

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:

First Name:		Surname:	
DOB:		NHI:	
Telephone:			
Email:			
Current gestation : weeks	EDD:	
		G:	
		P:	
Ethnicity:			
Covid Vaccination status:			
Day 0 of Covid Illness:			
*Any risk factor for preeclampsia?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (use table below)		
*Any risk factor for VTE?	<input type="checkbox"/> No <input type="checkbox"/> Yes: (use table below)		

Has the woman been referred (or will be referred) to ANC for any other reason?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If 'yes' Describe.....</i>		

Table: Pre-eclampsia and Venous Thromboembolism Risks

Any risk factor for Pre-eclampsia	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.