ON-LINE APPENDIX

MT REFERRAL COVID-19 CHECKLIST

Swab taken: YES NO
Date: ______________________

Does the patient have
- Severe acute respiratory infection requiring hospital admission
  YES NO
- Clinical evidence of pneumonia
  YES NO

OR
- Shortness of breath/Increased respiratory rate
  YES NO
- Cough
  YES NO
- Fever
  YES NO
- Hyposmia/Loss of taste
  YES NO

OR
- Immunocompromise with an atypical presentation
  YES NO

OR
- New lymphopenia (lymphocyte count of <1)
  YES NO

OR
- CT chest or chest x-ray findings (COVID/Infection related)
  YES NO

If YES to any of the above then (considered as high risk for COVID):
1. Inform infection control of transfer
2. Inform bed managers to identify an appropriate space
3. Inform theater and interventional neuroradiology coordinators
4. PPE as per Nottingham University Hospitals guidelines
5. Transfer directly into the angiography theater
6. PPE, filtering facepiece class 2 or 3 mask, visor for aerosol-generating procedures

Patient to wear fluid-repellent mask in all suspected and confirmed cases