**Telephone Triage – Covid-19**

**Role Play Cases with Reflections**

*Clinician*

**Case 3 – Relative (with medical training) calling with ?Covid-19 concerns about partner**

Setting; OOH Saturday 13.00

Patient; James Dawes, 67 yrs

Contact: Wife

Triage information ‘Lethargic, cough, no fever, wife would like advice’

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

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*Further information*

Hx from wife as patient doesn’t speak good English.

Has had a dry cough for 5 days.

Has been feeling breathless alongside this but other than lethargy is able to do ADLs.

Two days ago when got up to toilet at night felt unsteady and unbalanced, wife helped him to sit down and resolved. Checked his sats – 93%, soon recovered to 95% so didn’t seek advice.

Has been very tired and not interested in doing much.

Is able to get up and about – climbs stairs to get to bed and goes downstairs in the day.

Today feeling much the same but wife starting to get concerned because day 5 of illness hence calling for advice.

Has checked his obs – BP 138/82, P 87, Sats 95% air, RR – she is unsure about.

No fever. No chest pain. No vomiting.

Drinking well and PUing normally.

BO normally.

PMH – HTN (moderate control; last reading 148/87, 2/12 prior 159/92), CKD 3 (eGFR Feb 2019 34, Jan 2018 32, Mar 2017 35, April 2016 34)

DH – Amlodipine, Lisinopril,

Allergic pencillin (rash)

SH – Lives with wife, retired labourer. Wife well (nurse) – has continued working in nursing home. No confirmed cases Covid but some residents have been unwell with fever.

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*Discussion Prompts*

**Case 3 – Relative (with medical training) calling with ?Covid-19 concerns about partner**

Points for discussion

* Why has this patients wife called today?
* Does wifes assessment negate need for F2F assessment?
* What options do you have?
	+ What will it add?
* Is it appropriate to safety net to include observations that are medical?

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*Discussion Prompts with reflections (not exhaustive)*

**Case 3 – Relative (with medical training) calling with ?Covid-19 concerns about partner**

Points for discussion

* Why has this patients wife called today? *She is concerned about the length of symptoms; mentions episode of possible fainting/other two days ago - ?why didn’t call then; has similar or close to this happened again; is she worried about her own health / possibility that she brought virus home asymptomatically through work; does she have support / food as they are self isolating.*
* Can you speak to the patient? *You can ask to speak to them if any English at all to get an idea of speech; if not possible then you could ask her to speak to him and listen to his speech pattern / breathlessness when talking; you could consider using interpreter to speak to the patient.*
* Does wifes assessment negate need for F2F assessment? *She has taken primary observations other than RR; need to check if equipment is calibrated / she knows how to use it; adds information into the history but still need to assess on hx etc.*
* What options do you have? *Reassurre, video consultation; face to face (or admission directly though currently doesn’t appear to be indicated).*
	+ What will it add? *Video would add ability to observe breathing / RR / colour; if not able to speak to patient you could observe them talking to their wife / ask them to walk within the house and observe the change; F2F over video not likely to add a vast amount given observations done – chest auscultation not felt to add significant amount in Covid and no fever to make bacterial infection significant concern.*
* Is it appropriate to safety net to include observations that are medical? *If keeping at home then discuss with wife what she is willing to continue to do; in the circumstances asking her to continue to monitor with observations she has available is reasonable as reduces risk of exposure to health care professionals to assess in person; offer support through follow up call or direct number to UUSC provider if she is worried; make it clear that she should and can call 999 if emergency concerns/deterioration; give clear and specific worsening thresholds ie sats <94%, not able to complete sentences, colour change, reduced conscious level.*