

**Musculoskeletal steroid injections during coronavirus pandemic:**

**Information and consent form.**

**Dear Patient,**

If you are reading this, you may well be considering having a steroid injection.

Please follow this link for general information on steroid injections from Versus Arthritis. This gives you information we give to patients in normal times in this situation.

[**https://www.versusarthritis.org/about-arthritis/treatments/drugs/steroid-injections/**](https://www.versusarthritis.org/about-arthritis/treatments/drugs/steroid-injections/)

During the COVID-19 pandemic the NHS has recommended practitioners only consider corticosteroid injection 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 and after obtaining informed consent”.

This advice has been issued because corticosteroids can cause immunosuppression (weaken the immune system). Injections are given directly to the site of pain or inflammation, to reduce these systemic (whole body) effects of the drug. Some small systemic effects are common though. We know that steroids have been proven to worsen viral infections and prolong viral illness. It is possible therefore that following a steroid injection you may be more prone to contracting COVID-19 if exposed to it and your illness may be more severe or more prolonged.

Everyone is different. We need to balance benefits and risks and you need to be clear and informed about the risks in your individual situation.

We know certain groups of patients are already at risk of becoming unwell if they contract COVID-19. These are detailed below and you should be clear which group you sit in.

The level of detected COVID-19 infection circulating in the region is also a factor to consider as this gives us an idea of the likelihood of coming into contact with the disease in the community. Information on circulating levels of COVID-19 infection in regions can be found here. Please be aware this report is predominantly of symptomatic detected cases and many cases are asymptomatic.

 <https://www.mrc-bsu.cam.ac.uk/now-casting/>

***References:***

*Management of patients with musculoskeletal and rheumatic conditions who:*

*-are on corticosteroids,require initiation of oral/IV corticosteroids or require a corticosteroid injection*

*16 June 2020*

[*https://www.boa.ac.uk/uploads/assets/3767f092-abfb-40c8-bab2c711a81306d5/MSKcorticosteroidguidance.pdf*](https://www.boa.ac.uk/uploads/assets/3767f092-abfb-40c8-bab2c711a81306d5/MSKcorticosteroidguidance.pdf)

*Coronavirus (COVID-19): Shielded patients list*

*NHS Digital has published the shielded patients list (SPL), which is enabling partner organisations across government to support and protect those who need shielding at this time.*

[*https://digital.nhs.uk/coronavirus/shielded-patient-list*](https://digital.nhs.uk/coronavirus/shielded-patient-list)

*Public health England Disparities in the risk and outcomes of COVID-19*

*2nd June 2020*

[*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/892085/disparities\_review.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf)

**So what risk category am I in?**

**COVID-19 risk catergories**

**People at high risk (clinically extremely vulnerable)**

People at high risk from coronavirus include people who:

* have had an organ transplant
* are having chemotherapy or antibody treatment for cancer, including immunotherapy
* are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
* are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
* have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
* have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
* have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
* have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
* are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
* have a serious heart condition and are pregnant

**People at moderate risk (clinically vulnerable)**

People at moderate risk from coronavirus include people who:

* are 70 or older
* have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
* have heart disease (such as heart failure)
* have diabetes
* have chronic kidney disease
* have liver disease (such as hepatitis)
* have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
* have a condition that means they have a high risk of getting infections
* are taking medicine that can affect the immune system (such as low doses of steroids)
* are very obese (a BMI of 40 or above)
* are pregnant

**People at lower risk (normal vulnerability)**

* under 70
* no co-morbidities

**Other considerations:**

BAME (Black, Asian and Minority Ethic) populations may be at increased risk also

**Patient Agreement To Joint / Musculoskeletal Injection**

Patient Name:

Date of Birth:

NHS Number:

**Statement of Health Professional**

|  |  |
| --- | --- |
| Procedure: | Injection of steroid +/- local anaesthetic to: ………………………………………. |
| The intended benefits: | Reduced pain, increased mobility |
| Possible risks:Contra-indications: | Allergic reaction, bleeding, bruising, facial flushing, fainting, infection, menstrual irregularity, post injection pain, rise in blood sugar in diabetics for a few days, rise in blood pressure for a few days if you have high blood pressure, soft tissue damage (permanent dimples) skin de-pigmentation, nerve injury, vascular damage, bleeding in to the joint, tendon rupture, no benefit, recurrence of problem, small increased risk of catching viral and bacterial infections.Generalised or local Infection, local skin lesion or a replacement joint at injection site, uncontrolled anticoagulation (blood thinners) or diabetes, live vaccination in last 2 weeks, pregnant or breast feeding, major surgery in the last 6 weeks or planned in the next month, history of allergy to injection materials. |

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment i.e. option to do nothing) and any particular concerns

of those involved.

COVID-19 risk category (see list below) Low Moderate High

Absence of current or recent COVID-19 symptoms Yes No

Absence of contact with COVID-19 (14 days) Yes No

Consideration of current local levels of COVID-19 Yes No

Failure of first line conservative measures Yes No

Activity modification and exercise advice Yes No

Risk/benefit on steroid injection COVID-19 discussed Yes No

Enclosed information on COVID risk given to patient Yes No

Clinician Signature ……………………………………. Print name ……………………………………...

Clinician Title ………………………………… Date …………………………….

Clinician 2 Signature ……………………………………. Print name ……………………………………...

Clinician 2 Title ………………………………… Date …………………………….

**If High Risk Category Patient endorsement by 2nd Clinician (Doctor)**

**Statement of Patient**

I have been given the time to understand and ask questions about the above risks of a steroid injection. I have considered the additional risks during the coronavirus pandemic. I am aware of the risk category that applies to me. I have been provided with the appropriate written information and I am happy to proceed:

Patient Signature………………………………… Print Name…………………………………… Date ……………

Advocate Signature…………………………………… Advocate Name…………………………… Date ……………