



Outpatient COVID-19 IV Therapeutics Clinic Referral

PATIENT INFORMATION	REFERRED BY
First name	Referring practitioner
Last name	MSP # <input type="checkbox"/> Locum
Date of birth <small>Year Month Day</small>	STAMP
PHN	
Primary contact number	
Special Instructions	Clinic Name Street Address Phone Fax Primary Care Provider <input type="checkbox"/> Same as ordering practitioner
MRN (optional)	Copy to (full name)
Email (optional)	
REFERRAL INFORMATION	
Please confirm eligibility BEFORE sending referral. Ineligible or incomplete referrals will be returned.	
Referral Source: <input type="checkbox"/> ED <input type="checkbox"/> CATe <input type="checkbox"/> FP or NP <input type="checkbox"/> Transplant <input type="checkbox"/> BCCA <input type="checkbox"/> Dialysis <input type="checkbox"/> Specialist <input type="checkbox"/> Other: _____ Expedited referral? <input type="checkbox"/> patient already received dose 1 in ED OR <input type="checkbox"/> ID consult (Dr. _____)	
<input type="checkbox"/> Eligible for outpatient IV COVID therapeutics: <input type="checkbox"/> Patient is high risk (<input type="checkbox"/> 5-9% <input type="checkbox"/> 10%+) as calculated from BCCDC Risk Score : _____ points (age + vaccine hx + conditions) AND <input type="checkbox"/> unable to take Paxlovid AND <input type="checkbox"/> Symptom onset (<7 days): (<u> </u> / <u> </u> / <u> </u>) AND <input type="checkbox"/> +ve COVID19 test (<input type="checkbox"/> PCR <input type="checkbox"/> RAT): (<u> </u> / <u> </u> / <u> </u>) AND <input type="checkbox"/> Symptomatic but medically stable AND	
<input type="checkbox"/> is 18 years of age or older (if <18, BCCH peds ID consultant must recommend treatment; please attach details)	
<input type="checkbox"/> is able to consent to treatment by telephone	
<input type="checkbox"/> is able to manage their activities of daily living at the ambulatory infusion site <input type="checkbox"/> (or will be accompanied by a caregiver)	
<input type="checkbox"/> is aware it is an IV therapy that requires multiple doses	
PAST MEDICAL HISTORY AND CEV STATUS	
<input type="checkbox"/> CEV-1 <input type="checkbox"/> CEV-2 <input type="checkbox"/> CEV-3 OR <input type="checkbox"/> other: Please see: <input type="checkbox"/> attached EMR PMHx OR <input type="checkbox"/> summary:	
Please see: <input type="checkbox"/> attached med list OR <input type="checkbox"/> med list:	
Total # COVID vaccinations:	eGFR: (<u> </u> / <u> </u> / <u> </u>)
Total # COVID19+ve infections:	ALT: (<u> </u> / <u> </u> / <u> </u>)
ROUTING	
Phone: 250-737-2030 Ext 44685 Fax: 250-370-8753	Date of referral <small>Year Month Day</small> Total # of pages faxed
ACKNOWLEDGEMENT - CLINIC USE ONLY	
For OCTC Clinic Use Only: <input type="checkbox"/> NOT eligible & referral declined, faxed back to referring MD <input type="checkbox"/> eligible & confirmation of referral receipt faxed back to referring MD	

INSTRUCTIONS

- This clinic is for accessing **IV COVID therapeutics ONLY**.
- **Referrals are REQUIRED** and this referral form is preferred.
- It is **NOT** for accessing Paxlovid. It is **NOT** for routine COVID care.
- **Ongoing clinical and COVID care remains the responsibility of the referring physician.**
- If a patient requires further in-person assessment/investigation before or after treatment, this will be communicated **to the referring physician to arrange**.
- **Due to the time sensitive nature of referral, your patient should hear from the clinic nurse within 24 hours of referral. Please advise your patient to call OCTC if no contact by then: 250-737-2030 ext 44685 (0800-1600, 7d/wk)**

ABOUT THE OCTC CLINIC

- The Island Health Outpatient COVID Therapeutics Clinic is a **centralized referral hub and virtual consult service**. Prescribing and booking IV COVID therapeutics is managed by OCTC.
- OCTC RN & clerical team: **250-737-2030, ext. 44685** (0800-1600 7 d/week). Voicemails left after hours are returned the next day. Physician OCTC consults are done Mon-Friday (no coverage weekends, stats)
- This clinic is **not** for prescribing Paxlovid or other general COVID consults.
 - For inpatient COVID consults, please see the medical staff on-call page for your site:
<https://medicalaffairs.viha.ca/oncall/BrowseSchedules/>
 - For outpatient COVID-19 advice unrelated to OCTC, consider:
RACE line: ID-Acute COVID-19 infection & treatment, provincial
- IV COVID treatments are provided by RNs in ambulatory care areas and thus patients must be medically stable and able to manage their own ADLs (or bring a caregiver along with them). There is no physician assessment at the infusion site.
- Please call our nursing team to discuss **any concerns regarding barriers** (financial, transportation, language, mobility, etc) **before** referral is sent
- Sites in Island Health that provide IV COVID therapeutics (Remdesivir): Victoria (RJH), Duncan (Cowichan CHS IV Clinic), NRGH, Oceanside HC, Comox Valley Hospital, Campbell River GH, West Coast GH, Lady Minto, Community Dialysis.
- Bookings are arranged for the nearest **available** site; space may be limited and require some travel

REFERRAL TIPS AND REFERENCES

- First day of symptoms = day zero
- BC's "CEV" classification of patients at higher risk for severe COVID, [Tool 2](#):
http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-treatment/PracticeTool2_CEVCriteria.pdf
- CEV-1 (severely immunosuppressed, ie hematological malignancies on active treatment, BMT, solid organ transplant)
- CEV-2 (moderate immunosuppression, ie active systemic cancer treatment, immunosuppressive drugs, ESRD/dialysis)
- CEV-3 (heterogeneous conditions, not immunosuppressed, but at high risk of complications from COVID-19 (ie on insulin))
- To assess risk of severe COVID: [Tool 1](#):
http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-treatment/PracticeTool1_AssessmentGuideforClinicians.pdf#page=4

Point Scoring to Estimate Hospitalization Risk	
Age (select ONE)	Point Value
70+	2
50-69	1
<50	0
Vaccine Status (select ONE)	
Unvaccinated AND no previous infection	3
Vaccinated with 1 or 2 doses OR previous infection alone	1
Vaccinated with booster (3-4 doses) OR previous infection + any vaccination	0
At-Risk Conditions (select ONE with the highest value)	
CEV 1 (Severe Immunocompromise)	6
CEV 2 or CEV 3	4
Indigenous	2
3+ chronic conditions/risk factors	2
1-2 chronic conditions/risk factors	1
no chronic conditions or risk factors	0
Add the points from the three sections	

Legend: Estimated Hospitalization Risk

- 3 points or less:** No increased risk; treatment is not recommended
- 4 points:** Slightly increased risk (3-4%); treatment is *suggested*
- 5 points:** Increased risk (5-9%); treatment is *recommended*
- 6 points or more:** Highest risk ($\geq 10\%$); treatment is *recommended*

*Chronic conditions/risk factors can include for example obesity, smoking, diabetes, heart failure, liver disease, heart disease, stroke, frailty, mental health issues, and many others at the discretion of the treating clinician

1. CEV 1: severe immunocompromise due to, e.g., solid organ transplant, bone marrow or stem cell transplant, treatment for hematological malignancy, receiving anti-CD20 or B-cell depleting therapies
2. CEV 2: moderate immunocompromise due to e.g., receiving immunosuppressive agents, moderate-severe primary immunodeficiency, treatment for solid tumors, advanced HIV
3. CEV 3: e.g., cystic fibrosis, severe asthma or COPD, diabetes requiring insulin, intellectual and developmental disabilities, rare blood disorders, dialysis, neurological conditions requiring Bi-PAP/chronic ventilation, cancer not captured above