

COVID-19 Oximetry at home service

PATIENT REFERRAL FORM

Guidance

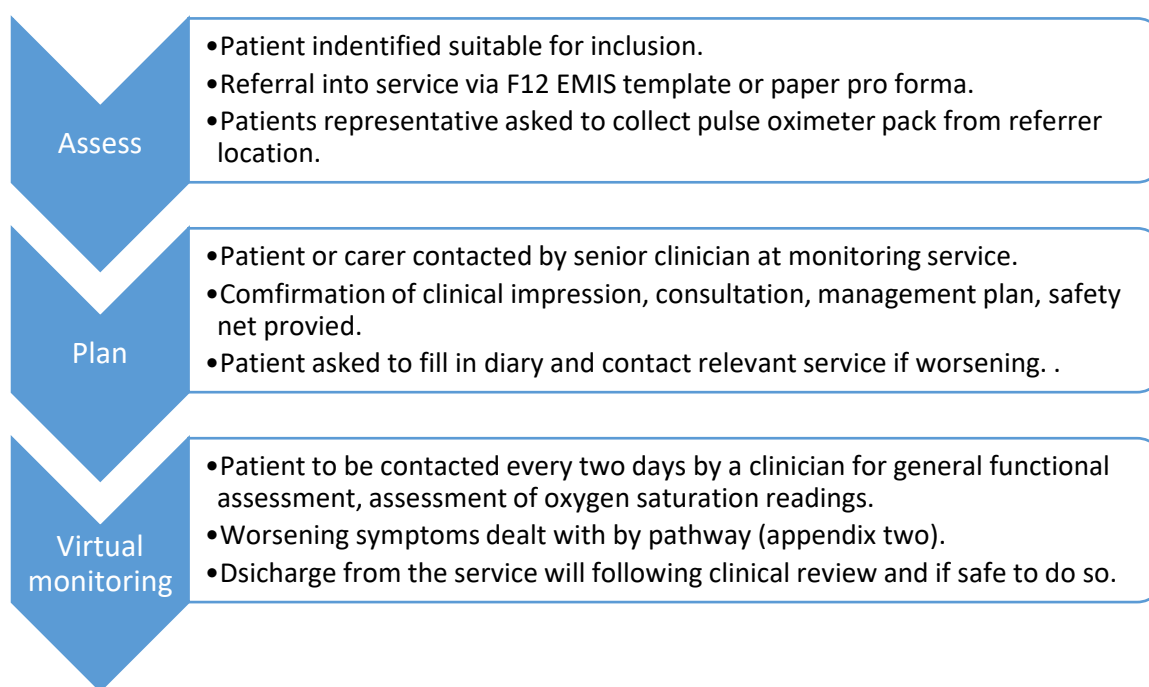
Please use this form to refer patients registered in Shropshire or Telford and Wrekin CCG area in the following groups and with symptoms suggestive of COVID-19.

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

and

- Aged 65 and above **or**
- Included in the extremely [clinically vulnerable group](#) (shielding patients)

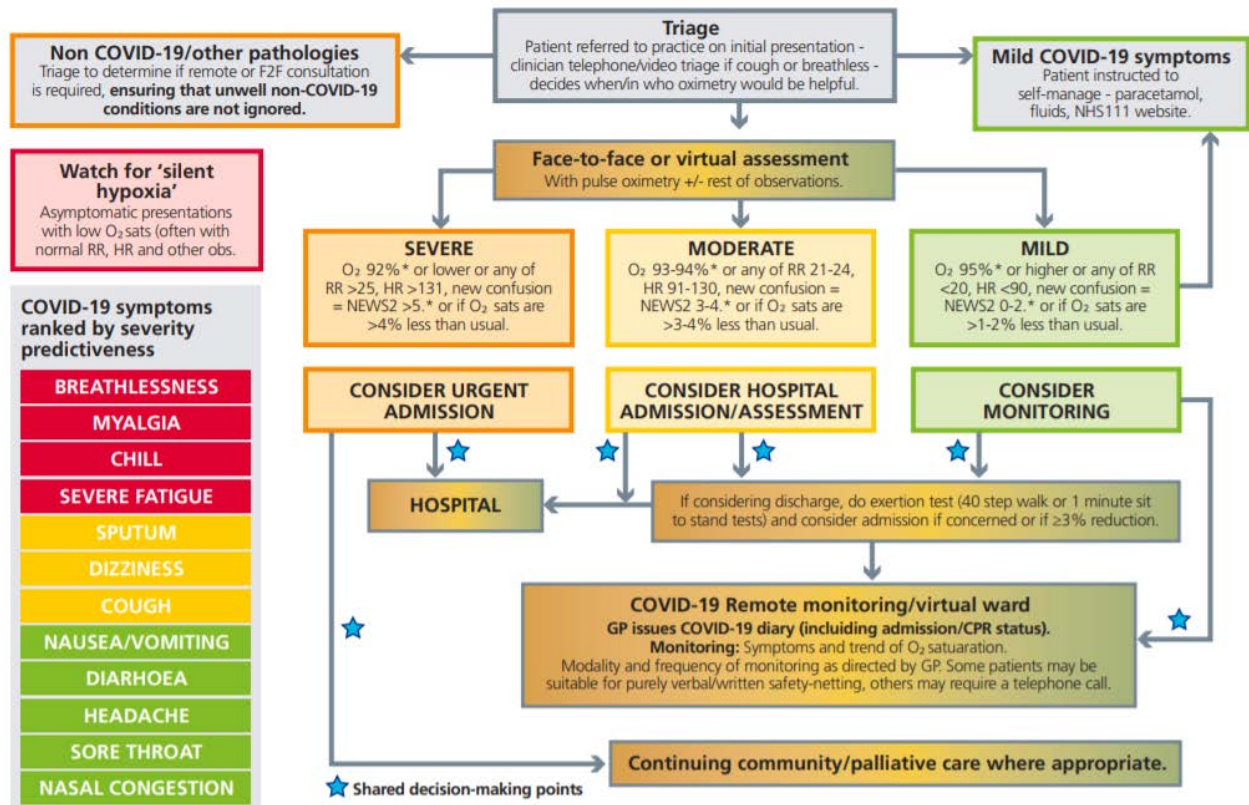
Process



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



⁷See 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

<u>First Names:</u>	Click here to enter text.
<u>Last name:</u>	Click here to enter text.
<u>NHS Number:</u>	Click here to enter text.
<u>Date of Birth</u>	Click here to enter text.
<u>Phone:</u>	Click here to enter text.
<u>Phone2:</u>	Click here to enter text.
<u>Email:</u>	Click here to enter text.
<u>Address:</u>	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 Oximetry at home	Click here to enter text.
Details of any ReSPECT decisions ceiling of care, patient wishes.	Click here to enter text.
Any Additional information:	Click here to enter text.

(BRIEF EMIS SUMMARY)

Confirmation

- I have assessed the clinician condition of the patient and confirm the most likely clinical impression of the patient is COVID-19 infection.
- I have provided instructions or how to collect a pulse oximetry pack from the referral location.
- The patient is suitable for management within the COVID-19 Oximetry at home service.
- I have provided safety netting to the patient and current information 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.