**Referral for supervised Covid-19 vaccination**



**Section A: Referring clinician to complete (all blue sections)**

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| **Patient details:** | |
| Surname: | NHS No: |
| Forename: | Date of birth: |
| Address: | Contact number: |
| Language of choice: |
| Communication/understanding difficulties? Yes / No  Details: |
| **Referring clinician details** | |
| Name: | Email: |
| GP surgery: | Phone number: |
| Referral date: |

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| **Indication for referral: Prior to first vaccination** | |
|  | History of immediate anaphylaxis (<2 hours) to multiple (2 or more) different drug classes, with the trigger unidentified |
|  | History of anaphylaxis to a vaccine, injected antibody preparation or a medicine likely to contain PEG (e.g. depot steroid injection, laxative) |
|  | History of idiopathic anaphylaxis that has not been investigated by Immunology service |
|  | Individuals with known history of immediate onset (<2 hours), systemic reaction to any component of the Covid-19 vaccine (e.g. Pfizer (PEG), AstraZeneca (Polysorbate 80, L-histidine)) |

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| **Details of reaction** | | |
| Name of medication(s)  (If indication is idiopathic anaphylaxis, include frequency of episodes here) |  | |
| Clinical features of reaction |  Rash   Angioedema   Dyspnoea   Wheeze   Light headedness   Collapse   Nausea/vomiting |  Diarrhoea   Rhinorrhoea   Sneezing   Other: |
| Time between vaccine exposure and symptoms | mins / hours / days | |
| Was the patient treated in hospital? | Yes / No | |
| Observations during acute reaction |  HR: bpm   BP: mmHg   O2sats: % | |
| What treatment was required? |  Antihistamines:   Corticosteroids:   Adrenaline:   Other: | |

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| **Indication for referral: Reaction after 1st vaccination** | |
|  | Immediate onset (<2 hours), systemic reaction (e.g. urticaria, angioedema) to first dose of any Covid-19 vaccine **without** features of anaphylaxis |
|  | Immediate onset (<2 hours), systemic reaction to first dose of any Covid-19 vaccine **with** features of anaphylaxis (e.g. hypotension, collapse, shortness of breath, required adrenaline) |

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| **Details of reaction** | | |
| Date of vaccination |  | |
| Name of vaccine | AstraZeneca / Pfizer / Moderna | |
| Clinical features of reaction |  Rash   Angioedema   Dyspnoea   Wheeze   Light headedness   Collapse   Nausea/vomiting |  Diarrhoea   Rhinorrhoea   Sneezing   Other: |
| Time between vaccine exposure and symptoms | mins / hours / days | |
| Was the patient treated in hospital? | Yes / No | |
| Observations during acute reaction |  HR: bpm   BP: mmHg   O2sats: % | |
| What treatment was required? |  Antihistamines:   Corticosteroids:   Adrenaline:   Other: | |
| Acute tryptase taken? | Yes / No | |

**Section B: Triaging clinician/Immunology department to complete**

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| **Triage outcome** | |
| Proceed to Vaccination plan (below) | Yes / No |
| Insufficient details  (return to referring clinician) | Reason: |

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| **Vaccination plan** | |
| Vaccination setting | Community setting (e.g. GP surgery) Yes / No |
| Enhanced supervised setting Yes / No |
| For enhanced supervised setting, the referring clinician should contact appropriate centre below  Newcastle upon Tyne NHS FT   * covers Gateshead, North Tyneside, Northumbria and Newcastle * Dr Ashley Price   + Infectious disease consultant   + david.price15@nhs.net   Country Durham and Darlington NHS FT   * Rachel Smith   + Deputy chief pharmacist   + rachel-e.smith@nhs.net   Country Durham CCG   * Dr James Carlton   + Medical director   + jamescarlton.ddes@nhs.net   South Tyneside and Sunderland NHS FT   * Dr Paul McAndrew   + Deputy Medical Director, Consultant in Anaesthetics & Intensive Care Medicine   + paul.mcandrew@nhs.net   South Tees Hospitals NHS FT   * Dr Andrew Maund   + Clinical Lead South Tees Vaccination Hubs   + bookings via: pam.willis1@nhs.net |
| Suitable vaccine | AstraZeneca: Yes / No  Pfizer: Yes / No  Moderna: Yes / No |
| Premedication |  Not required   Cetirizine 10mg given 30mins before dose |
| Additional advice |  |

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| **Triage completed by** | |
| Name: | Date: |