**Appendix 1: Lakes DHB Triage form for Covid Positive Women in pregnancy**

Email: pregnant.covid@lakesdhb.govt.nz

**Subject line: Covid Positive Women**

For urgent after-hours referrals please contact the oncall Obstetric team

Referrers name:

LMC name (or state if no LMC):

**Woman’s Details:**

|  |  |
| --- | --- |
| Name:  |  |
| Telephone: |  |
| email:  |  |
| NHI:  |  |
| DOB:  |  |
| Ethnicity:  |  |
| G\_\_P\_\_ |  |
| EDD:  |  |
| Current gestation :  |  |
| Vaccination status: |  |
| Day 0 of illness |  |
| **\*Any risk factor for preeclampsia? (use table below)** |  |
| **\*Any risk factor for vTE? (use table below)** |  |

**Has the woman been referred (or will be referred) to ANC for any other reason?**  Yes / No

[If Yes, describe]

|  |  |  |  |
| --- | --- | --- | --- |
| **Any risk factor for Preeclampsia** | **Tick if any** | **Any risk factor for Venous Thromboembolism** | **Tick if any** |
| Previous Preeclampsia |  | Previous VTE (DVT or PET) |  |
| Current diabetes – preexisting or gestational |  | Known major thrombophilia e.g. anti-thrombin deficiency, homozygous Factor V Leiden (FVL), Homozygous prothrombin G20210A mutation, FVL + prothrombin G20210A mutation (compound heterozygote), antiphospholipid syndrome (not just anti-phospholipid antibodies) |  |
| Current hypertensive disorder – preexisting, gestational, preeclampsia |  | Significant medical co-morbidities e.g. current malignancy, active inflammatory bowel disease, systemic lupus erythematosus (SLE) or inflammatory polyarthropathy, renal disease with proteinuria with protein:creatinine ratio (PCR) > 300, poorly controlled type 1 diabetes with nephropathy; |  |
| Renal disease Stage 3 or over |  |  |  |
| Age >40 |  |  |  |

Please complete a second referral for non-covid referral indications (e.g. previous Caesarean section) and send through normal ANC referral process.