

Covid Virtual Ward proforma

Name	GP Name
D.O.B	GP Phone Number
Hospital Number	NHS Number
Phone Number	
Address	Address
Gender <input type="checkbox"/> M <input type="checkbox"/> 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	
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 <input type="checkbox"/> Y <input type="checkbox"/> N	If yes date stopped:
Oral abx <input type="checkbox"/> Y <input type="checkbox"/> N	If yes stop date:
Dexamethasone <input type="checkbox"/> Y <input type="checkbox"/> N	If yes stop date:
Remdesivir <input type="checkbox"/> Y <input type="checkbox"/> N	If yes stop date:
Tocilizumab <input type="checkbox"/> Y <input type="checkbox"/> N	If yes stop date:
IV fluids <input type="checkbox"/> Y <input type="checkbox"/> N	If yes stop date:
LMWH <input type="checkbox"/> Y <input type="checkbox"/> N	If yes stop date:
Prophylactic/Therapeutic	
Administered by (patient /family/DN)	
Required Ventilatory Support <input type="checkbox"/> Y <input type="checkbox"/> N	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 <input type="checkbox"/> On air <input type="checkbox"/> If on oxygen – is this new
Stable for 48 hours:	<input type="checkbox"/> Yes (please tick)
Oxygen saturations	
NEWS2	
HR	
Apyrexial for 48 hours	<input type="checkbox"/> Yes (please tick)
BP	
Capillary Blood Sugar (If on Dexamethasone)	
Not on Oxygen/or if on O2 stable flow rate >48 hrs and on day 14 or greater of medical intervention	<input type="checkbox"/> Yes (please tick)
Satisfactory Exercise Test (Negative sit to stand sats >94% with <4% fall from baseline or walk test: if sats drop by >3% but are >92%)	<input type="checkbox"/> Yes (please tick)
Inflammatory markers improving	
Most recent DIC score negative (<5)	
D-dimer trend falling	<input type="checkbox"/> Yes (please tick)
No evidence of AKI	<input type="checkbox"/> Yes (please tick)
CXR / CT (if performed) demonstrating changes typical of Covid-19 and excluding other causes	
Other causes of acute deterioration considered and ruled out (either clinically or on investigation)	<input type="checkbox"/> Yes (please tick)
Mobile and self-caring (appropriate OT and PT assessment)	<input type="checkbox"/> Yes (please tick)
Able to safely isolate at home	<input type="checkbox"/> Yes (please tick)

Escalation Criteria as per discharging Consultant:

Oxygen Saturations	

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**