

C19 Symptoms — Cough or fever

(Pts may have myalgia, fatigue, sore throat, diarrhoea, congestion)

No C19 Symptoms

Principles

- Consider double triage with colleague.
- Person triaging sees the patient themselves.
- Restrict building access eg. by entryphone, or allowing 2 people at a time with adequate social distancing.
- Consider assessing patients outside if possible
- Clinician wears at least gloves, mask, apron and eye protection. [PPE Guidance](#).
- Patient comes in to surgery alone if possible and told not to touch anything.
- Use the shortest possible path to consulting room and dedicate one room (Red room) in the practice for face to face assessment.
- Patient washes hands, and to wear a surgical mask
- Patient brought in for brief exam, then straight out.
- Clean the room surfaces, and equipment with alcohol wipes. Open window(s) to air the room.
- Remove PPE, wash hands.
- Phone patient afterwards to discuss plan and safety net.

Support for GPs and APs

- Palliative care advice Mon-Fri 9-5 from Dr Patrick Fitzgerald (Willow wood) patrick.fitzgerald1@nhs.net 07776 635141
- Peer GP support phonecall (fast response) from tgccg.gppeersupport@nhs.net This includes advice from GPwSI if needed. Mon-Fri 9-6pm
- If you have no facility to dedicate a specific room in your practice for assessing patients who may have COVID19 (ideally this should have a separate entrance) then discuss options with your PCN PRG Resilience clinical lead. A variety of options to assess patients O2 saturations remotely are currently being tested out in T&G. [Full NHSE Guidance LINK](#)
- All residents in Care Homes will be reviewed daily by the Digital health team at ICFT.
- The Hospital Home visiting team will very soon care for patients who are significantly unwell with COVID19 who are being looked after in their own home. (currently in development)

Triage Assessment: Phone/Video

This will be done in the first instance by 111/CCAS. However sometimes patients will phone their GP surgery or CCAS may book directly into GP system via GP Connect.

Alternative diagnosis to C19 more likely (but C19 possible).
Usually no respiratory symptoms eg. fever due to pyelonephritis, Endocarditis etc
OR
Resp Sx with no fever more likely due to asthma
Heart failure etc
In these circumstances the clinician may decide to risk a brief F2F consultation due to their knowledge of the patient. If this is the case TAKE PRECAUTIONS and use PPE in line with PHE guidance.

C19 is the *most likely* cause of symptoms

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Mild symptoms:
Stay at home, self-care advice, contact NHS 111 if symptoms get worse

2a

Moderate
Completing full sentences
No SOB or Chest Pain
Able to do ADLs
Able to get out of bed

Adults RR 14-20
Adults HR <100 (measured by Pt/over video)

If equipment available
Adults O2 Sats >94%

2b

Moderate+
Completing full sentences
New SOB
Mild chest tightness
Struggling to do ADLs

Adults RR 20-24
Adults HR 100-130 (measured by Pt/over video)

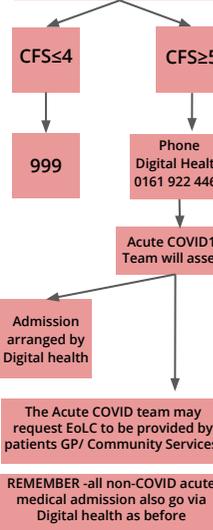
If equipment available
Adults O2 Sats 92-94%

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Severely unwell:
Check if pt already has a care plan stating they prefer not to be admitted.

Adults RR ≥25
Adults HR ≥131
If patient has a monitor
Adults O2 Sats ≤92%
New confusion

Assess pre-COVID [Clinical Frailty Score \(CFS\)](#)



Treat temperature:
Paracetamol, Fluids

Safety Netting. Advised to call Practice (or 111 OOH) if symptoms are worse.

Note: patients can become unwell on day 6-8 and rapidly deteriorate

Consider loaning pt O2 satn monitor if feasible

Treat temperature:
Paracetamol, Fluids

Consider Rx presumed Secondary Bacterial Pneumonia particularly if there is pleuritic chest pain or purulent sputum

Doxycycline 200mg stat, 100mg od 5/7 (first line)
OR
Amoxicillin 500mg tds 5/7

Safety Netting.
Phone/Video review in 24 - 48 hours

Telephone / Video Consult

Most cases managed on the telephone or by video.

F2F needed?

Principles

- Restrict building access eg. by entryphone, or allowing 2 people at a time with adequate social distancing
- Patient comes to surgery alone
- Patient washes hands
- Brief consultation
- Wipe down all surfaces afterwards

NON-COVID19 ILLNESS

- GPs should try and manage all patients virtually (telephone triage and/or video consultation). [Adequate PPE](#) must be worn for every single F2F appointment.
- Only arrange blood tests or investigations of these are considered essential (eg. for early diagnosis of cancer) and cannot be delayed by several months.
- If acute medical admission needed, please go via digital health as before 0161 922 4460.
- GP ROUTINE BUT ESSENTIAL WORK**
e.g. child immunisations AND essential blood tests (e.g. high-risk drug monitoring like azathioprine, methotrexate, mycophenolate, cyclosporin, sirolimus, tacrolimus, warfarin, lithium) AND urgent injections (cancer, etc). Aim to do this on home visits (at doorstep) for patients in highly vulnerable group we are 'shielding'.
- Baby checks can be combined with the first immunisations and performed in as short a time as possible.
- Other care can continue if it can be done virtually/remotely.
- Smears can be risk assessed. Routines can be postponed if PPE is in shortage or staff capacity low due to absence.
- At least **basic PPE** (apron, mask, gloves) must be worn for every single F2F appointment. [See this link for guidance on essential GP work.](#)

Tips to reduce practice footfall

- Consider converting testosterone injections to gel
- Consider converting [B12 injections to tablets](#)
- Choose contraception that doesn't need monitoring (desogestrol) [LINK](#)
- Leave 14 week gaps between depot-injections
- Consider INR testing outside/in cars and text regime later/convert warfarin to NOAC if safe to do so. [LINK](#)

Updates and Feedback

- The COVID19 pandemic is an ever changing situation
- Please check you are using the most up to date version of this guidance as it is currently being updated twice a week.
- If any part of the pathway has not worked for you in the way you expect we need to know so that we can sort out problems. If you have any problems all feedback please email tgccg.primarycarereporting@nhs.net