COVID-19 Oximetry at home service

PATIENT REFERRAL FORM

Guidance

Please use this form to refer patients registered in Shropshire or Telford and Wrekin CCG area in the following groups and with symptoms suggestive of COVID-19.

- New onset continuous cough +/-
- Fever +/-
- Anosmia loss of taste or smell

and

- Aged 65 and above or
- Included in the extremely <u>clinically vulnerable group</u> (shielding patients)

Process

Assess

- Patient indentified suitable for inclusion.
- Referral into service via F12 EMIS template or paper pro forma.
- Patients representative asked to collect pulse oximeter pack from referrer location.

Plan

- Patient or carer contacted by senior clinician at monitoring service.
- Comfirmation of clinical impression, consultation, management plan, safety net provied.
- Patient asked to fill in diary and contact relevant service if worsening. .

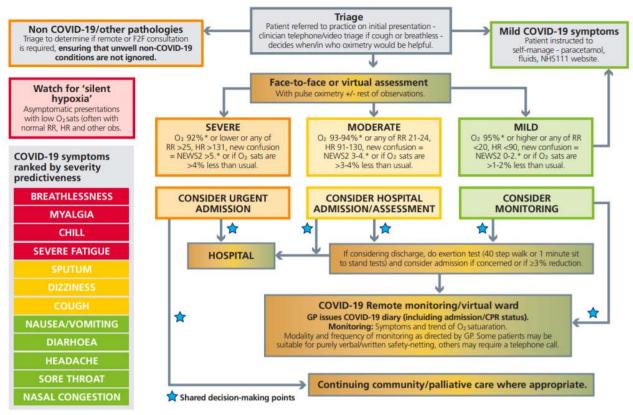
Virtual monitoring

- Patient to be contacted every two days by a clinician for general functional assessment, assessment of oxygen saturation readings.
- Worsening symptoms dealt with by pathway (appendix two).
- •Dsicharge from the service will following clinical review and if safe to do so.

Exclusions

- Patients under 18.
- Patients with limited capacity to undertake virtual monitoring (if receiving care and has responsible person this is not an exclusion).
- Patients who at assessment are significantly unwell and require escalation to secondary care.

Annex 1: Adult primary care COVID-19 assessment pathway⁷



25ee also: https://www.cebm.net/covid-19/what-is-the-efficacy-and-safety-of-rapid-exercise-tests-for-exertional-desaturation-in-covid-19/

Patient details

First Names:	Click here to enter text.
Last name:	Click here to enter text.
NHS Number:	Click here to enter text.
Date of Birth	Click here to enter text.
Phone:	Click here to enter text.
Phone2:	Click here to enter text.
Email:	Click here to enter text.
Address:	Click here to enter text.

Referrer information

Practice name:	Click here to enter text.	Phone:	Click here to enter text.
Referrer name:	Click here to enter text.		
GMC/NMC/HCPC:	Click here to enter text.		

Clinical information

Date of COVID-19 symptoms:	Click here to enter a date.	
Date of COVID-19 PCR test	Click here to enter a date.	
Result of PCR test if known	Choose an item.	
Reason for inclusion COVID-19	Click here to enter text.	
Oximetry at home		
Details of any ReSPECT decisions	Click here to enter text.	
ceiling of care, patient wishes.		
Any Additional information:	Click here to enter text.	

(BRIEF EMIS SUMMARY)

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\Box I have assessed the clinician condition of the patient and confirence clinical impression of the patient is COVID-19 infection.	n the most likely
\square I have provided instructions or how to collect a pulse oximetry preferral location.	ack from the
\Box The patient is suitable for management within the COVID-19 Ox service.	ximetry at home
\square I have provided safety netting to the patient and current informa	ation on
Self-isolation whilst awaiting a call back.	

Please attach a brief EMIS/VISION or discharge summary to the referral.

Email referral to shropdoc.cms@nhs.net

Telephone number for enquiries 01743 454911.

Please inform the patient a clinician will contact them within 12 hours to discuss the next steps.