		Affix patient identification label here or complete fields			
		UR:			
	BARWON HEALTH	Family Name:			
	COVID-19 MONITORING REFERRAL (CM				
		Address:			
	Remote Patient Monitoring Fax form to: (03) 42154991				
	Patient Details				
	Contact Number:	Gender: Female Male Other			
	Alternative contact (Name, contact number and relationship):				
	Patient identifies: Aboriginal Torres Strait Islander Both Neither				
	Interpreter: Yes No	Preferred language:			
	Test Details	Vaccination			
	Day Zero / Date of test: / /	Number: 1 2 3 4 5 None			
	Day symptom onset: / / Date last dose: / /				
	Reason requiring remote monitoring (Tick all that apply - See overleaf)				
\bigotimes	A. Moderate Covid-19 + increased breathlessness □ B. ≥1 High risk comorbidity □ C. Meets criteria based on age, vaccination status and medium-risk comorbidities. (Overleaf Table.1) □ D. Significant concern of reduced access to care likely to impact safe escalation of care. □				
\bigcirc	Symptoms Of Concern	Comorbidities			
	Symptomatic	High-risk comorbidities			
	Shortness of breath At rest On exertion	Immunosupression ¹			
	Chest pain	Cancer: active treatment (6months)			
	Syncope / Pre-syncope				
88		Haematological (Malignancy/Sickle cell/Thalassemia major)			
0396	Haemoptysis	Intellectual/cognitive disability: (Down syndrome, SDA resident)			
BHS03998	Other of concern	Mental Health unstable, complex or not engaged in care			
	Function	Moderate-risk comorbidities Yes No Number :			
	Oral intake adequate Yes No	BMI >35			
	Managing ADLs	Chronic kidney disease (eGFR <60ml/min)			
	COVID antivirals prescribed?	Chronic heart condition (IHD, Heart failure or other significant)			
	🗌 Yes 🗌 No	Other haematological (exclude iron deficiency,thalassemia minor)			
	Specify antiviral:	Diabetes mellitus (Hba1C >7.5% if known or poor control)			
\bigotimes	O2 requirement during inpatient stay?	Chronic liver condition (Cirrhosis/recurrent acute liver injury)			
Ŭ		Cancer: Metastatic disease/known to palliative service			
	Last date O2 was administered: / /	Chronic Respiratory disease (Active)			
	Other Concerns (Including psychosocial):	Asthma requiring (Corticosteroids/admission last 12months			
äck		Stroke or progressive neurological condition			
PMS Black					
lealth		Disability dependent with ADLs			
5.23 © Barwonhealth	¹ Immunosuppression defined as: on treatment Azathioprine, methotrexate, leflunamide, mycophenolate, fingolimod, rituximab, cyclophosphamide, and corticosteroids (equivalent prednisolone >20mg/day for 2weeks or more), immunosuppressing biologic drugs. Immunosuppressing condition HIV/AIDS, primary or acquired immunodeficiency, hypogammaglobinemia. Does not include mesalazine, oral budesonide, inhaled steroids, hydroxychloroquine.				
Health Records BHS03998 New 05.23	Verbal Consent to Remote patient monitoring	Yes No			
03995	Name:	Designation:			
BHS	Referrer address:				
ords	Referrer contact details:				
Recc	Signature:	Date: / /			
lealth		Page 1 of 2			
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COVID-19 MONITORING REFERRAL (CMR)

	Affix patient identification label here or complete fields	
BARWON HEALTH COVID-19 MONITORING REFERRAL (CMR)	UR: Family Name: Given Names: Address:	
Remote Patient Monitoring Fax form to: (03) 42154991		
Fronth and information		

Further information

Most patients who contract Covid-19 have mild disease and can be managed safely in the community with GP and family support. There is a small risk for deterioration that increases with defined risk factors. Remote patient monitoring can help identify deterioration in higher risk patients and assist with prompt escalation of care.

Patients are monitored for 7 days unless concerns arise during this monitoring period.

Mild COVID-19	Moderate COVID-19	Severe COVID-19	
No clinical features suggestive of	A stable patient with evidence of lower	Patient with signs of moderate	
moderate or more severe disease:	respiratory tract disease: disease who is deteriorating		
• No OR mild symptoms and signs (fever,	 during clinical assessment, such as 	OR	
cough, sore throat, malaise, headache,	 – oxygen saturation 92-94% on 	A patient meeting any of the	
muscle pain, nausea, vomiting,	room air at rest	following criteria:	
diarrhoea, loss of taste and smell)	 desaturation or breathlessness 	 respiratory rate ≥30 breaths/min 	
• No new shortness of breath or difficulty	with mild exertion	 oxygen saturation <92% on room 	
breathing on exertion	 or on imaging 	air at rest or requiring oxygen	
• No evidence of lower respiratory tract		 lung infiltrates >50% 	
disease during clinical assessment or on			
imaging (if performed)		Critical COVID-19: Patients with	
		Respiratory failure, shock, impaired	
		consciousness, and end-organ-failure	

Patients that are willing and able to escalate care or are well supported by their GP or family who will be able to assist if escalation is required might not need this service.

Who to consider referring:

- A. Patients with moderate symptoms where breathlessness is significant (desaturation on exertion or breathless at rest and an increase from patient baseline) who do not currently meet criteria for hospital admission.
- B. Patients with mild to moderate COVID-19 (without significant breathlessness) and any high-risk comorbidity.
- C. Patients with mild to moderate COVID-19 (without significant breathlessness) who are at increased risk due to moderate risk comorbidities, vaccination status or age. see Table 1.
- D. Patients who don't meet above criteria but there is a significant concern of reduced access to care where this is likely to impact timely self-escalation of care.

Age	Moderate-risk Comorbidities	Vaccinations up-to-date*	Vaccinations not up-to-date*	Unvaccinated (0 or 1 vaccination)
	0	Usual-Care	Usual-Care	Remote patient monitoring
Age 70-79 OR	1	Usual-Care	Usual-Care	Remote patient monitoring
Aboriginal 50-64	2	Usual-Care	Usual-Care	Remote patient monitoring
	≥3	Remote patient monitoring	Remote patient monitoring	Remote patient monitoring
	0	Usual-Care	Usual-Care	Remote patient monitoring
Age 80+ OR Aboriginal 65+	1	Usual-Care	Usual-Care	Remote patient monitoring
	≥2	Remote patient monitoring	Remote patient monitoring	Remote patient monitoring
Pregnancy >12 weeks and	No	Usual-care	Usual-Care	Remote patient monitoring
up to 2 weeks postnatal	Yes	Usual-Care	Remote patient monitoring	Remote patient monitoring

*Vaccination up-to-date includes receiving a last dose within the last 6 months

If a patient is already at day 7 of disease or does not meet monitoring criteria and is ongoing clinician concern, please call the Barwon public health ID registrar on 0481456965 to discuss the patient.