|  |  |
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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:**

|  |  |
| --- | --- |
| **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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**