MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

COVID-19 Remote Monitoring Program Referral Form

Print Reset

To be referred to the program the patient must be either:

- ◯ Confirmed Covid + (see below for criteria for pulse oximeter)
- ◯ Covid suspected (PUI) with either of below moderate risk scores (see page 2 for more information):
  - o COVID NO LAB > 1
  - o ISARIC 4C > 3

} (only required for patients aged 18+)

Patient Information

Please email to virtualward@tehn.ca or fax 416-469-6670

LAST NAME	FIRST NAME	DATE OF BIRTH (MM DD YYYY)
MRN		GENDER ◯ MALE ◯ FEMALE
ADDRESS		CITY
POSTAL CODE	PRIMARY PHONE NUMBER	
FIRST LANGUAGE	TRANSLATOR NEEDED ◯ YES ◯ NO	POTENTIAL DISCHARGE DATE (MM DD YYYY)
EMAIL ADDRESS	CELL PHONE NUMBER	DATE OF SYMPTOM ONSET (MM DD YYYY)

Pulse Oximeter Criteria for Covid + Patients

- ◯ Moderate Risk Features (see page 2 for more information regarding risk scores)
  - o COVID NO LAB > 1
  - o ISARIC 4C > 3

  } (only required for patients aged 18+)
- ◯ Presence of significant cardio-respiratory symptoms (chest pain or dyspnea)
- ◯ Anxiety Disorder or subjective high levels of anxiety on initial assessment
- ◯ Living alone or with someone who cannot help with at home assessments

Pulse Oximeter?
◯ Yes
◯ No

Other Relevant History (please include baseline Oxygen Saturation Levels)

Referrer Information

NAME
POSITION
EXTENSION
EMAIL ADDRESS

Emergency Contact

NAME
PHONE NUMBER
FAX NUMBER

Primary Care Provider's Information

☐ Same as above

NAME	ORGANIZATION	NAME/ADDRESS STAMP
POSITION	OTHER DESCRIPTION	
ADDRESS		
PHONE NUMBER	FAX PHONE NUMBER	

COVID-NO-LAB SCORE	
	Points
Age	
50-65	3
>65	5
Resp Rate ≥ 30	3
Room air peripheral O2 saturation <93%	2

IF SCORE >5 consider sending to ED for assessment and refer to remote monitoring only if being discharged from ER based on ISARIC 4C Score

ISARIC 4C SCORE	
	Points
Age	
<50	0
50-59	2
60-69	4
70-79	6
≥ 80	7
Sex at birth	
Female	0
Male	1
No. Comorbidiites *	
0	0
1	1
≥ 2	2
Resp Rate	
<20	0
20-29	1
≥30	2
O2 saturation	
≥92	0
<92	2
Glasgow coma scale score	
15	0
<15	2
Urea (mmol/L)	
<7	0
7-14	1
>14	3
C Reactive protein (mg/L)	
<50	0
50-99	1
≥100	2

*Chronic kidney/cardiac/liver/pumonary (not asthma) disease, malignant neoplasm, diabetes, obesity

IF SCORE >8 consider internal medicine ED consultation and refer to remote monitoring only if being discharged from ED