

SHSCT Tocilizumab (Covid-19) Access and Prescription Form v5 Orders received before 2pm Mon-Fri will be made by Aseptic Dispensary.
For all other orders vials will be supplied for the infusion to be made at ward level.

Patient Name & HCN / Addressograph	Ward

Date	CRP	AST NB: C/I > 10 x ULN	ALT NB: C/I > 10 x ULN	WCC	ANC	PLT

Inclusion Criteria	Indicate Y/N
COVID-19 infection is confirmed by microbiological testing or where a multidisciplinary team has a high level of confidence that the clinical and radiological features suggest that COVID-19 is the most likely diagnosis.	
The patient is receiving dexamethasone or an equivalent corticosteroid unless contraindicated, and has not already been treated during this episode with an IL-6 Inhibitor.	
C-reactive protein level of at least 75mg/L AND an oxygen saturation of <92% on room air OR requirement for supplemental oxygen OR The patient is within 48 hours of commencement of respiratory support (HFNO, CPAP, NIV or mechanical ventilation)	
Cautions	Initial to acknowledge
Co-existing infection (bacterial, fungal or other viral) that might be worsened by IL-6 inhibitor therapy	
A pre-existing condition or treatment resulting in ongoing immunosuppression	
Caution is necessary when prescribing IL-6 inhibitors to patients with neutropenia or thrombocytopenia (see limits in section below)	
Contraindications	Y / N
Known hypersensitivity to tocilizumab	
Liver enzymes [(alanine aminotransferase (ALT) or aspartate aminotransferase (AST)] more than ten times the upper limit of normal.	
Platelet count of less than 50 x10 ³ /μL OR Absolute neutrophil count of less than 1 x10 ⁹ /μL	

Prescriber's Signature(Consultant /Speciality Dr./ SpR) **Date**..... **Pharmacist Clin Chk** **Date**.....

Where the prescriber is not a Consultant, please record the name of the Consultant approving treatment for this patient

