**Appendix 2: Proforma for national paediatric MDT for assessment of benefit of nMAB for adolescents aged 12-16yrs with recently diagnosed COVID-19 (symptoms and PCR or lateral flow test result < 7 days)**

|  |  |
| --- | --- |
| Name |  |
| CHI |  |
| Age |  |
| Date |  |
|  |  |
| Responsible clinician & email address |  |
| Hospital at which infusion can take place |  |
| Discussion with  - parent/guardian  - patient  - carer |  |
| Any reason to think the patient lacks capacity (for those over 16 years old)?   * Yes * No |  |
|  |  |
| Date of COVID PCR or lateral flow test (please specify) |  |
| Date of onset of symptoms |  |
| Current symptoms (& whether child or young person is improving) |  |
| Variant (if known) |  |
| Vaccination status  - how many vaccines has the adolescent had? 0 / 1 / 2 / 3 |  |
|  |  |
| Underlying diagnoses (please specify risk groups as per the CAS & RCPCH guidance) |  |
| Co-morbidities (e.g. neurodisability, pre-existing respiratory disease, immunosuppression, complex genetic or metabolic conditions, multiple congenital abnormalities): |  |
| Weight (kg) & BMI |  |
| Current medication |  |
|  |  |
| Date, discussion and advice offered at MDT  Names of those present |  |