

This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.



1 Set up

Prepare yourself and decide how to connect

Have current 'stay at home' covid-19 guidance on hand

UK government advice:
<http://bit.ly/ukgovisol>

Video is useful for

Severe illness
Anxious patients
Comorbidities
Hard of hearing

Scan medical record for risk factors such as:

Diabetes Pregnancy Smoking
Chronic kidney or liver disease COPD
Steroids or other immunosuppressants
Cardiovascular disease Asthma

2 Connect

Make video link if possible, otherwise call on the phone

Check video and audio

Can you hear/see me?

Confirm the patient's identity

Name
Date of birth

Check where patient is

Where are you right now?



Note patient's phone number in case connection fails



If possible, ensure the patient has privacy

3 Get started

Quickly assess whether sick or less sick

Rapid assessment

If they sound or look very sick, such as too breathless to talk, go direct to key clinical questions

Establish what the patient wants out of the consultation, such as:

Clinical assessment Referral Certificate
Reassurance Advice on self isolation

4 History

Adapt questions to patient's own medical history

Contacts

Close contact with known covid-19 case
Immediate family member unwell
Occupational risk group



History of current illness
Date of first symptoms

Most common presentation

Cough Fatigue Fever Short of breath

Cough is usually dry but sputum is not uncommon

Up to 50% of patients do not have fever at presentation

5 Examination

Assess physical and mental function as best as you can

Over phone, ask carer or patient to describe:

State of breathing
Colour of face and lips

Over video, look for:

General demeanour
Skin colour

Check respiratory function - inability to talk in full sentences is common in severe illness

How is your breathing?

Is it worse today than yesterday?

What does your breathlessness prevent you doing?

Patient may be able to take their own measurements if they have instruments at home

Temperature Pulse
Peak flow Blood pressure
Oxygen saturation

Interpret self monitoring results with caution and in the context of your wider assessment

6 Decision and action

Advise and arrange follow-up, taking account of local pathways and capacity

Which pneumonia patients to send to hospital?

Clinical concern, such as:

• Temperature > 38°C
• Respiratory rate > 20*
• Heart rate > 100† with new confusion

Likely covid-19 but well, with mild symptoms

Self management: fluids, paracetamol

Reduce spread of virus - follow current government 'stay at home' advice

Likely covid-19, unwell, deteriorating

Arrange follow-up. See by video or in person if you suspect pneumonia

Safety netting

If living alone, someone to check on them

Relevant comorbidities

Proactive, whole patient care

Maintain fluid intake - 6 to 8 glasses per day

Unwell and needs admission

Ambulance protocol (999)

Seek immediate medical help for red flag symptoms

Red flags

Covid-19:

Severe shortness of breath at rest
Difficulty breathing
Pain or pressure in the chest
Cold, clammy, or pale and mottled skin
New confusion
Becoming difficult to rouse
Blue lips or face
Little or no urine output
Coughing up blood

Other conditions, such as:

Neck stiffness
Non-blanching rash

* Breaths per minute

† Beats per minute



Operational Levels

Table to show operational levels and corresponding site for consultation to take place:

Operational Level	1a	1b	2	3a	3b
Practice phone number	No divert	No divert	Divert to PCN	Divert to PCN	Divert to Calderdale
Triage/remote consultation appointments	Practice – own premises or remote	Practice – own premises or remote	PCN - remote	PCN - remote	Calderdale - remote
Face to face green appointments	PCN amber	Green site	Green site	Green site	Green site
Face to face amber appointments	PCN amber	PCN amber	PCN amber	Calderdale amber	Calderdale amber
Face to face red appointments	PCN red	PCN red	PCN red	Calderdale red	Calderdale red
Home visits	PCN HV	PCN HV	PCN HV	Calderdale HV	Calderdale HV

Face to face categories: Definitions

Green

- COVID-19 unlikely; needing basic essential primary care service ie immunisation, 8w baby medical, blood test, BP check (only if can't access own sphyg), weight, height.
- All need phone call to rescreen for COVID-19 on the day of the appointment and screening when arrive for appointment

Amber

- COVID-19 unlikely
- Essential nursing services ie complex dressings, essential smears, prostop injections
- Acute presentation requiring hands on examination by GP

Red

- COVID-19 likely or respiratory symptoms
- Essential nursing services only if need doing during isolation period
- Acute presentations requiring hands of examination by GP

Home visit

- Can't be dealt with by phone/video consultation
- Won't wait until after isolation/shielding complete
- Too unwell to attend face to face site

COVID-19

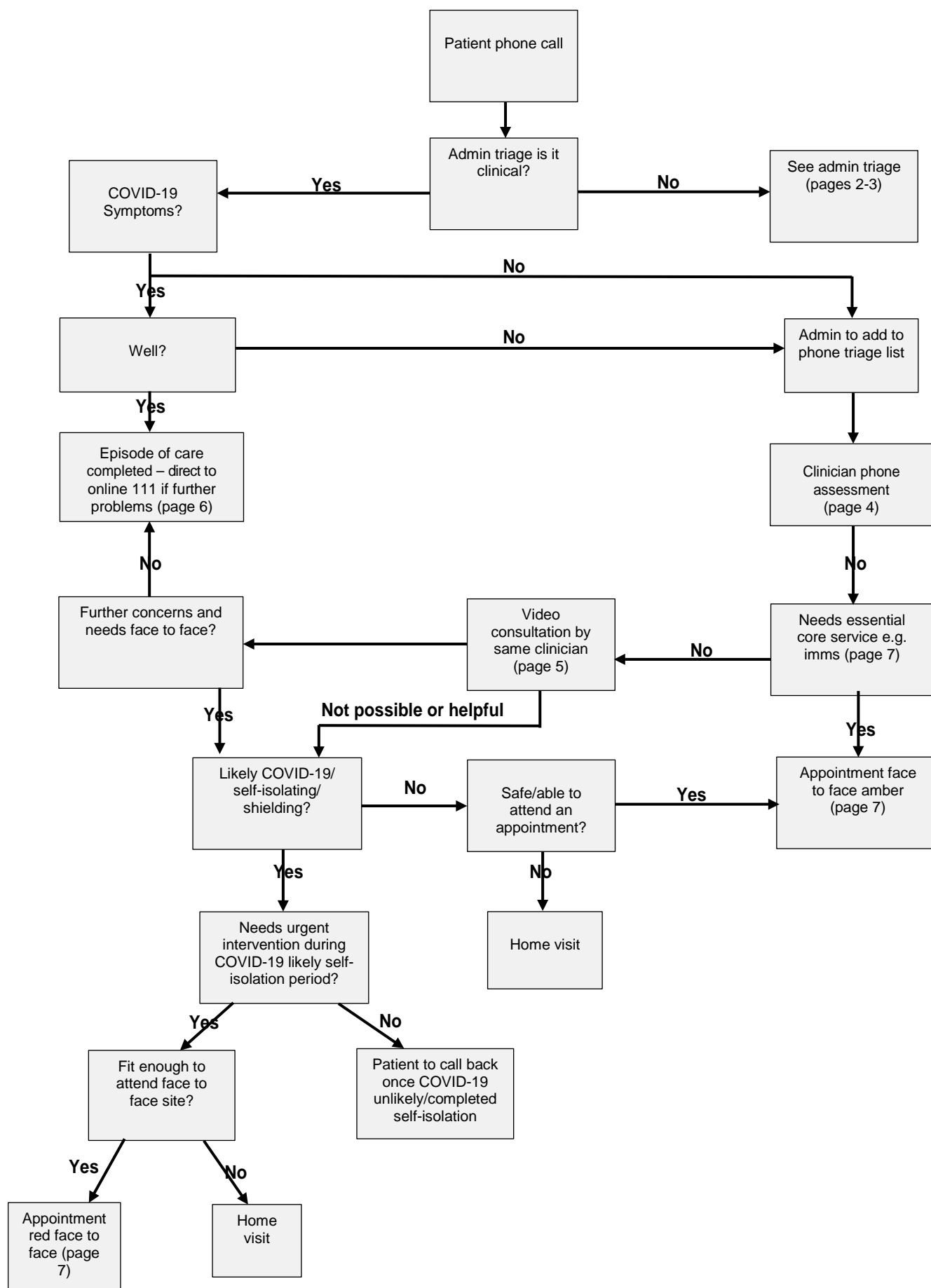
- COVID-19 unlikely
 - o No COVID-19 symptoms
 - o No respiratory symptoms
 - o Shielding
 - o Self-isolating
 - o Social distancing
- COVID-19 likely:
 - o COVID-19 symptoms
 - o Respiratory symptoms

Full PPE

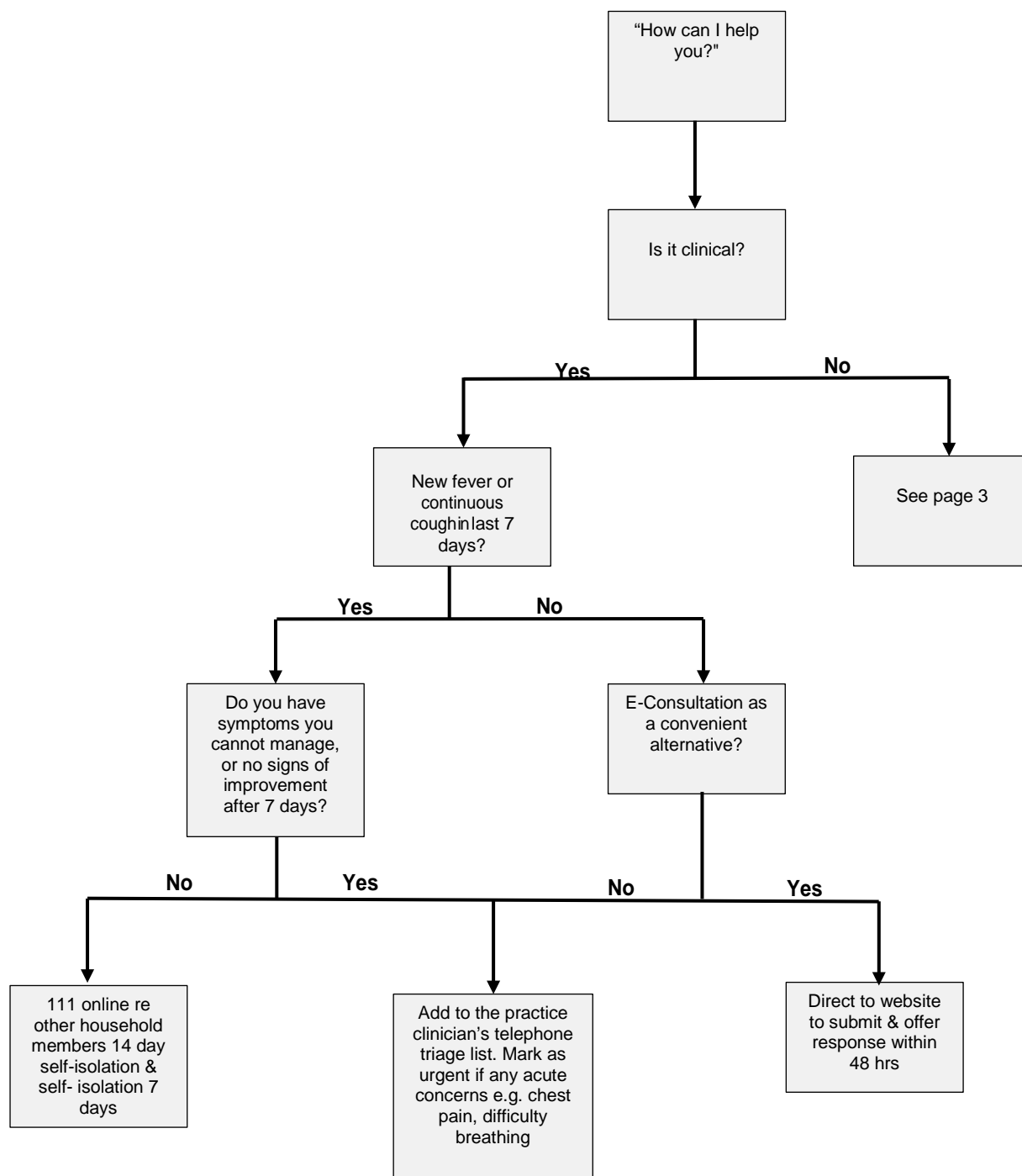
- Surgical mask, gloves & plastic apron
- Usually worn over scrubs and easy clean shoes. NB layers can be worn under scrubs for warmth but not over.
- Should be worn for all face to face patient contacts at amber or red face to face sites and for all home visits
- See full PPE SOP for detailed guidance

Patient Journey Flowchart (page 1)

OL 1a
V2

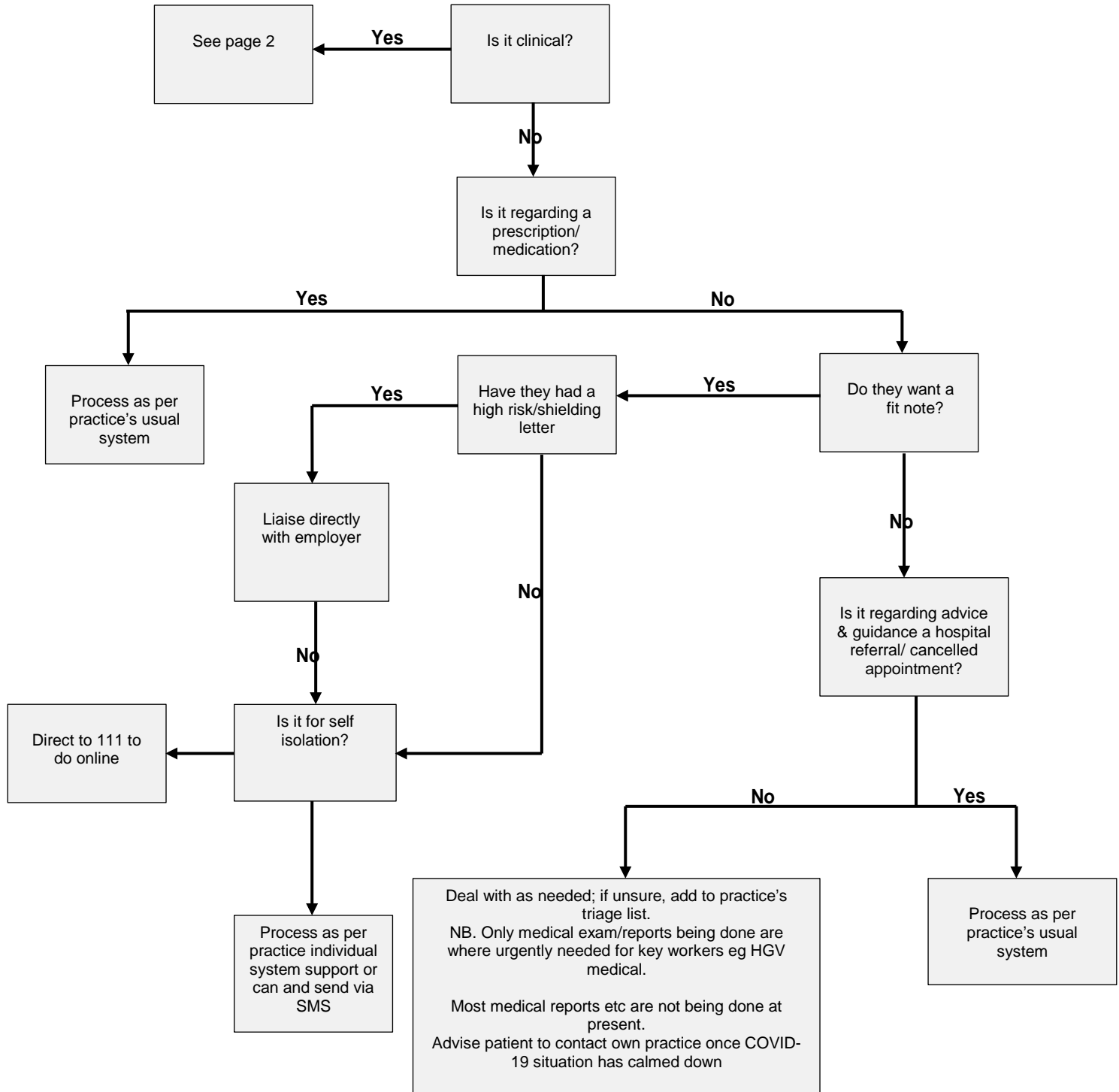


Admin Assessment Flowchart (page 2)



Admin Assessment Flowchart
(page 3)

**OL1a
V2**



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?

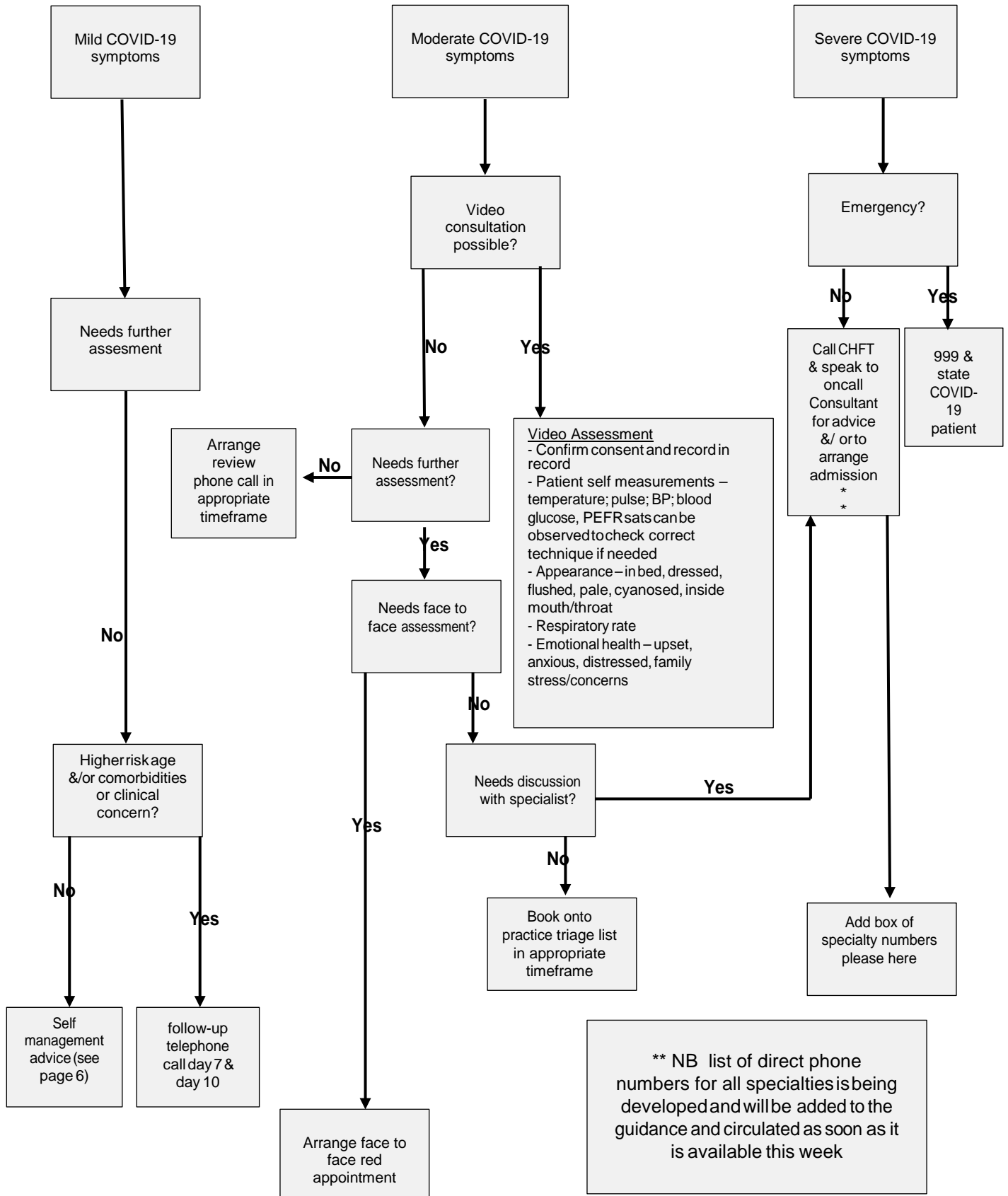
3a) Is your breathing faster, slower or same as normal? 3b) What could you do yesterday that you can't do today?

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

4) Verbal report of blue lips or audible wheeze?

Review of Systems:

- 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



Self-management advice for clinicians to give to patients

(page 6)

- Advice regarding proactive care of comorbidities
- Review medication
 - Anything that needs changing or suspending fever & possible dehydration?
 - Continue ACE inhibitors & ARBs
 - Continue ongoing NSAIDs
- Clear advice regarding signs of deterioration to watch out for
- Clear advice on what to do if they note any of the above signs of deterioration or after 7 days not improving
 - Online 111
 - Call 111
 - Call GP
 - Call 999
- Direct to online resources
 - <https://www.nhs.uk/conditions/coronavirus-covid-19/>
 - <https://www.gov.uk/coronavirus>
- Confirm need to self-isolate for 7 days & household members for 14 days (or 7 days from when they develop symptoms themselves)
- Discuss prognosis – fever should be gone at 7 days but cough can persist for several weeks
- 4 out of 5 patients will have a relatively mild form
- Advise fluids & paracetamol but some anecdotal reports suggest ibuprofen may not be safe

Face to Face Clinic Appointments (page 7)

- 1) Clinically acute assessment
 - a. Respiratory symptoms, low suspicion of COVID-19 = red face to face GP appointment
 - b. Non-respiratory symptoms assessment for patients not shielding, self-isolating or COVID-19 symptoms = amber face to face GP appointment
- 2) Long-term condition review or acute condition review where face to face essential = amber face to face GP appointment
- 3) Essential core primary care services (appointments with Practice Nurse - amber face to face):
 - a. Immunisations - according to national programme; including baby imms, pneumonia & shingles
 - b. Essential injections eg prostack, contraceptive depot.
 - i. NB: testosterone not essential.
 - ii. B12 – guidance coming. Suspend for now
 - c. Contraception
 - i. Change to oral desogestrel where possible if coils/implants need changing.
 - ii. Pill checks by phone – ask patient to do own BP & weight if due.
 - iii. Consider directing to sexual health if need face to face
 - d. Suture removal
 - e. Dressings
 - i. Where possible, Practice Nurse via video consultation and prescribing appropriate dressing for patients to self-dress.
 - ii. If essential, face to face support
 - f. Clinically necessary blood tests
 - i. Including where needed to identify end organ damage in LTC ie DM, IHD & CKD & DMARDs