

ON-LINE APPENDIX

MT REFERRAL COVID-19 CHECKLIST

Swab taken: YES NO

Date: _____

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

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