**Temporary Pathway for Steroid injections during COVID period 22/06/2020**

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## **Step 1: Referral criteria for Steroid injection**

Referrers will assess the suitability of steroid injection, e.g. based on the current guidance\*:

* For rheumatological patients with active synovial inflammation.
* For non-inflammatory conditions, *“…if patient has high levels of pain and disability, has failed first-line measures and continuation of those symptoms will have a significant negative effect on their health and wellbeing.”*

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## **Step 2: Receive referral for Image guided Steroid injection**

Any patients in whom steroid is considered should be screened and risk assessed by the clinical referral.

* An enhanced risk benefit information letter will be sent to the patient (appendix 1) or emailed if appointment booked over the phone.
* All patients to be contacted by the admin team in advance of appointment date to confirm receipt of letter and no risk factors.
* Multiple part injections to be booked for separate appointments if total steroid dose to exceed 40mg.
* Any queries? Request should be reviewed and discussed with a musculoskeletal radiologist **before** the patient attends.

## **Step 3: Patient attending injection**

* When patient attends for a scan the radiologist must go through and document the enhanced checklist (appendix 2) with the patient.
* THIS FORM MUST BE SCANNED INTO Soliton.
* Personal protective equipment (PPE) - gloves apron (consider surgical gown), mask and visor (for splash risk).
* Consider lowering dose the of steroid if possible, to minimise systemic effects.

\* Specialty guides for patient management during the coronavirus pandemic.

Clinical guide for the management of patients with musculoskeletal and rheumatic conditions on corticosteroids during the coronavirus pandemic. 25 March 2020, Version 1.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/CO0043\_Specialty-guide-and-coronavirus\_-MSK-corcosteroid\_-v1.pdf

# Appendix 1 – Sample letter and email with additional patient information

**Steroid Injections and Coronavirus**

As you are due to have a steroid injection with us in the near future, we feel it important to share some information with you regarding your injection and Coronavirus.

There is a small amount of evidence that steroid injections can increase the risk of, or prolong, a coronavirus (Covid-19) infection. This risk is unknown as definitive data is not available yet.

Current guidance is that any patient who is showing symptoms of having COVID-19 or has been in recent contact with someone suspected or confirmed of having COVID-19 SHOULD NOT undergo a steroid injection.

Patients at higher risk of serious COVID 19 infection may prefer to defer their injection until after the pandemic subsides.

High risk patients are as follows:

* aged 70 or older (regardless of medical conditions)
* under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
  + chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  + chronic heart disease, such as heart failure
  + chronic kidney disease
  + chronic liver disease, such as hepatitis
  + chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
  + diabetes
  + problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
  + a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
  + being seriously overweight (a body mass index (BMI) of 40 or above)
  + those who are pregnant
  + people who have received an organ transplant and remain on ongoing immunosuppression medication
  + people with cancer who are undergoing active chemotherapy or radiotherapy
  + people with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment
  + people with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
  + people with severe diseases of body systems, such as severe kidney disease (dialysis)

Potential Symptoms of COVID 19 are a fever, a persistent new cough and recent loss of smell or taste.

If you have **no** potential symptoms, **nor** any exposure to a person with COVID 19, we can consider steroid injection on a case by case basis as we understand that some patients may be have considerable pain and disability and the benefits of injection may outweigh the possible risks of COVID –19 infection.

Please bring a list of your medications with you to your appointment.

If you wish to discuss this with your referrer prior to your appointment, please let us know.

As a precaution, the option is available for you to defer your appointment for a steroid injection until the coronavirus pandemic has subsided or until there are new guidelines on their use based on scientific evidence.

# Appendix 2 – Enhanced checklist for Image guided Steroid Injections

A small amount of evidence suggests that steroid injections can increase the severity of a Coronavirus (Covid-19) infection. The risks are currently unknown as definitive data is not available yet. Current guidance is that any patient who is at higher risk from COVID 19 or has been asked to implement social distance measures can only have a steroid injection on a case by case basis if the benefit outweighs the risks. On this basis we are asking all patients requiring steroid injections to complete these additional questions.

|  |  |  |
| --- | --- | --- |
| **What is your age?** |  |  |
| **Are you suffering from any underlying health conditions listed below:** |  | |
| Chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis | ☐ Yes | ☐ No |
| Chronic heart disease, such as heart failure | ☐ Yes | ☐ No |
| Chronic kidney disease | ☐ Yes | ☐ No |
| Chronic liver disease, such as hepatitis | ☐ Yes | ☐ No |
| Chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy | ☐ Yes | ☐ No |
| Diabetes | ☐ Yes | ☐ No |
| Problems with your spleen – for example, sickle cell disease or if you have had your spleen removed | ☐ Yes | ☐ No |
| A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy | ☐ Yes | ☐ No |
| Seriously overweight (a body mass index (BMI) of 40 or above) | ☐ Yes | ☐ No |
| Received an organ transplant and remain on ongoing immunosuppression medication | ☐ Yes | ☐ No |
| Undergoing active chemotherapy or radiotherapy | ☐ Yes | ☐ No |
| Any cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment | ☐ Yes | ☐ No |
| Severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets) | ☐ Yes | ☐ No |
| People with severe diseases of body systems, such as severe kidney disease (dialysis) | ☐ Yes | ☐ No |
|  | | |
| Do you have a fever? | ☐ Yes | ☐ No |
| Do you have a persistent cough? | ☐ Yes | ☐ No |
| Have you had any known exposure to a known COVID-19 case? | ☐ Yes | ☐ No |
|  | | |
| **Please be aware that steroids do temporarily weaken the immune system and as a result there may be an increased risk of contracting COVID 19 or possibly suffering a more severe or prolonged disease or infectious period following steroid injection** | | |
| **Patient Signature:** | | |
| **Radiologist Signature:** | | |
| **Date:** | | |