PLEASE CHECK YOU ARE USING THE LATEST VERSION OF THIS DOCUMENT
(AVAILABLE IN THE CLINICAL HANDBOOK VIA BEACON)

PATIENT LABEL	**Date of onset of first/earliest symptom**
	Date of positive COVID swab - check for previous positive results (either PCR or LFT) in the past 12 weeks
	Date of hospital admission

This document is intended for use in patients who have not been hospitalised for the acute management of COVID-19 symptoms, but have tested positive for SARS-CoV-2 infection. Please note that if the patient's condition worsens at any point it may be appropriate to switch to the viral pneumonia pathway.

1. COVID-19 treatments		

	Inclusion criteria
	
	The treatments listed below are for consideration if the following three criteria are met:
	
	• Hospitalised but not thought to have a viral pneumonia ☐
	• SARS-CoV-2 infection is confirmed by either:
	  o Polymerase chain reaction (PCR) testing ☐ OR
	  o Lateral flow test ☐
	• Symptomatic with COVID-19 and showing no signs of clinical recovery ☐
	
	In addition, one of the following must apply – please discuss with a relevant specialist or the medical consultant on-call:
	
	• The patient is a member of a 'highest' risk group (see back page) ☐ OR
	• COVID-19 infection presents a material risk of destabilising a pre-existing condition or illness or compromising recovery from surgery or other hospital procedure as determined by multidisciplinary team [MDT] assessment.
	  o Weekday MDT to include relevant specialist and/or ID consultant and/or ward clinical pharmacist. ☐
	  o At weekends involve microbiologist and CAU clinical pharmacist ☐
	
	If these do not apply, no specific COVID-19 treatment is currently indicated. Please review if the clinical situation changes.
		Y N/A
		
		Y N/A

2. First line - Paxlovid (nirmatrelvir/ritonavir)		
	Discuss during the working day with relevant consultant and ward pharmacist if the following criteria are met: • Within 5 days of symptom onset ☐ • No history of advanced decompensated liver cirrhosis or stage 4-5 chronic kidney disease (CKD) ☐ • The patient is NOT pregnant ☐ Do NOT prescribe Paxlovid until the ward pharmacist has confirmed that there are no relevant drug interactions. If the drug interactions prevent the use of Paxlovid, move to second line option instead. Please note the dose varies according to renal function. Paxlovid needs to be prescribed on HEPMA on the "protocol" tab – there is one option for normal dose, and one for dose in reduced renal function.	Y N Y N
3. Second line - Remdesivir		
a)	Discuss during the working day with relevant consultant if the following criteria are met: • Treatment with nirmatrelvir/ritonavir is contraindicated or not possible ☐ • Within 7 days of symptom onset ☐ • eGFR ≥ 30ml/min OR on haemodialysis ☐ • Baseline ALT < 5 x upper limit of normal ☐ • If patient is or may be pregnant, discuss with ID consultant ☐ Dose is 200mg on day 1, then 100mg daily on days 2 and 3.	Y N/A
4. Third line - Sotrovimab		
	Discuss during the working day with relevant consultant if the following criteria are met: • Within 5 days of symptom onset ☐ • Treatment with remdesivir and nirmatrelvir/ritonavir are both contraindicated or not possible ☐ OR • Clinical judgement deems that an nMAB should be the preferred treatment ☐ Sotrovimab is a one-off dose of 500mg.	Y N/A
Sign and print name:		Phone No:
Date:		Time:

Identifying patients in the highest risk groups

If the patient falls into any of the categories below, they may be eligible for treatment. Please check the clinical guide for further advice.

Condition	***Sub category***	***Tick if condition present***
Down's syndrome	Includes other chromosomal disorders which affect immune competency	
Solid cancer	Includes all lung cancers, any metastatic or inoperable cancer, any patients receiving chemotherapy, immunotherapy or radiotherapy within the past 12 months, and any patients who have had cancer resected within the past 12 months.	
Haematological diseases	Includes the majority of haematological diseases – please contact haematologist for advice	
Renal disease	Includes patients with eGFR <30ml/min, renal transplant patients	
Liver disease	Includes patients with cirrhosis, people with a liver transplant, or those on immune suppressive therapy	
Solid organ transplant recipients	Any other solid organ transplant	
Immune-mediated inflammatory disorders	Includes patients who are currently taking ciclosporin, mycophenolate, tacrolimus, azathioprine/mercaptopurine for kidney, liver or interstitial lung disease, methotrexate for interstitial lung disease; patients who have taken daily oral corticosteroids >10mg of prednisolone for the past 28 days; patients who have had cyclophosphamide, biologics or JAK-inhibitors in the past 6 months; patients who have had B-cell depleting therapy (eg rituximab) in the past 12 months. Also patients with uncontrolled or clinically active disease – please contact relevant specialist for advice.	
Immune deficiencies	Includes the majority of immune deficiencies – please contact the relevant specialist for advice	
HIV/AIDS	Dependent on current risk factors - contact infectious diseases consultant for advice	
Neurological and neurodisability conditions	Multiple sclerosis, motor neurone disease, myasthenia gravis, Huntington's disease	