days, inform patients that there is no evidence of benefit from treatment. Save referral to appropriate folder.
* If patient is not suitable for treatment due to pregnancy or age (16-17), advise the patient there are no treatment options available in NHS Lothian, however if they express concerns and wish to discuss this with a Consultant, they may be referred to WGH.InfectiousDiseases@nhslothian.scot.nhs.uk – see separate guidance.
* See guidance notes for further information on completion of this form.
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