

Phone Assessment (page 4)

Phone assessment/triage for COVID-19

YES

Mild

- No significant dyspnoea
- No wheeze
- Mild symptoms but fever > 37.8
- Symptoms not deteriorating

YES

Moderate

- Mild-moderate chest tightness/wheeze
- Breathless on 1 flight of stairs or <50 metres
- Faint/dizzy/significant headache
- Significant reduction in fluid intake
- Other clinical concerns

YES

Severe

- Severe SOB or wheeze
- Severe chest pains
- Extreme faintness or collapse
- Signs of Sepsis
- Cardiac sounding symptoms

NO

See page 5

- Date first symptoms
- Fever history – highest temp so far; and current temp
- Cough history – dry in COVID usually; sputum production can occur; if asthma ask re inhaler use

1) How's your breathing today? Listen for complete sentence

2a) Are you so breathless you can't speak more than a few words?

2b) Are you breathing harder/faster than usual when doing nothing at all?

2c) Are you so ill you've stopped doing all your daily activities?

3a) Is your breathing faster, slower or same as normal?

3b) What could you do yesterday that you can't do today?

3c) What makes you breathless now, that didn't yesterday?

4) Verbal report of blue lips or audible wheeze?

Consider Roth score to approximately assess sats (count 1-30 and time seconds between breaths: >8 sats >95%; <6 sats < 95%)

ROS:

- Nasal congestion; conjunctival symptoms are unusual in COVID
- Flu & COVID-19 can present similarly but flu more likely bodyaches & COVID19 SOB
- D & nausea/vomiting uncommon
- Loss of appetite & anosmia (loss of smell) are common
- Comorbidities are present in 25% of cases