**Suspected COVID 19 Referral & Assessment Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PATIENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **GP DETAILS** | | | | | | | | | | | |
| Surname: | | | **[MERGED FIELD]** | | | | | | | | | | | | | | | First Name: | | | | | | | **[MERGED FIELD]** | | | | | | | | | | |  | | | Name: | | | | **[MERGED FIELD]** | | | | | | | |
| D.O.B.: | | | **[MERGED FIELD]** | | | | | | | | | | | | | | | Gender: | | | | | | | **[MERGED FIELD]** | | | | | | | | | | |  | | | Code: | | | | **[MERGED FIELD]** | | | | | | | |
| Age: | | | **[MERGED FIELD]** | | | | | | | | | | | | | | | NHS No.: | | | | | | | **[MERGED FIELD]** | | | | | | | | | | |  | | | Address: | | | | **[MERGED FIELD]** | | | | | | | |
| Address: | | | **[MERGED FIELD]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | |
| Post code: | | |  | | |
| Home Tel.: | | | **[MERGED FIELD]** | | | | | | | | | | | | | Mobile: | | | | | | | | | **[MERGED FIELD]** | | | | | | | | | | |  | | | Post code: | | | |
| Other Tel: | | |  | | | | | | | | | | | | | Other Tel Name: | | | | | | | | |  | | | | | | | | | | |  | | | Tel. No.: | | | | **[MERGED FIELD]** | | | | | | | |
| Interpreter required? | | | Yes | | | |  | | | | No | | |  | | First Language: | | | | | | | | |  | | | | | | | | | | |  | | | E-mail: | | | | **[MERGED FIELD]** | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REMOTE TRIAGE COVID 19 ASSESSMENT BY SENIOR PRIMARY CARE HEALTH CARE PROFESSIONAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COVID 19 PRESENTATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Positive COVID 19 PCR swab | | | | | | | | | | | | | | | Date of Swab: | | | | | | | | | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Known contact (including household member) with COVID 19 diagnosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recent hospital attendance (within 14 days) | | | | | | | | | | | | | | | | | | | | | | | Date of Attendance: | | | | | | | | | | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | | | | | | | | | | | | |
| Suspected COVID 19 based on clinical symptomatology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PATIENT RELATED COVID 19 RISK FACTORS (Tick all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NO RISK FACTORS** | | | | | | | | | | | | | | | | | | | |
| **RESPIRATORY** | | | | | | Asthma | | | | | | | | | | | | | | COPD | | | | | | | | | Bronchiectasis | | | | | | | | | | | Fibrotic/ CLD | | | | | | | | Cystic Fib | | |
| **CARDIOVASCULAR** | | | | | | IHD | | | | | | | | | | | | | | LVF / RVF | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | |
| **METABOLIC** | | | | | | Pre-Diabetes | | | | | | | | | | | | | | Diabetes 1 /2 | | | | | | | | | Gout | | | | | | | | | | |  | | | | | | | |  | | |
| **NEUROLOGICAL** | | | | | | Parkinsons | | | | | | | | | | | | | | MS | | | | | | | | | MND | | | | | | | | | | |  | | | | | | | |  | | |
| **IMMUNE SYSTEM** | | | | | | Transplant | | | | | | | | | | | | | | Medications | | | | | | | | | Chemo RX | | | | | | | | | | | Splenectomy | | | | | | | | HIV | | |
| **OTHER** | | | | | | BMI>40 | | | | | | | | | | | | | | Chronic Liver D | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | |
| **ANY OTHER INFORMATION:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COVID 19 REMOTE HISTORY (Tick ALL that Apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Symptom Onset: | | | | | | | | | | | | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New recurrent cough  Anosmia | | | | | | | | | | | | | | | | | | | | | High Temperature  Fatigue | | | | | | | | | | | | | | | | Shortness of Breath  Myalgia | | | | | | | | | | | | | |
| **Additional Information : history and, if available patient based pulse, O2 Sats BP & temperature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FACE 2 FACE COVID 19 ASSESSMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Clinician: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Date & Time of Assessment: | | | | | | | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | | | | | | | \_ \_ : \_ \_ (24 hrs) | | | | |
| **NEWS2 OBS:** | | | | | **PULSE:** | | | | |  | | | | | | | **SA02%:** | | | | |  | | | | | | | | **RESPIRATORY RATE:** | | | | | | | |  | | | | | | **TEMP:** | | | | |  | |
| **Parameter** | | | | **3** | | | | | | | | **2** | | | | | | | **1** | | | | | | **0** | | | | | | | | **1** | | | | | | | | **2** | | | | **3** | | | | | **Patient Score** |
| **RR (min)** | | | | <9 | | | | | | | |  | | | | | | | 9-11 | | | | | | 17-20 | | | | | | | |  | | | | | | | | 21-24 | | | | >24 | | | | |  |
| **SaO2% (1)** | | | | <92 | | | | | | | | 92-93 | | | | | | | 94-95 | | | | | | >96 | | | | | | | |  | | | | | | | |  | | | |  | | | | |  |
| **SaO2 % 2)** | | | | <84 | | | | | | | | 84-85 | | | | | | | 86-87 | | | | | | 88-92 | | | | | | | |  | | | | | | | |  | | | |  | | | | |  |
| **BP Sys** | | | | <91 | | | | | | | | 91-100 | | | | | | | 101-110 | | | | | | 111-219 | | | | | | | |  | | | | | | | |  | | | | >219 | | | | |  |
| **PULSE** | | | | <41 | | | | | | | |  | | | | | | | 41-50 | | | | | | 51-90 | | | | | | | | 91-110 | | | | | | | | 111-130 | | | | >130 | | | | |  |
| **CONSCIOUS** | | | |  | | | | | | | |  | | | | | | |  | | | | | | ALERT | | | | | | | |  | | | | | | | |  | | | | CVPU | | | | |  |
| **TEMP** | | | | <35.1 | | | | | | | |  | | | | | | | 35.1-36.0 | | | | | | 36.1-38.0 | | | | | | | | 38.1-39 | | | | | | | | >39.1 | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Total Score** | | | | | | | | |  |
| **CLINICAL FRAILTY SCALE (Tick ONE that best applies)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 |  | Very fit | | | | | | | | | | | | | | | | | | | | | | | | 6 | |  | | | | Moderate Frailty - Need help with all outside activities & keeping house. Often need help with stairs and bathing & some help with dressing. | | | | | | | | | | | | | | | | | | |
| 2 |  | Well - No active disease symptoms, active occasionally | | | | | | | | | | | | | | | | | | | | | | | | 7 | |  | | | | Severely Frail – Completely dependent for personal care. Not at high risk of dying in 6 months | | | | | | | | | | | | | | | | | | |
| 3 |  | Managing well - Medical problems well controlled, manages routine walking | | | | | | | | | | | | | | | | | | | | | | | | 8 | |  | | | | Very Severely Frail – Completely dependent approaching end of life | | | | | | | | | | | | | | | | | | |
| 4 |  | Vulnerable - Not dependent on others for daily help, symptoms limit activity | | | | | | | | | | | | | | | | | | | | | | | | 9 | |  | | | | Terminally Ill – Life expectancy <6months | | | | | | | | | | | | | | | | | | |
| 5 |  | Mildly Frail - More evident slowing, tend to need help with heavy housework, shopping, not walking outside alone | | | | | | | | | | | | | | | | | | | | | | | | TEP Available: | | | | | | | | | | | | Yes | | | | | | | | | No | | | |
| DNAR Completed: | | | | | | | | | | | | Yes | | | | | | | | | No | | | |
| **ADDITIONAL INFORMATION (Free Text)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OUTCOME OF ASSESSMENT (Tick Which Category Applies)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | CATEGORY 1  If any **1 criteria** is met | | | | | | | | | | | | | | | CATEGORY 2  If **all** following criteria are met | | | | | | | | | | | | | | | | | | CATEGORY 3  If **all** following criteria are met | | | | | | | | |
| **Please Tick** | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **ACTION** | | | | | | | | | ADMIT TO HOSPITAL | | | | | | | | | | | | | | | HOME WITH HEALTH ACTIVE MONITORING | | | | | | | | | | | | | | | | | | HOME WITH HEALTH ADVICE AND SAFETY NET | | | | | | | | |
| **NEWS SCORE** | | | | | | | | | >4 or single score >2 | | | | | | | | | | | | | | | <5 & single score <3 | | | | | | | | | | | | | | | | | | <5 & single score <3 | | | | | | | | |
| **O2 SATS %** | | | | | | | | | <93 or <88 (COPD) | | | | | | | | | | | | | | | 93-96 or (88-94) COPD | | | | | | | | | | | | | | | | | | >96 or >94 COPD | | | | | | | | |
| **MENTAL STATE** | | | | | | | | | NEW CONFUSION | | | | | | | | | | | | | | | NO new confusion | | | | | | | | | | | | | | | | | | NO new confusion | | | | | | | | |
| **HIGH RISK/ CLINICAL JUDGEMENT** | | | | | | | | | High risk / Clinical Judgement | | | | | | | | | | | | | | | Clinically Deemed High risk | | | | | | | | | | | | | | | | | | Low Risk Category | | | | | | | | |

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| **PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS** | |
| Allergies: | **[MERGED FIELD]** |
| Current medication: | **[MERGED FIELD]** |