

C19 Symptoms — Cough or fever

(Pts may have myalgia, fatigue, anosmia, sore throat, diarrhoea, congestion or delirium/unexplained deterioration/falls in the elderly)

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.

Alternative diagnosis to C19 more likely (but C19 possible).

Usually no respiratory symptoms eg. fever due to pyelonephritis, Endocarditis etc

OR

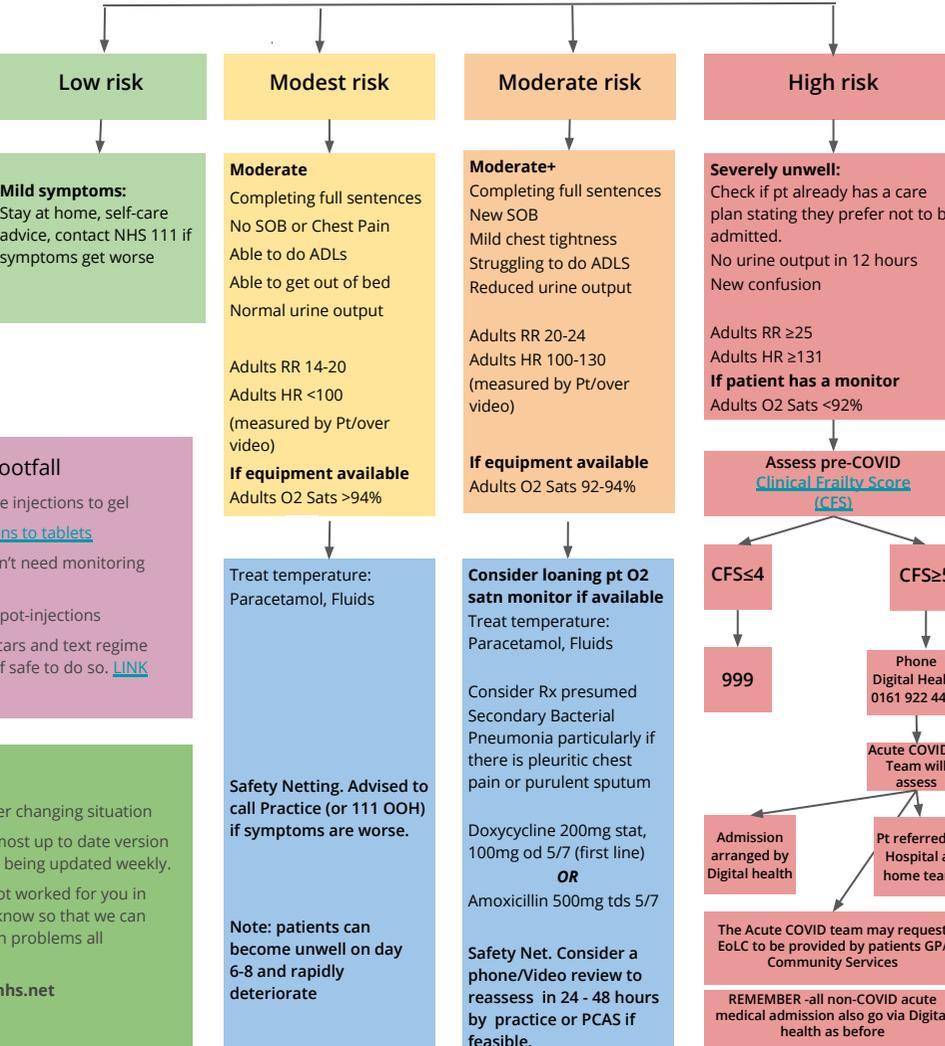
Resp Sx with no fever more likely due to asthma
Heart failure etc

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](#).

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.

C19 is the *most likely* cause of symptoms



Support for GPs, APs and GPNs

- Palliative care advice Mon-Fri 10-6 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
- A variety of options to assess patients O2 saturations remotely are currently being tested out in T&G. Check with your PCN resilience lead.
- [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 to care for patients who are significantly unwell with COVID19 who are being looked after in their own home/care home. Accessed for patients via Digital health.
- Videos to help patients to measure their pulse rate and respiratory rate remotely:

[Pulse Rate](#) [Respiratory Rate](#)

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 weekly.
- 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

No C19 Symptoms

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.
- Risk assess blood tests/investigations and arranged if 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.](#)