

C19 Symptoms which may be runny nose, headache, sore throat, sneezing, cough, fever, myalgia, fatigue, anosmia, diarrhoea, congestion or delirium/unexplained deterioration or 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.

Symptoms ranked by severity predictiveness

Severe
Breathlessness: at rest, can't complete sentences or on minimal exertion
Severe fatigue
New confusion
Chills/rigors
Non-severe
Fever without chills/rigors
Sputum
Dizziness
Cough
Nausea/vomiting
Diarrhoea
Headache
Sore throat
Nasal congestion

Assess for therapeutics in the community

Eligibility for referral to COVID medicines delivery Unit:
+ve PCR within 5 days **and**
Onset of Sx in last 5 days **and**
Member of the highest risk group and NOT requiring admission **and**
Age 12+ **and** Weighs >40kg **and**
NOT already been contacted by the CMDU (this is what should happen -GP is the 'safetynet', ensure your Down's pts have Rx)
Email: mft.gm.cmdu@nhs.net to refer.

Do they meet the criteria for the PANORAMIC study?

Onset of Sx in last 5 days **and** +ve PCR within 7 days **and**
Age >50 or 18-49 with BMI>35 or LTC (the flu-jab list)

Patients can self refer to the PANORAMIC Study on this [LINK](#).

C19 is the *most likely* cause of symptoms

Mild

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

Consider **increased VTE risk** in any **pregnant or post-partum woman** with a positive COVID test. All pregnant women with COVID should be assessed by maternity service unless they are very well and satn>94%

Rest, 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 home O2 monitoring if they fall into a high risk category for serious disease

Consider Home O2 monitoring
All patients either: age >50, BMI>40, **Extremely clinically vulnerable**, high risk ethnic group, pregnant, learning disability.

CHECK THE PROCESS FOR THIS IN YOUR PCN

Assess for therapeutics in the community
All patients either: age >50, BMI>40, **Extremely clinically vulnerable**, high risk ethnic group, pregnant, learning disability, any adults aged 18 – 64, that have tested positive and have not been double vaccinated.

CHECK THE PROCESS FOR THIS IN YOUR PCN

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

Consider 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

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

Moderate

New SOB, Mild chest tightness
Completing full sentences
Struggling to do ADLS

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

CONSIDER HOSPITAL ASSESSMENT

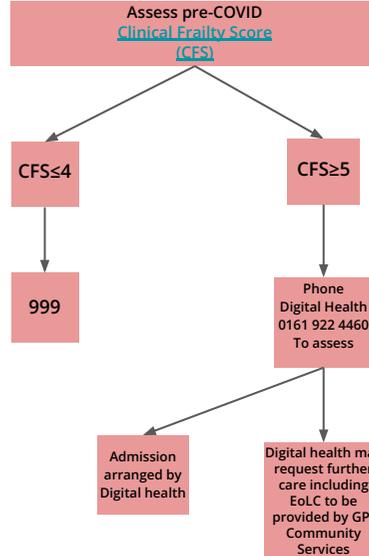
If not yet for hospital assessment:
Consider home O2 monitoring **and** COVID-19 therapeutics

Severe

Check if pt already has a care plan stating they prefer not to be admitted.
No urine output in 12 hours
New confusion

Adults RR ≥25
Adults HR ≥131

If patient has a monitor
Adults O2 Sats ≤92% or >4% less than usual



REMEMBER -all non-COVID acute medical admissions also go via Digital health as before 0161 922 4460.

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

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

OR

Resp Sx with no fever more likely due to asthma, HF 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.

Principles for seeing Pts with possible COVID

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: [Pulse Rate Respiratory Rate](#)

Updates and Feedback:

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

If you are using a paper version of this Guidance and want to access the electronic version for the hyperlinks please visit the Tameside and Glossop CCG website in the Clinical area
<https://www.tamesideandglossopccg.org/clinical>

Managing usual General Practice

Triage requests for care to risk assess for the purposes of infection control. Use Telephone / Video Consultations to minimise risk when appropriate.

Offer a F2F appointment if clinically indicated

Tips to deliver good primary care

[RCGP/BMA Guidance on workload prioritisation](#)

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.

Preventative/LTC Care: [See LINK for CCG Guidance](#)

Caring for vulnerable groups (LCS Bundle):

SMI healthchecks: See [LINK](#) for guidance on CCG expectations.

LD healthchecks: See [LINK](#) for guidance on CCG expectations.

Staff risk assessment: 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](#).

Care Home Visits Checklist

<https://www.tamesideandglossopccg.org/clinical>

Encouraging optimum self-care

[Signposting patients to self-care resources](#) for optimising health and managing long term conditions.

Vaccination complications

COVID Vaccination incl complications

Information about local vaccination availability: tameside.gov.uk/covidvaccine

NICE guidance on VITT post-AZ vaccine: [LINK](#)

If patients present following symptoms more than 4 days and within 28 days of AZ vaccine:

- new onset of severe headache, which is getting worse and does not respond to simple painkillers
- an unusual headache which seems worse when lying down or bending over, or may be accompanied by blurred vision, nausea and vomiting, difficulty with speech, weakness, drowsiness or seizures
- new unexplained pinprick bruising or bleeding
- shortness of breath, chest pain, leg swelling or persistent abdominal pain

Direct them to A&E **unless** the person is not acutely unwell, and same day FBC results can be obtained, and if they show thrombocytopenia, the person can be referred to the emergency department immediately.

Coding

Recommended terms/codes

'Acute Covid-19 infection': signs and symptoms of COVID-19: ≤4 weeks.

'Ongoing symptomatic COVID-19': signs and symptoms of COVID-19: 4-12 weeks.

'Post-COVID-19 syndrome': signs and symptoms that develop during or after COVID-19, lasting >12 weeks and not explained by another diagnosis.

Testing

COVID 19 Testing

Symptomatic staff or patients:

www.gov.uk/get-coronavirus-test or 119

Symptomatic staff: Either the same route as symptomatic patients (above) or practice-provided PCR test

Local testing information: tameside.gov.uk/coronavirus/testing

Asymptomatic patient-facing practice staff: Practice-provided lateral flow test (LFT) twice a week and report to <https://www.gov.uk/report-covid19-result>

Asymptomatic members of the public:

<https://www.gov.uk/find-covid-19-lateral-flow-test-site>

Post-COVID 19 Symptoms

Supporting patients with post-C19 Symptoms

[GM Support for patients](#)

This link from the BMJ guides GPs/APs in [how to assess patients with possible Post-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

<https://www.yourcovidrecovery.nhs.uk/>

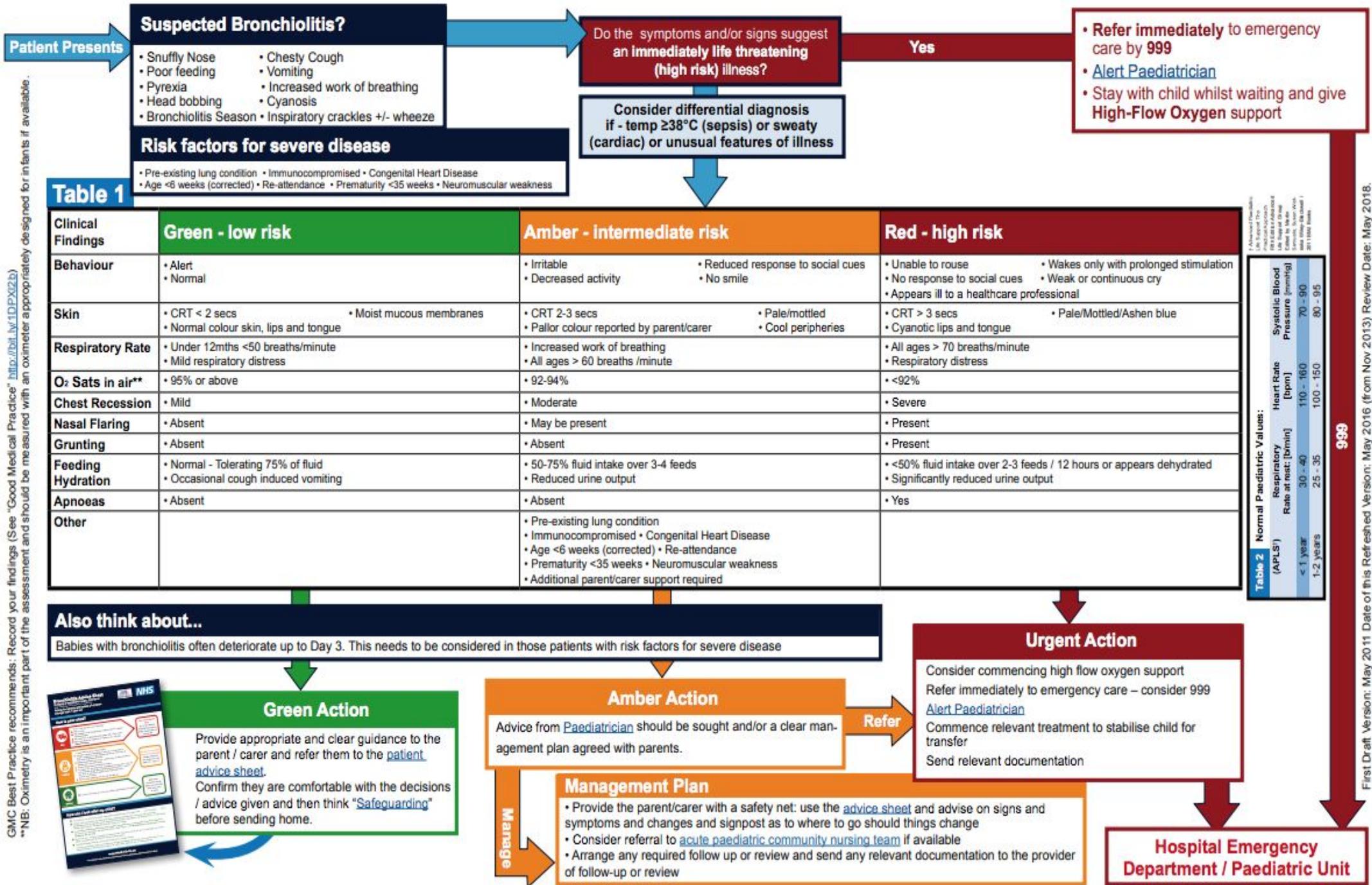
T&G OPTIONS: Patients with persistent Sx beyond 12 weeks following COVID or probable COVID can be referred to TGICFT Post-COVID Syndrome Assessment Clinic. Referral proforma templates have been sent to Practice Managers to be uploaded into your medical record system.

Bronchiolitis Pathway

Clinical Assessment / Management Tool for Children Younger than 1 year old with suspected Bronchiolitis



Management - Primary Care and Community Settings



GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPXZ2b>).
**NB: Oximetry is an important part of the assessment and should be measured with an oximeter appropriately designed for infants if available.