Doncaster South Network Patient Care guide during COVID-19
PHONE /VIDEO TRIAGE ALL PATIENTS≥12yrs old

(This is a guide only, always use clinical judgement)

Adapted from NICE, RCGP, BMA Guidelines-updated 05.05..20

All other patients with non-COVID-19 symptoms + NO COVID-19 symptoms in household or other contacts

Eg acutely unwell from other causes, suspected cancer, end of life care, mental health

Patient with COVID 19 symptoms

(New fever ≥37.8, new or worsening continuous cough, breathless, anosmia, sore throat, rhinorrhoea, cold or flu like symptoms, new onset myalgia, diarrhoea)

Assess temperature, general behaviour/ability, breathing/speech, RR, colour, pulse, O2 Sats if available, BP or postural dizziness, urine output

MILD

Not breathless, normal speech
Able to continue normal
Activities, coping well
No amber or red features

RR 12-20, O2 Saturation ≥96%
Pulse 51-89
Self-care, fluids, paracetamol
Stay at home, NHS111
Safety net-if condition changes or no improvement after 7 days

MODERATE

New/worsening breathlessness on walking
Able to complete sentences, unable to continue normal activities but mobile,
Vulnerable/Co-morbidity, >60yrs
Deterioration in condition, fever >7d
RR 21-24, O2 Saturation 94-95%
Pulse 90-114
Try to manage remotely
If face to face being considered see below

SEVERE

Breathless at rest/unable to complete sentences
New immobility, unable to stand due to dizziness, not passed urine in 18 hours
Cyanosis, mottled skin, non-blanching rash
Chest pain, confusion, haemoptysis
RR≥25, O2 Saturation ≤93%
Pulse ≥115
If no Advanced Care Plan (ACP) discuss need for admission, call 999 inform COVID risk
Declined admission or ACP/DNAR in place refer to palliative care guidelines

Phone CCHUB for discussion and action Tel: 01302 304391 (Mon-Fri 8am-6pm) (if no further action from CCHUB, see below)
Consider antibiotics if sputum purulent (doxycycline 200mg day 1 then 100mg od 4 days or amoxicillin 500mg tds 5 days)
For asthma or COPD exacerbation follow personal action plan, avoid nebuliser (try 4-10 puffs salbutamol via Spacer)
Consider quadrupling ICS in asthma until improved. Oral Prednisolone if asthma/COPD and not COVID related (40mg)
Paracetamol, fluids, safety net, Review in 24 hours or sooner if worsens (Telephone or Video)
Advise on Sick Day Rules if appropriate https://www.diabetesonthenet.com/uploads/resources/0d28e57abe500aeecce340a80c293df1.pdf
If patient attends surgery and too unwell to return home direct to designated room, provide written information about what to expect. Ask patient to wear face mask. Telephone/video the patient to make a clinical assessment
Face to face GP review ONLY if have full PPE ideally in car bay/HOT SITE or home visit (requires 2 people)
https://elearning.rcgp.org.uk/pluginfile.php/149506/mod_page/content/44/home%20visiting%20resource_PDF.pdf
Adequate PPE should include FFP3 face mask, eye protection, full gown, gloves, over shoes for the assessing clinician
Patient must wear surgical face mask prior to assessment and provide oxygen saturation monitor.
Maintain distance 1-2 m; at home visit make assessment at the door (try not to enter property)
Avoid chest examination, patient to wash their hands, apply alcohol gel, apply oxygen saturation monitor
Reassess RR, HR, confusion, O2 saturation:
Oxygen saturation results ≤93 %, Call ambulance 999 and inform COVID risk
94-95% + co-morbidity risk factor, lives alone, not coping: Consider calling ambulance
94-95% and no co-morbidity, has a carer: Telephone/video reassessment in 24 hours.
≥96%
Remove PPE into yellow bag, decontaminate oxygen saturation monitor & eye protection if not disposable.

Manage remotely if at all possible with Telephone or Video consultation

Face to face ONLY IF NONE OF
Fever, cough, URTI-assess at multiple points (website, phone message, text, building posters, reception)

Adequate PPE must be worn with EVERY face to face appointment
Ask patients to wear face mask if attending
PPE (surgical face mask, apron, gloves)

DO NOT EXAMINE CHEST MOUTH OR THROAT

Continue essential blood tests (INR, DMARD, lithium etc, urgent at request of GP)
Urgent injections (cancer), wounds
Childhood immunisations
Pneumococcal vaccines for vulnerable
Smears for previous high-risk changes

Deceased patients

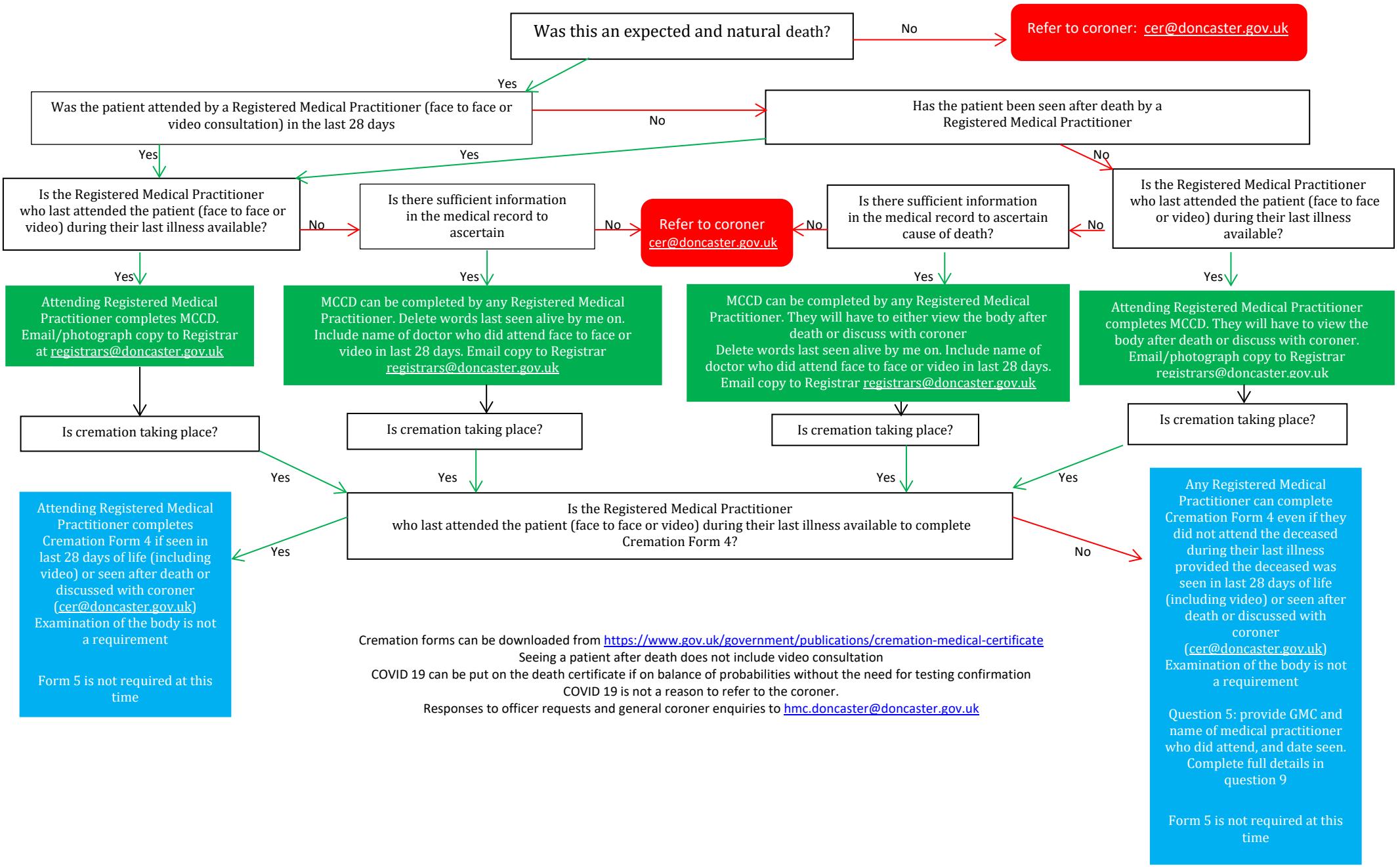
Verification of death can be performed by any doctor, nurse or suitably trained paramedic.

Verification of death can also be performed by video consultation by a carer or relative.
https://www.bma.org.uk/media/2323/bma-guidelines-for-remote-voed-april-2020.pdf

There is no requirement to see the body after death for MCCD or cremation form 4. If a clinician must enter the property and contact with the body is needed, the clinician should wear FFP3 mask, gloves, a long sleeve gown, eye protection and overshoes.

HOME VISIT PACK TO INCLUDE FULL PPE (FFP3 mask, eye protection, full gown, gloves, overshoes, YELLOW BAG, ALCOHOL SPRAY/GEL, OXYGEN SATURATION MONITOR)
INFORM LOCAL HEALTH PROTECTION TEAM if COVID symptoms in long term care facility in more than one resident.
For RESPECT form and Palliative care information see http://www.doncasterlmc.co.uk/chub.html

Changes to Death Certification and Cremation regulations (The Coronavirus Act 2020)



Cremation forms can be downloaded from https://www.gov.uk/government/publications/cremation-medical-certificate
Seeing a patient after death does not include video consultation
COVID 19 can be put on the death certificate if on balance of probabilities without the need for testing confirmation
COVID 19 is not a reason to refer to the coroner.
Responses to officer requests and general coroner enquiries to hmc.doncaster@doncaster.gov.uk

Doncaster South Network Patient Care guide during COVID-19
TELEPHONE /VIDEO TRIAGE ALL Children <12yrs old

(This is a guide only, always use clinical judgement)
Adapted from NICE, PEWS, Sepsis guidelines

Child with COVID-19 symptoms

(New fever ≥37.8, new or worsening continuous cough, breathless, anosmia, sore throat, rhinorrhoea, cold or flu like symptoms, new onset myalgia, diarrhoea)
Assess temperature, general behaviour, alertness, colour/rash, speech, feeding/drinking, breathing, RR, HR, CRT, O2 Sats if available, urine output

MILD

Not breathless, normal speech & colour
Responding normally, smiling,
Able to continue normal activities/play,
eating/drinking, parents coping well

0-6m: RR 30-39, HR 110-159
6-24m: RR 25-34, HR 100-149
2-5Y: RR 20-29, HR 80-119
5-12Y: RR 20-29, HR 70-119
CRT<2secs, O2 saturation ≥96%
No amber or red features
Self-care, fluids, paracetamol
Stay at home, NHS111
Safety net-if condition changes
or no improvement after 5 days

MODERATE

New/worsening breathlessness on walking
Able to complete sentences, nasal flaring,
playing but not as much, eating less but drinking,
passing urine/wet nappies, condition deteriorated
Co-morbidity/vulnerable child, fever >7days
0-6m: RR 40-54, HR 160-189
6-24m: RR 35-55, HR 150-179
2-5Y: RR 30-45, HR 120-150
5-12Y: RR 30-45, HR 120-150
CRT 2-4secs, O2 saturation 94-95%
Exclude multisystem inflammation (see below)
Try to manage remotely
If face to face being considered see below

SEVERE

Very Breathless/grunting at rest, chest recession,
confusion, drowsy, unable to rouse, not drinking
not passed urine in 12 hours, bulging fontanelle
cyanosis, mottled skin, non-blanching rash,
neck stiffness, seizures, multisystem inflammation
0-6m: RR ≥55, HR ≥190
6-24mo: RR > 55, HR ≥180
2-5Y: RR >45, HR150
5-12Y: RR >45, HR >150
CRT >4secs, O2 saturation ≤93%
Temp ≥38 in child 0-3m
Temp ≥39 in child 3-6m
Admit to hospital 999 inform COVID risk

Phone CCHUB for discussion and action Tel: 01302 304391 (Mon-Fri 8am-6pm) (if no further action from CCHUB, see below)
Consider antibiotics <1m:Dw paeds, Amoxicillin 1-11mo 125mg tds ,1-4Y 250mg tds, >5Y 500mg tds or Clarithromycin https://bnf.nice.org.uk/drug/clarithromycin.html
Asthma exacerbation and not COVID related: Follow personal action plan. Consider increasing SABA (4-10 puffs via spacer)
Oral Prednisolone (<2Y 10mg od, 2-5Y 20mg od, 6-12Y 30-40mg for 3d)
Paracetamol, fluids, safety net. Review in 24 hours or sooner if worsens (Telephone or Video)
If parent and child attends surgery and too unwell to return home direct to designated room, provide written information
about what to expect. Ask parent and child to wear face mask. Telephone/video the parent to make a clinical assessment

MULTISYSTEM INFLAMMATORY SYND: FEVER, DIZZINESS, ABDO PAIN, DIARRHOEA, CONJUNCTIVITIS, RASH, SWOLLEN/RED/PEELING HANDS & FEET, LYMPH NODES, CRACKED LIPS: ADMIT TO PAEDS

Face to face GP review ONLY if have full PPE ideally in car park bay/ HOT SITE or home visit (requires 2 people)
Adequate PPE should include FFP3 face mask, eye protection, full gown, gloves, over shoes for the assessing clinician
Parent and child must wear surgical face mask prior to assessment and provide oxygen saturation monitor.
Maintain distance 1-2 m if possible; at home visit make assessment at the door if possible (try not to enter property)
Avoid chest and throat examination, parent and child to wash their hands, apply alcohol gel, apply oxygen saturation monitor
Reassess RR, HR, confusion, general appearance, urine dip/mcs
Oxygen saturation results ≤93 %, Call ambulance 999 and inform COVID risk
94-95% + co-morbidity risk factor, parents not coping, consider calling ambulance
94-95% and no co-morbidity, parents coping well, Telephone/video reassessment in 24 hours.
≥96%
Remove PPE into yellow bag, decontaminate oxygen saturation monitor & eye protection if not disposable.