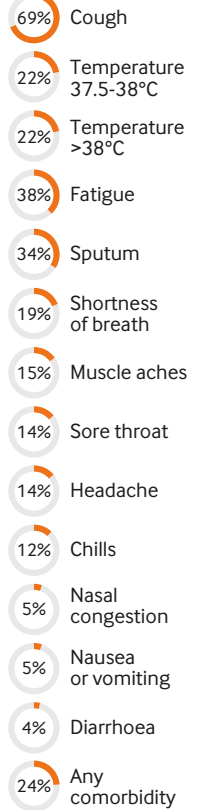


This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.



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

Arrange follow up by video. Monitor closely if you suspect pneumonia

Relevant comorbidities

Proactive, whole patient care

Unwell and needs admission

Ambulance protocol (999)

Which pneumonia patients to send to hospital?

Clinical concern, such as:

- Temperature > 38°C
- Respiratory rate > 20*
- Heart rate > 100† with new confusion
- Oxygen saturation ≤ 94%‡

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

