**Telephone Triage – Covid-19**

**Role Play Cases with Reflections**

*Clinician*

**Case 2 – Adult with Covid-19 concern with comorbidities**

Setting; OOH Thursday 20.30

Patient; Andrew Bisson, 41

Triage information ‘Covid concern, comorbidities’

***Sit back to back (use a mobile phone as a prop if you wish)***

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*Patient*

**Case 2 – Adult with Covid-19 concern with comorbidities**

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Patient; Andrew Bisson, 41

Triage information ‘Covid concern, comorbidities’

***Sit back to back (use a mobile phone as a prop if you wish)***

*Further information*

Andrew has been feeling unwell for six days with a fever and five day cough.

Cough is dry, getting worse.

Feeling short of breath – today hasn’t felt able to do much other than lie in bed. Has managed to walk to bathroom and make small lunch / cups of tea.

Has some pain in centre of ribs near the bottom. Worse when coughs but otherwise unaffected by breathing or movement.

No leg pain or swelling.

Feeling tired and run down. Worried he is getting worse.

PMH – Type 1 Diabetic –BM today has been 9-13 (usually 6-10), HTN (well controlled), Hiatus Hernia.

DH – Insulin (Novorapid and Insulatard); Ramipril, Atorvastatin, Omeprazole.

NKDA

SH – Lives alone and working from home (IT) since lockdown brought in (10 days earlier). Food delivered, shielding himself by not leaving the house at all.

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*Discussion Prompts*

**Case 2 – Adult with Covid-19 concern with comorbidities**

Points for discussion

* What is your differential diagnosis?
	+ What are your immediate considerations?
	+ How will you ascertain the next course of action?
* If feel admission needed how would you arrange this?
* If you want to see the patients breathing what options are available to you?
* If you then arrange F2F appt at base, how will you do this?
	+ What do you need to tell the patient to expect when they are seen?
	+ Possible outcomes of assessment?

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*Discussion Prompts with reflections (not exhaustive)*

**Case 2 – Adult with Covid-19 concern with comorbidities**

Points for discussion

* What is your differential diagnosis? *Covid +/- secondary bacterial infection; PE.*
	+ What are your immediate considerations? *Does this patient need admission to hospital – now / possibly / no*

How will you ascertain the next course of action? *Review local guidance available to assist assessment of patients on telephone (locally -* [BNSSG Covid-19 Guidance](https://teamnet.clarity.co.uk/Files/Public/190fbe01-eade-4e82-b832-ab8b0121b840/d77b3bd0-8c84-4309-8ae5-ab8b0121b840)); *clarify further the extent of his breathlessness with probing questions; review GP records to see how well his HTN and DM is usually controlled/other admissions or health problems not discussed.*

* If feel admission needed how would you arrange this? *999 – if you feel patient is able to then call themselves but consider breathlessness and fact they live alone so likely you will do for them; ensure that ambulance control aware possible Covid patient and also of comorbidities in case patient deteriorates and not able to share this with the paramedic.*
* If you want to see the patients breathing what options are available to you? *If unsure if needs 999 or F2F you could arrange video consultation to view patients colour/breathing etc; if after this – or if this is not feasible – and you are concerned that admission is possibly needed then booking F2F appt for patient.*
* If you then arrange F2F appt at base, how will you do this? *Second triage may be standard practice in some areas; regardless consulting clinician will and host base will need to be aware that it is a likely Covid patient and appropriate entrance to building / drive through assessment / hot hub / PPE etc; need to consider how they will attend if too unwell to drive themselves - ?household contact who is currently out at work/other; weigh up risks of other contact transferring him to base and potentially exposing themselves to his Covid if not previously been in contact.*
	+ What do you need to tell the patient to expect when they are seen? *Advise re second triage if standard practice, if coming in advise about arrival protocol and PPE appearance of staff to avoid shock, reassure about measures to keep them safe from and to other patients.*
	+ Possible outcomes of assessment? *Admission or reassurance and return home with strict and clear (possibly written) safety netting +/- antibiotics for LRTI.*