## No C19 Symptoms

### **Telephone / Video Consult**

Most cases managed online, by phone 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, wearing mask

Clinician to wear Adequate PPE for every single F2F appointment.

Patient washes hands

Brief consultation

Wipe down all surfaces afterwards

Clean down the waiting room and patient toilets regularly

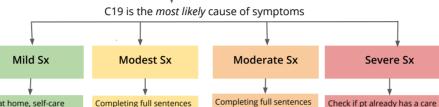
Ensure the risk/benefit has been considered including a risk assessment of the person carrying out the assessment or procedure using a recognised health risk assessment tool.

# **C19 Symptoms** — Cough or fever

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

## Triage Assessment: Phone/Video

This will be done in the first instance by 111/CCAS. However if patients phone their GP surgery then they should be dealt with by the practice and not redirected to 111. CCAS may book directly into GP system via GP Connect.



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

Remember to consider increased VTE risk in any pregnant or post-partum woman with a positive COVID test

Adults RR 14-20 Adults HR ≤90 (measured by Pt/over

No SOB or Chest Pain

Able to get out of bed

Normal urine output

Able to do ADLs

If patient has a monitor

Adults O2 Sats ≥95% and within 1-2% of normal

Patient may be suitable for Home O2 monitoring depending on other risk factors

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 Completing full sentences New SOB Mild chest tightness

Struggling to do ADLS No urine output in 12 hours Reduced urine output New confusion

plan stating they prefer not to be

Adults RR ≥25

Adults HR ≥131

than usual

CFS≤4

999

Admission

arranged by

Digital health

Digital health may

utilise the hospital

at home team if

appropriate for

some patients

If patient has a monitor

Adults O2 Sats ≤92% or >4% less

Assess pre-COVID

CFS≥5

Phone

Digital Health

0161 922 4460

Digital health

Team will

Digital health may

request further

care including Fol C

to be provided by

**GP/ Community** 

REMEMBER -all non-COVID acute medical

admissions also go via Digital health as

before 0161 922 4460.

Services

Adults RR 20-24 Adults HR 91-130 (measured by Pt/over video)

If patient has a monitor Adults O2 Sats 93-94% or 3-4% less than normal

Home O2 monitoring recommended -see separate guidance

Consider Rx presumed Secondary bacterial pneumonia if there is pleuritic chest pain or purulent sputum

Doxycycline 200mg stat, 100mg od 5/7 **OR** Amoxicillin 500mg tds 5/7

Consider a phone/Video review to reassess in 24 - 48 hours by practice or PCAS if feasible.

Patients with COVID pneumonia have an increased risk of VTE, esp in the post-partum period. Consider admission if concerned

#### 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.

## Tameside & Glossop CCG/LMC GP Guidance

Vs 22 22/01/2021

#### **Principles**

Consider double triage with colleague.

Person triaging sees the patient.

Restrict building access eg. by entryphone, or allowing 2 people at a time with adequate social distancing.

Consider assessing patients outside.

Clinician wears at least gloves, mask, apron and eye protection. PPE Guidance.

Patient comes in to surgery alone if possible and 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.

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 safetynet.

#### Support for GPs, APs and GPNs

Palliative care advice: 24 hour advice line at Willow Wood Hospice, staffed by experienced nurses. 0161 330 5080

Peer GP/PN support phone call from tgccg.gppeersupport@nhs.net Mon-Fri 9-6pm

Check with your PCN resilience lead re. remote O2 satn Full NHSE Guidance LINK

Videos to help patients to measure their pulse rate and respiratory rate remotely: <u>Pulse Rate Respiratory Rate</u>

#### Supporting patients with post-C19 Symptoms

This link from the BMJ guides GPs/APs in how to assess patients with possible Long-COVID symptoms.

Guidance from BLS/Asthma UK on post-COVID Symptoms HERE.

Info for patients on symptom management from TGICFT/CCG

On line recovery support <a href="https://www.yourcovidrecovery.nhs.uk/">https://www.yourcovidrecovery.nhs.uk/</a>

#### LOCAL OPTIONS:

Patients with persistent respiratory or other significant Sx following COVID or probable COVID can be referred urgently to TGICFT Respiratory clinic on eRS.

Post-COVID rehab may be useful. TGICFT has a Recovery clinic. Refer by phone call or email to IUCT 0161 342 4299 / tga-tr.IUCT@nhs.net

#### Tips to deliver good primary care

Most GP/ PNs are delivering good LTC care remotely, combining this with some face-to-face contact when clinically appropriate.

If your practice has specific reasons why care (eg. blood tests, smears) cannot be delivered due to specific C-19 related risks/capacity issues then consider making good use of the PCAS service or talk to your PCN CD to explore alternatives.

BCCB/BMA Cuidanse an workland prioritication

#### Preventative/LTC Care

#### See LINK for CCG Guidance

**Offer:** child immunisations, 8 week baby checks, postnatal checks, pneumo jabs, shingles jabs, high-risk drug monitoring, urgent injections (cancer, etc), smears.

**Consider/risk assess:** LTC monitoring blood tests, diabetes foot checks, ECGs, 24 hour BP monitoring, LD/SMI health checks, minor surgery, travel vaccs, joint injections, Implants/Intrauterine contraception, face to face annual reviews for dementia, RA, NHS health checks, ear syringing.

Do not offer: spirometry, peak flow assessment (other than by video), FeNO testing.

Ensure any equipment is appropriately cleaned after every use.

Baby checks can be combined with the first immunisations.

#### Caring for vulnerable groups (LCS Bundle):

SMI healthchecks-These form part of the LCS bundle. See <u>LINK</u> for guidance on CCG expectations.

LD healthchecks - These form part of the LCS bundle. See <u>LINK</u> for guidance on CCG expectations.

#### **Encouraging optimum self-care**

Signposting patients to self-care resources for optimising health and managing long term conditions.

**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. 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 problem or feedback please email **tgccg.primarycarereporting@nhs.net**