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| **APPENDIX C: Sotrovimab Screening**  **FNIHB-AB Region** | **DOB:**  **Weight (kg):**  **Height (cm):**  **BMI (kg/m2):**  **ULI:** |
| **Client Name:** |

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| **Allergies:** | |
| **Date of COVID PCR Test:** | **Previous COVID Infection: Y/N**  **If yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Symptoms (Mild/Moderate):**   * Does **not** require supplemental oxygen (or who do not require an increase in baseline oxygen flow) * Does **not** require intravenous fluids * Do **not** require hospital admission or medevac transfer out | |
| **When did the symptoms start (Date):** | |
| **COVID SWAB:** | **Swab Processing** |
| * Nasopharyngeal * Throat | * GenXpert * Abbott ID Now * Dynalife |

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| * **Check immunization status in CHIP** | |
| * **SHINGRIX** | * **Influenza** |

**Screening Questions:**

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| **Unvaccinated/Undervaccinated** | **Vaccinated** |
| * Verified in CHIP or Netcare | * Verified in CHIP or Netcare |
| * Over 55 years of age | * Date of last vaccine: \_\_\_\_\_\_\_\_\_\_ |
| * Over 18 years of age with a pre-existing medical condition:   + Diabetes mellitis (on medication)   + Obesity (BMI >30)   + Chronic Kidney Disease (eGFR <30mls/min)   + CHF (New York Heart Class II, III, IV)   + COPD   + Moderate/Severe Asthma | * Immunocompromised:   + Cancer treatment   + Immune deficiencies   + HIV (if poorly controlled or evidence of AIDS)   + Sickle cell anaemia   + Thalassaemia   + Prolonged use of immune weakening medications   + Transplant patients (solid organ or stem cell) |
| * Pregnant |
| * Criteria if undervaccinated is going to be included. |
| * Immunocompromised:   + Cancer treatment   + Immune deficiencies   + HIV (if poorly controlled or evidence of AIDS)   + Sickle cell anaemia   + Thalassaemia   + Prolonged use of immune weakening medications   + Transplant Patients (solid organ or stem cell) |

* Transportation available to High Level if required
* Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Faxed to AHS for upload to Netcare
* **Appointment at High Level Hospital (date/time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**