



## **Covid Virtual Ward proforma**

D.O.B GP Phone Number Hospital Number Phone Number Address Address Address Address Address  Gender M F Date of Admission NOK Name Date of Discharge NOK Contact Number Ward / Hospital Site  Admission Information:  Responsible Consultant Name Brief Admission Summary:  Date of Onset of Covid Symptoms Date of first positive Covid Swab Date of CXR Result  ECG Result Admission Oxygen Saturations Maximum oxygen requirement during admission Started weaning from oxygen Treatments Received: IV abx Y N If yes stop date: Dexamethasone Y N N If yes stop date: Tocilizumab Y N If yes stop date: IV Fluids IV Fluids If yes stop date: IV Fluids IV Fluids If yes stop date: IV Fluids IV Fluids III Fluid	Name	GP Name
Phone Number  Address  NOK Name Date of Discharge NOK Contact Number  Ward / Hospital Site  Admission Information:  Responsible Consultant Name Brief Admission Summary:  Date of Onset of Covid Symptoms Date of first positive Covid Swab Date of CXR Result  Date of CT chest if done Result  ECG Result  Admission Oxygen Saturations Maximum oxygen requirement during admission  Started weaning from oxygen  Treatments Received: IV abx Y N If yes date stopped:  Oral abx Y N If yes stop date: Dexamethasone Y N If yes stop date: IV fluids IV I	D.O.B	GP Phone Number
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Treatments Received:  IV abx		
Oral abx	Treatments Received:	
Dexamethasone Y N If yes stop date:  Remdesivir Y N If yes stop date:  Tocilizumab Y N If yes stop date:  IV fluids Y N If yes stop date:	IV abx Y N	If yes date stopped:
Remdesivir Y N If yes stop date:  Tocilizumab Y N If yes stop date:  IV fluids Y N If yes stop date:	Oral abx Y N	If yes stop date:
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IV fluids Y N If yes stop date:	Remdesivir Y N	If yes stop date:
	Tocilizumab Y N	If yes stop date:
	IV fluids Y N	·
LIVIWH   Y   N   IT YES STOP GATE:	LMWH Y N	If yes stop date:
Prophylactic/Therapeutic	Prophylactic/Therapeutic	
Administered by (patient /family/DN)		
Required Ventilatory Support Y N CPAP/High Flow/IPPV		CPAP/High Flow/IPPV
CRP (within the last 48 hours )		





WCC (within the last 48 hours )	
Xa levels (within the last 48 hours if done )	
LFTs	
Renal Function	
Discharge Checklist:	
Discharge Oxygen Staurations	On Oxygen On air
Discharge Oxygen Staurations	On Oxygen On air If on oxygen – is this new
Stable for 48 hours:	Yes (please tick)
Oxygen saturations	Tes (please tick)
NEWS2	
HR	
Apyrexial for 48 hours	Yes (please tick)
BP	Tes (please tick)
Capillary Blood Sugar (If on Dexamethasone)	
Not on Oxygen/or if on 02 stable flow rate >48	Yes (please tick)
hrs and on day 14 or greater of medical	Tes (please tiek)
intervention	
Satisfactory Exercise Test (Negative sit to stand	Yes (please tick)
sats >94% with <4% fall from baseline or walk	res (presses seet)
test: if sats drop by >3% but are >92%)	
Inflammatory markers improving	
Most recent DIC score negative (<5)	
D-dimer trend falling	Yes (please tick)
No evidence of AKI	Yes (please tick)
CXR / CT (if performed) demonstrating changes	
typical of Covid-19 and excluding other causes	
Other causes of acute deterioration considered	Yes (please tick)
and ruled out (either clinically or on	
investigation)	
Mobile and self-caring (appropriate OT and PT	Yes (please tick)
assessment)	
Able to safely isolate at home	Yes (please tick)
Escalation Criteria as per discharging Consultant:	
	T
Oxygen Saturations	
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Refer via care flow to the Swiss nurse referral list and bleep Swiss nurse on **7107**. Once accepted complete Covid Virtual Ward proforma and fax to **Lhch.community@nhs.net**