**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 1If any **1 criteria** is met | CATEGORY 2If **all** following criteria are met | CATEGORY 3If **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]** |