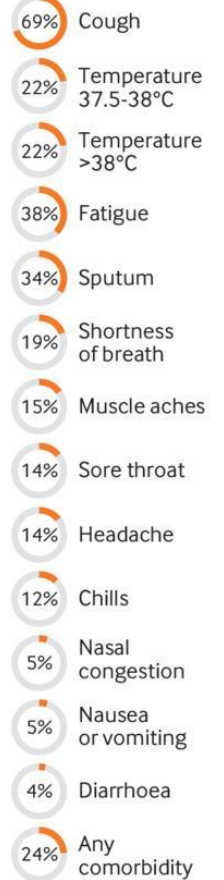


This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.



Clinical characteristics

Based on 1099 hospitalised patients in Wuhan, China



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 capacity

Likely covid-19 but well, with mild symptoms

Self management: fluids, paracetamol

Likely covid-19, unwell, deteriorating

Follow Hot Hub Pathway

Relevant comorbidities

Proactive, whole patient care

Unwell and needs admission

Ambulance protocol (999)

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

Safety netting

If living alone, someone to check on them

Maintain fluid intake - 6 to 8 glasses per day

Seek immediate medical help for red flag symptoms

Amended from BMJ Visual Summary to take into account Local Hot Hub Pathway

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 ‡ If oximetry available for self monitoring

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St Helens CCG COVID -19 Hot Hub Pathway (Patient Age ≥ 12)

COVID Positive patients and households to be managed by separate COVID service

This pathway was created for GPs during uncertain times, using clinical judgement and are currently not evidence based. HR, RR & O2 sats are taken from sepsis and NEWS2 score – these may or not be sensitive for Covid-19.

Telephone Triage: Patient with Covid19 symptoms
SEE BMJ VISUAL SUMMARY

Telephone Triage :
Patient with non-Covid19 symptoms

Whenever possible arrange drop box assessment to aid decision making and prevent unnecessary F2F appointments
Contact Hot Hub on 01744 673802 to organise doorstep O2 sats and temp along with video consultation if needed

Initially manage all patients virtually by telephone or video consultation

Some essential services will need to continue e.g.

Child immunisations AND urgent blood tests (e.g. essential drug monitoring like azathioprine, methotrexate, mycophenolate, cyclosporin, sirolimus, tacrolimus, warfarin, lithium) AND urgent injections (cancer, etc.), cancer care / suspect cancer, antenatal care and immunisations in pregnancy

All other care should continue but where possible to be done virtually.

Practice to continue seeing their own patients.

OTHER ACUTE NON-COVID ILLNESS

If a non-covid patient needs to be seen F2F they must have had a telephone / video consultation (unless absolutely impossible) and must have NO cough, fever or URTI symptoms (adults and children).

F2F appointments must be agreed by GP.

In Surgery

Acutely unwell patients with non-covid19 symptoms that after telephone AND / OR video consultation need F2F consultation.

(e.g. acute abdominal pain, urgent gynae patients who need examining, acute paedts that have non-urti related symptoms)

Category 3
Mild symptoms:

- Stay at home, Self-care advice, re-contact Surgery / NHS 111 (web) if urgent health needs (whether related to COVID-19 or another health issue)

Category 2
Moderate symptoms:

- Needs further assessment
- In Hours - Hot Hub (if transport) or AVS (if needs visit)
- ROTA or PC24 (out of hours)

Category 1
Severely unwell: Need to admit patient to hospital

- Call ambulance and inform NWS call handler of COVID-19 risk.
- Consider if admission appropriate

- Adults RR ≥25
- Adults HR ≥131
- Adults O2 Sats ≤92% or Desaturates after 40 step test *
- New Confusion

Admission for:

- Respiratory support +/-
- Radiology
- Microbiology
- Blood tests

Category 2A
Basic Assessment

- Completing full sentences
- No SOB or Chest Pain
- Able to do ADLs
- Able to get our bed

Advanced Assessment

RR 14-20
Adults HR 50-100
Adults O2 Sats >96%

Category 2B
Basic Assessment

- Completing full sentences
- Some SOB (new)
- No Chest Pain
- Able to do ADLs but
- Lethargy/Fatigue

Advanced Assessment (do 40 step desaturation test*)

Adults RR 21-22
Adults HR 100-110
Adults O2 Sats >94%

Category 2C
Basic Assessment

- Completing full sentences
- SOB on exertion (new)
- Mild chest tightness
- Able to do ADLs but lethargic/fatigue

Advanced Assessment (do 40 step desaturation test*)

Adults RR23-24
Adults HR110 -130
Adults O2 Sats >93%

Category 2A

Treat temperature: Paracetamol, Fluids

Safety Netting. Advised to call Practice (or OOH) if symptoms are worse

Category 2B

Treat temperature: Paracetamol, Fluids

Prevent Secondary Bacterial Pneumonia:
Doxycycline 200mg day 1 then 100mg od; 5 days total or Amoxicillin 500mg tds 5/7

If Penicillin allergic Clarithromycin 500mg bd 5/7

If known Asthma/COPD do not use nebulisers. Increase SABA or similar use. Only use oral steroids if sure not Covid19 related

Safety Netting. Tele/Video review in 72 hours (or earlier if unwell) with own Practice

Category 2C

Treat temperature: Paracetamol, Fluids

Prevent Secondary Bacterial Pneumonia:
Doxycycline 200mg day 1 then 100mg od; 5 days total or Amoxicillin 500mg tds 5/7

If Penicillin allergic Clarithromycin 500mg bd 5/7

If known Asthma/COPD do not use nebulisers. Increase SABA or similar use. Only use oral steroids if sure not Covid19 related

Safety Netting. Tele/Video review in 24-48 hours (or earlier if unwell) with own Practice

*40 step test: walk 40 steps - if sats drop 3% consider admission

NURSE/HCA
Can start telephoning vulnerable or frail patients for welfare checks and doing virtual chronic disease clinics.

Housebound patients and if appropriate Shielding patients
Patient to be visited by GP or OOH Provider – with appropriate PPE

Consider if admission appropriate in extreme frailty

SAME DAY = non-covid and no URTI symptoms but need urgent F2F assessment (e.g. abdo pain) – Use appropriate PPE as per PHE Guidance

USUAL CARE = non-covid and no URTI symptoms and are routine but essential for patients (e.g. children imms and High risk drug monitoring bloods) – Use appropriate PPE as per PHE Guidance