|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** |  | **NHS Number:** |  |
| **Address:** |  | **Date of Birth:** |  |
| **Contact No:** |  | **GP Practice &****Registered GP:** |  |
| **COVID positive result:** | YES [ ]  NO [ ]  | **Date of onset of symptoms:** |  |
| **Test result date:** |  |
| **Summary Care Record Access - Consent Obtained** |  YES [ ]  NO [ ]  If no, please attach patient profile |
| **Target Spo2 Range** CO@H will monitor according to the National SOP for CO@H unless advised differently. Please insert alternative parameters for monitoring if known respiratory condition. |  | Escalate to 999 | Escalate to GP/111 | Normal |  |
| **National SOP** | 92% or less | 93-94% | 95% and above | Yes/No [ ]  |
| **Known Respiratory Condition** | [please insert value] | [please insert value] | [please insert value] | Yes/No [ ]  |
| **Reference Only National SOP CO@H link** | [NHS England » COVID Oximetry @home](https://www.england.nhs.uk/nhs-at-home/covid-oximetry-at-home/) |

|  |  |
| --- | --- |
| **Patient has been issued with a patient pack that contains an oximeter and leaflet:**  | YES [ ]  NO [ ]  |
| **Batteries have been placed into the oximeter:** | YES [ ]  NO [ ]  |
| **The patient knows how to use it and is aware of their safety netting advice.** | YES [ ]  NO [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Referrers Name:  | Referrers Role:  | Contact Details: | Date: |

**Information:**

* The Patient will receive a phone call from the Covid Oximetry at Home (CO@H) team **within 24 hours** of referral. They will be monitored up to **3 x per day** between **9-5pm** 7 days a week, according to patient need.
* The contact number for the CO@H team is through Bodmin switchboard Seven days a week **9am -5pm** **Tel:- 01208 251300**.
* Please return this form to cft.nhsathome@nhs.net