

Remdesivir (Velkury®) Inpatient Access Form

Please tick ONE of the following:					
Remdesivir Velkury®	Day 1 (single loading dose)	Day 2 and onwards (once daily)	Inclusion criteria	Duration	Please tick:
Adults and paediatric patients (≥40kg) (at increased risk for progressing to severe COVID-19)	200mg	100mg	Patients who do not require supplemental oxygen	Daily for 3 days , starting as soon as possible after diagnosis of COVID-19 and within 7 days of the onset of symptoms	
			Patients with pneumonia and requiring supplemental oxygen	Daily for at least 5 days	
				Extended to 10 days after discussion with a respiratory consultant	
Paediatric patients ≥4 weeks (≥3kg but <40kg)	5mg/kg	2.5mg/kg	Patients with pneumonia and requiring supplemental oxygen	Daily for up to a total of 10 days	
Notes for prescriber: <ul style="list-style-type: none"> • Antivirals should not be infused concomitantly in the same IV line with other medications. • Use of remdesivir should be reassessed daily. Consider stopping if patient clinically improves and no longer requires supplemental oxygen 72 hours after commencement or patient continues to deteriorate despite 48 hours of sustained mechanical ventilation. • Consider extended treatment i.e. up to 10 days, AFTER discussion with a respiratory consultant. • Discharge letters to primary care should explicitly record that treatment with remdesivir has been given, together with dose and dates of administration. 					
Prescriber's Signature: _____ Prescriber's Name: _____ Grade: _____ GMC: _____ Contact No./Bleep: _____					
Pharmacy Section:					
Scanned copies to be sent to pharmacy, after clinical check on ward. If not clinically checked on ward, original must be sent to Pharmacy Department.					
Tick required quantity of vials to be dispensed:					
4x100mg vials		<input type="checkbox"/>	6x100mg vials		<input type="checkbox"/>
			Further 5 vials to complete 10 days		<input type="checkbox"/>
CC		LAB		DISP	
				FC	
				DATE	