

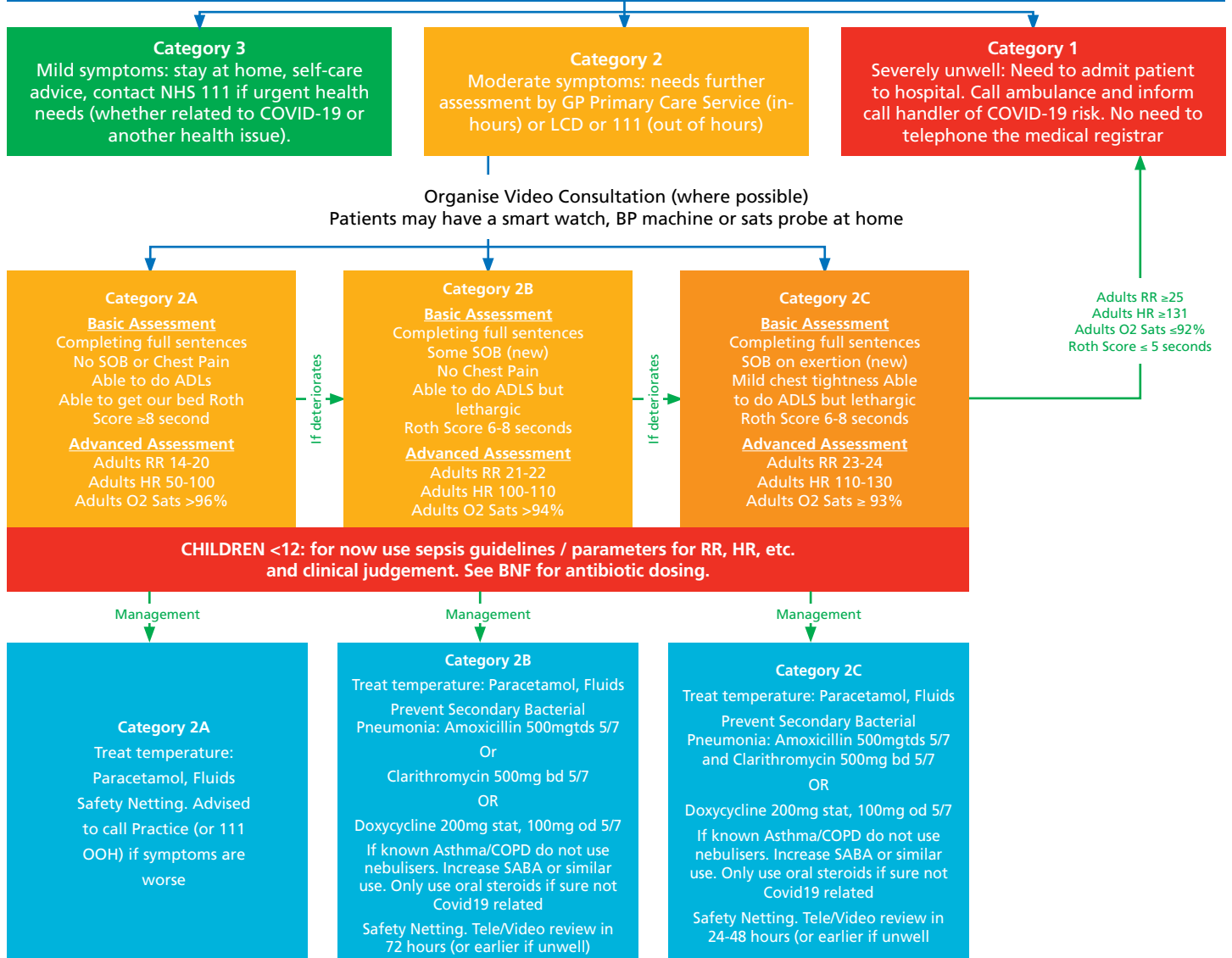
## Leeds Breathlessness Pathway (Covid-19)

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

**Guidance:**

- INITIAL ASSESSMENT SHOULD ALWAYS BE VIRTUAL BY TELEPHONE, VIDEO OR ONLINE CONSULTATION
  - UNNECESSARY F2F ASSESSMENTS SHOULD BE AVOIDED
  - CLINICAL NECESSITY OF F2F APPOINTMENT TO BE AGREED BY TWO GPs (OR ONE SENIOR GP) INCLUDING THE GP WHO WILL SEE THE PATIENT
  - HOME VISITING SHOULD BE BY EXCEPTION AND FOR HOUSEBOUND PATIENTS ONLY. USE CLINICAL JUDGEMENT TO MINIMISE EXPOSURE TO VIRAL LOAD
  - ADEQUATE AND PROPERLY FITTED PPE SHOULD BE WORN FOR ALL F2F APPOINTMENTS
  - F2F TIME SHOULD BE MINIMAL AND FOR PURPOSES OF EXAMINATION ONLY
- (HISTORY WILL HAVE BEEN TAKEN REMOTELY. NOTES SHOULD BE WRITTEN UP AWAY FROM THE PATIENT.)

### Telephone Triage - Patient with Covid19 symptoms



**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%

Further advice on remote assessment in Covid-19 has been collated by the BMJ.  
Click here to access <https://www.bmj.com/content/368/bmj.m1182>

Further Guidance to follow for children  $<12$  yrs and for use of local Hot and Cold Assessment Clinics.

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