Management

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

**Telephone Triage**

**Patient with Covid19 symptoms**

- **Category 3**
  - Mild symptoms: stay at home, self-care advice, contact NHS 111 if urgent health needs (whether related to COVID-19 or another health issue).

- **Category 2**
  - Moderate symptoms: needs further assessment by GP Primary Care Service (in-hours) or Barnet LCW or 111 (out of hours).

- **Category 1**
  - Severely unwell: Need to admit patient to hospital. Call ambulance and inform call handler of COVID-19 risk. No need to telephone the medical registrar.

- **Organise Video Consultation (where possible)**
  - Patients may have a smart watch, B&I machine or sats probe at home.

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

- **Category 2A**
  - Basic Assessment
    - Completing full sentences
    - No SOB or Chest Pain
    - Able to do ADLS
    - Able to get out of bed
    - Roth Score <8 seconds

- **Category 2B**
  - Basic Assessment
    - Completing full sentences
    - Some SOB (new)
    - No Chest Pain
    - Able to do ADLS but lethargic
    - Roth Score 6-8 seconds

- **Category 2C**
  - Basic Assessment
    - Completing full sentences
    - SOB on exertion (new)
    - Mild chest tightness
    - Able to do ADLS but lethargic
    - Roth Score 6-8 seconds

- **Fluids**
  - Paracetamol:
    - Adults: 500 mg OD
    - Children: 75 mg/kg OD
    - If known Asthma/COPD do not use nebulisers. Increase SABA or similar use. Only use oral steroids if sure not Covid19 related

- **Telephone Triage**

**Patient with non-Covid19 symptoms**

- **LIST FOR COVID BUT ESSENTIAL e.g.**
  - Child immunisations
  - AND urgent blood tests (e.g. essential drug monitoring like azathioprine, methotrexate, myophenolate, cyclosporin, sirolimus, tacrolimus, warfarin, lithium) and urgent injections (cancer, etc.)

- **Nothing else is essential, including an agreement with clinicians that smears are no longer essential while PPE is in shortage.**

- **All other care should continue (6 week baby checks, diabetic clinics) but all must be done virtually**

- **Practice to continue seeing their own COLD patients UNTIL a cold hub becomes available, even those that need F2F. These patients can wait 1-3 weeks for staff sickness to resolve as are not urgent.**

- **Adequate PPE must be worn for every single F2F appointment**

**OTHER ACUTE NON-COVID ILLNESS**

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

Before a F2F appointment is offered, where possible, another GP may need to help re-triage and make joint decisions to avoid unnecessary F2F consultations.

**NURSE/HCA can start...**

- To start telephoning vulnerable or frail patients for welfare checks and doing virtual chronic disease clinics.
- Signpost to Barnet wide and local social volunteering services e.g. for food deliveries or collecting prescriptions

**HOUSEBOUND PATIENTS**

- TBC between CCG, LCW, Barnet, CLCH
- Rapid Response & District Nurse remains in place, although service is reduced and should be for non-covid URGENT cases only

**Notes (children <12 pathway coming soon):**

- **HOT CLINIC** = non-covid and no URTI symptoms but need urgent F2F assessment (e.g. abscess, pain). GP led clinic.
- **COLD CLINIC** = non-covid and no URTI symptoms and are routine but essential for patients (e.g. children imms). Should be Nurse / Pharmacist led clinic (GP virtual supervision)

- **NB** – no patients with cold or URTI symptoms should be seen whatsoever

- **ROTH SCORE** – ask the patient to take a deep breath and count out loud from 1 to 30 in their native language. Count the number of seconds before they take another breath.
  - 8 seconds = if the counting time is 8 seconds or less, this has a sensitivity of 78% and specificity of 71% for identifying a pulse oximeter reading of <95%.
  - 5 seconds = if the counting time is 5 seconds or less, sensitivity is 91%

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