

Covid-19: remote consultations

A quick guide to assessing patients by video or voice call

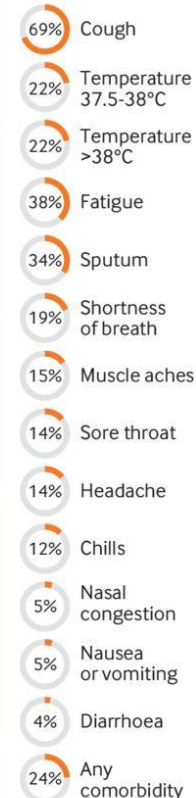
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This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.



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)

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

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

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.

