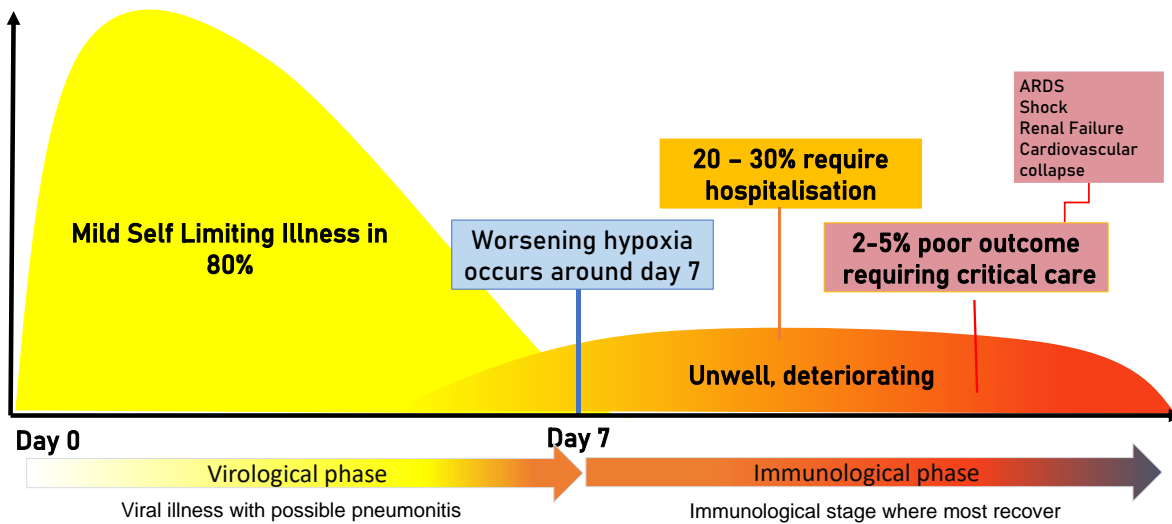




## Clinical Course



**At risk of deterioration:**

- Increasing age over 50
- Male sex
- BAME populations
- Chronic cardiac disease
- Chronic non-asthmatic respiratory disease
- Obesity
- Diabetes
- Chronic kidney / liver disease
- Chronic neurological disease
- Malignancy
- Dementia

**1 Connect**  
Get prepared

- VC possible?
- Confirm Patient ID
- Location
- Contact Number

**Clinical Symptoms:**

- Fever
- Dyspnoea
- Cough (+/-sputum)
- Anosmia/Dysgeusia
- Fatigue
- Confusion
- Diarrhoea
- Vomiting/Nausea
- Myalgia
- Chest pain
- Headache
- Abdominal pain
- Sore throat
- \*Atypical symptoms more common in the elderly\*

**2 Clinical triage**

If they sound or look very sick—such as shortness of breath—go direct to **red flag**

Establish what the patient wants out of the consultation

- Clinical assessment
- Referral
- Certificate
- Reassurance
- Advice

**3 Clinical assessment**

- Over phone, ask carer/ patient**
  - State of breathing?
  - Colour of face/lips?
- Over video**
  - General demeanor?
  - Skin colour?
  - Respiratory rate?
- Respiratory function (especially inability to talk in full sentences)**
  - How is your breathing?
  - Is it worse than yesterday?
  - What does it stop you doing?

Patient may be able to take their own measurements if they have instruments at home (temperature, pulse, peak flow, BP, O2 saturation) Interpret self monitoring results with caution and in the context of your wider assessment

**4 COVID most likely diagnosis?**

- No? **Refer GP/OOH**
- Yes? **Patient pathway**
  - NH?
  - CFS 7+?
  - ACP/DNACPR?

**5 Clinical Frailty Score**

Priority is not to move patient but assess in place. See local protocols for services

- Frailty**
  - Do they need daily help with washing or dressing?
- Assessment at home**
  - DN
  - GP
  - ANP
  - H@H
  - Dom O2
  - Anticipatory Prescribing

## 6 Assessment of severity

Non-frail patients

Mild symptoms?

Moderate or severe symptoms?

7

Stay home  
Self management  
Fluids 6-8 glasses per day  
If living alone – someone to check on them

Seek immediate medical help for red flag symptoms

Advise and arrange any follow up using local protocols

No

8

Assessment at COVID assessment clinic

Respiratory rate 24+  
O2 saturations <92%  
(In COPD SpO2 <88% or below baseline)  
Significant clinical concern

Immunocompromise  
Significant comorbidity

9

Assessment at hospital

Red Flags – 999 if necessary



### RED FLAGS

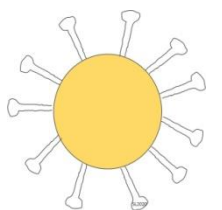
- Severe SOB at rest
- Chest Pain
- Blue lips or face
- Difficulty breathing
- Clammy, cold or mottled skin
- Poor urine output
- Difficult to rouse
- Haemoptysis

Don't forget differential especially non-COVID sepsis

### Useful contact numbers

ED \_\_\_\_\_  
Palliative care \_\_\_\_\_  
Respiratory on call \_\_\_\_\_  
Hospital @ Home \_\_\_\_\_  
District Nursing \_\_\_\_\_

This infographic, intended for use in a primary care setting and community COVID-19 hubs is based on data available in March 2020. It may be subject to change.



### Additional Resources

[Primary Care Resus Guidelines](#)

[BMJ Primary Care Guidance](#)

[Health Protection Scotland – COVID-19 Guidance for Primary Care](#)

[Health Protection Scotland – Literature Review for COVID-19](#)

For [pregnancy](#) and [paediatrics](#) guidelines (see national clinical advice guidance)

[NHS Inform](#)