

Assessment and decisions about
place of care for those with
suspected Covid-19

Dilemmas around admission

- Most patients with covid-19 can be managed remotely with advice on symptomatic management and self isolation
- However some patients will need admission
- Assessment of the patient as we consider admission
- Difficulties we face as we make decisions around admission

Temp, Cough and Breathlessness

- Temp > 37.8
- 50% do not have a temperature at presentation
- Most have a cough
- Usually dry though they may have sputum
- Fewer than 50% have breathlessness but indicates more serious disease
- No validated assessment tool
- Consider alternative causes of breathlessness

Useful questions

- How is your breathing today?
- “Are you so breathless that you are unable to speak more than a few words?”
- “Are you breathing harder or faster than usual when doing nothing at all?”
- “Are you so ill that you've stopped doing all of your usual daily activities?”
- Is your breathing faster, slower, or the same as normal?”
- “What could you do yesterday that you can't do today?”
- “What makes you breathless now that didn't make you breathless yesterday?”

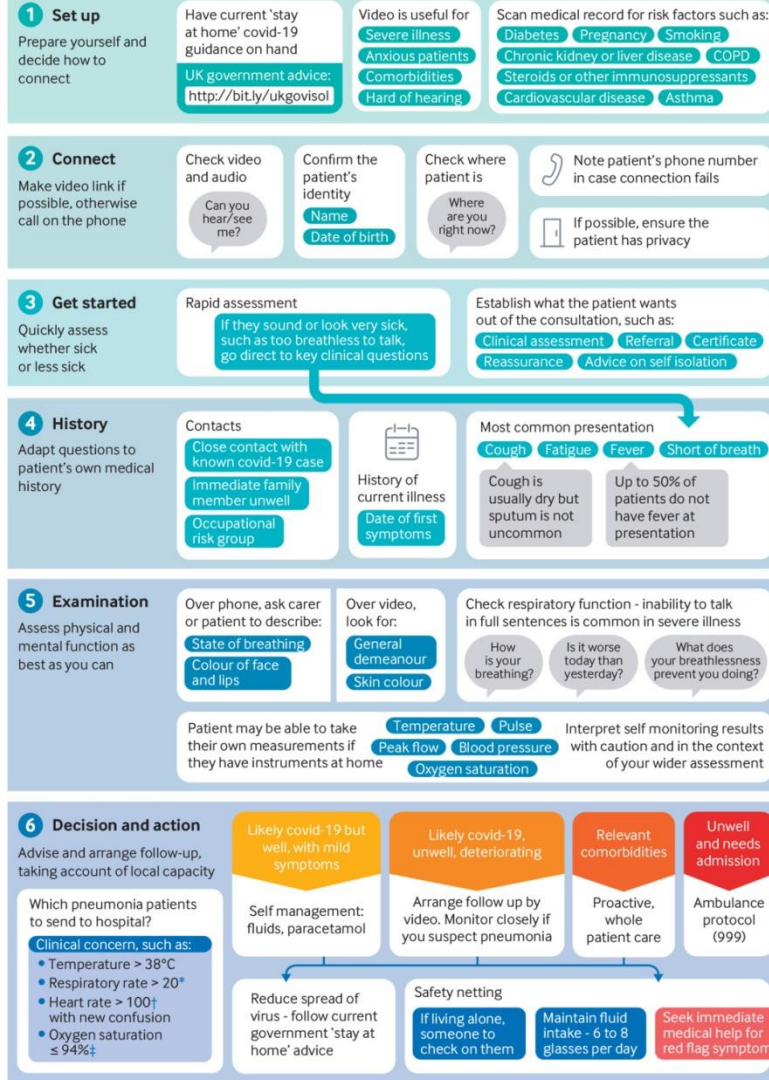
Other symptoms

- Fatigue and muscle pain
- Diarrhoea
- Loss of sense of smell
- Loss of appetite
- Conjunctival injection is rare but a poor prognostic sign

Examination

- If available temp, pulse, sats, peak flow, blood pressure, blood sugar
- If using video
- Where are they? Do they look unwell?
- Count resp rate if possible
- Make a note of what you can and can't see and how accurate you think measurements are
- Do they appear anxious?

This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.



Clinical characteristics

Based on 1099 hospitalised patients in Wuhan, China



Red flags

Covid-19:

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in the chest
- Cold, clammy, or pale and mottled skin
- New confusion
- Becoming difficult to rouse
- Blue lips or face
- Little or no urine output
- Coughing up blood

Other conditions, such as:

- Neck stiffness
- Non-blanching rash

* Breaths per minute † Beats per minute ‡ If oximetry available for self monitoring

Management

- Most can stay at home with paracetamol
- Plenty of fluids
- Rest
- Following sick day rules for any medication they are on
- Safety net- some may see deterioration in the second week and become rapidly unwell
- Testing when available
- It is a notifiable disease

Criteria to guide hospital admission: combine criteria w global impression

- CRB 65 (NICE recommendation for CAP; new confusion, RR >30, low BP, 65+) is not validated in COVID 19
- Red flags in COVID
 - Temp ≥ 38
 - RR > 20
 - HR > 100
 - Severe breathlessness
 - Pain or pressure in chest
 - Blue lips
 - Suggestion of shock- cold, clammy, mottled skin, new confusion, difficulty to rouse, reduced urine output

Other Red Flags

- Haemoptysis seen in 1% is a poor prognostic sign
- Sats < 92% are associated w increased mortality in CAP (depending on usual status). Some guidance suggests consider admission at sats < 94%
- Consider admission at lower threshold for those at risk of deterioration (age > 60, comorbidities)
- Not coping/safe at home

Why are you worried?

- Patient doesn't want to come to hospital because they are frightened
- They or you are worried they may get Covid
- Worried about the level of care the patient may get if admitted
- Is it possible to manage the patient at home/ will there be enough support?
- Can the carers manage?
- Will they be isolated from their families when admitted?

Treatment Escalation Plan

- Check to see if they have one
- Discuss the patients and families expectations around admission to hospital
- Are there any treatments you would not want?
- Many people who are 'not for resuscitation' or candidates for ICU will still benefit from an admission to hospital for IV antibiotics if needed and oxygen

Discussion with secondary care

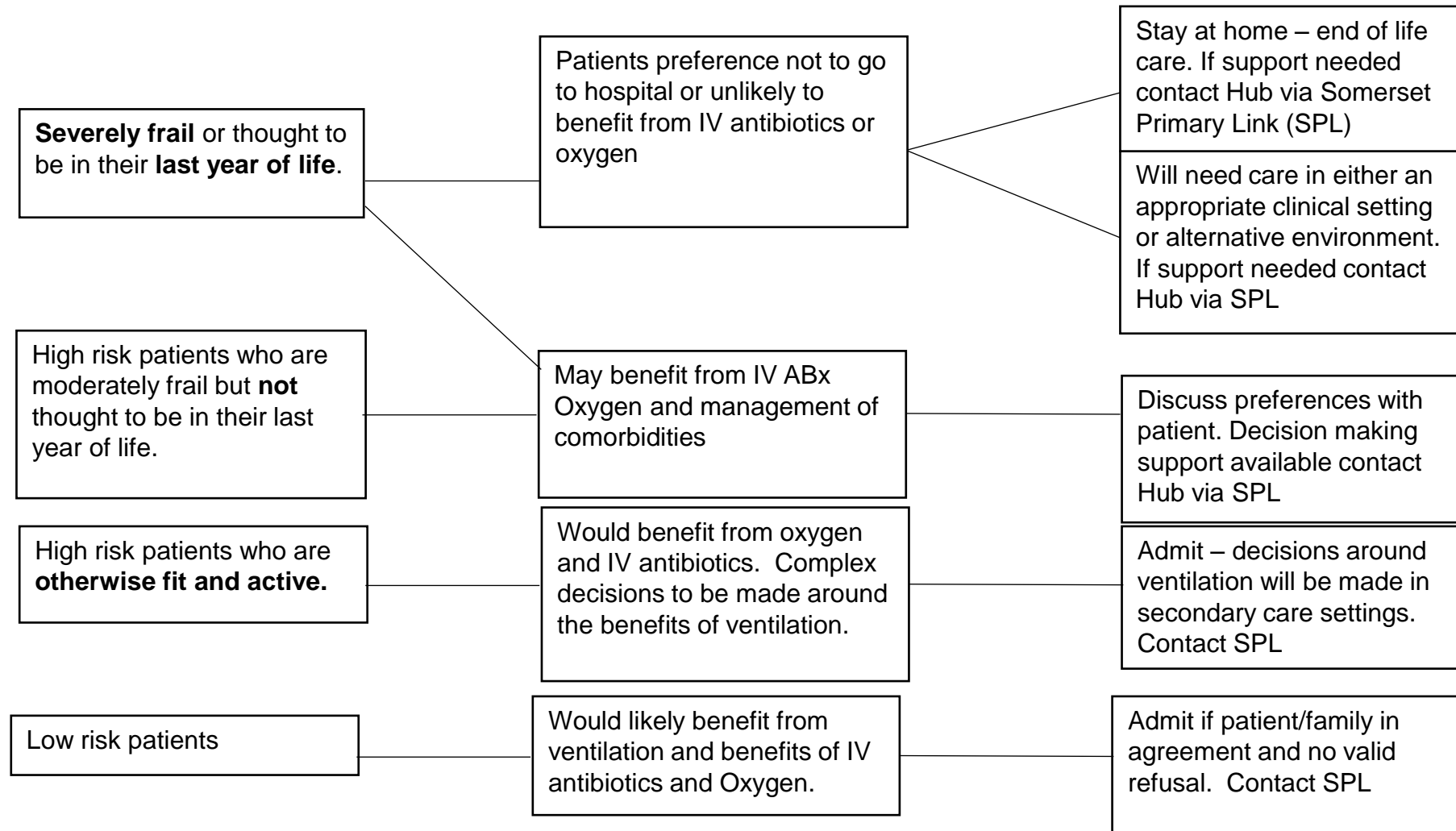
- Obs and clinical status
- Extent of change from normal for patient
- Past medical history including co-morbidities
- Patient wishes and carers views
- Care needs

Hospital Admission Decision Making Aid for those Unwell with Suspected COVID Infection

WHO

WHAT

WHERE



Somerset Hub for Coordinating Care (formerly SPL)

01749 836700

Option 1 – Rapid Response/ Urgent DN/ Falls

Option 2 – Discharge to Assess Home

Option 3 – Bed Coordination

Option 4 – End of Life a. Symptom Management Advice

b. Support for Packages of Care

Coordinates the capacity across all 4 options

Add EoL SMSH number?

Option 1 – Somerset Primary Link / Rapid Response / Urgent DN / Falls	<ul style="list-style-type: none"> • This option will incorporate the usual Somerset Primary Link function for urgent GP or other HCP referrals. • Rapid Response referrals to help avoid hospital admission can also assist with EOL support/night sits if required. • Urgent DN referrals from the Acute Discharge Hubs/Community Hospitals to help with discharges. • Urgent Falls referrals where therapy input required.
Option 2 – Discharge to Assess Home	<p>This is for all hospital discharges who can go home with formal support. The patient will be met at home by a key worker who will assess their care and community health needs.</p>
Option 3 – Bed coordination	<p>This is for all requests for Community interim bed options including:</p> <ul style="list-style-type: none"> • Community hospital beds • Interim reablement beds (Pathway 2 and Pathway 3) • Interim care home beds <p>These options are for people who are not safe enough to be discharged straight home or to remain at home where they do not need an acute bed.</p>
Option 4 – End of Life	<p>The EOLCCC can assist with sourcing POC's and support for end of life patients who either want to remain at home or who want to go home from hospital.</p> <p>Symptom advice and support for packages of care can be accessed through this option</p>

- **TST**
- **To arrange admission**
- Call SPL (8am-9pm 7days) as usual, option to discuss with 2y-care clinician in 3-way conversation before admission.
- **To discuss uncertain admission or for advice around escalation:**
- **TST - Frail older people:** 0830-1630 Mon-Fri: geriatrician via Consultant Connect, or a single call via SPL to allow 3-way conversation and arrangement of admission in one call.
- **TST - Admission decision support for other groups:** 0800-2000 seven days: acute medicine phone via SPL allows 3-way conversation and arrangement of admission in one call, or call directly on 07767440794.
- Consultants taking calls will be aware of the hospital situation and should be well placed to advise. Please be prepared for a short wait – we may be with a patient.
- As usual COVID/non-Covid , unstable/very unwell: direct admission to ED
- **Beyond these hours:**
- Medical SpR or consultant on call via switchboard
- MPH 01823 333444 (as per usual)
- **Direct contact numbers for specialty advice in hours (0900-1700)**
- **TST:**
- Geriatric medicine, endocrinology, urology, spinal surgery, paediatrics, gynae, ENT, vascular: Consultant Connect (numbers unique to each surgery)
- Respiratory: Consultant Mobile 07867408463 Nurses Mobile 07788725139
- Neurology: via office 01823 344037. A&G by email
- Stroke: nurse practitioners until 8pm via Dunkery ward on 342022 or bleep 3022 via 01823 333444 Stroke consultant via 07795013158 (stroke mobile) including weekends during this pandemic
- Rheumatology: office 01823 342132, A+G Rheumatology.patientqueries@tst.nhs.uk, urgent mobile advice via switchboard.
- Cardiology: office on 01823 343824; separate published guidance for booking clinics
- Oncology: cancer helpline on 01823 342436; round the clock

YDH:**To arrange admission**

Call SPL as usual (8am-9pm 7/7), option to discuss with 2y-care clinician in 3-way conversation before admission.

To discuss uncertain admissions or for advice around escalation

0900-1700 Monday to Friday contact Consultant Connect and choose **Acute Medicine** option. Line staffed continuously by Medical Consultant to ensure prompt reply and advice.

1700 – 2000: refer via SPL who can contact Acute Physician mobile via switchboard.

2000 – 0900: contact switchboard directly (01935 475122) who can contact on call medical teams via their mobile.

Consultants taking calls will be aware of the hospital situation and should be well placed to advise. Please be prepared for a short wait – we may be with a patient.

As usual COVID/non-Covid, unstable/very unwell: direct admission to ED

Direct contact numbers for specialty advice in hours (0900-1700)

Consultant Connect – preferred method of getting prompt answer from clinical services during normal working hours. Best to download app to access advice. Specialties that are available for phone advice outlined below:

Speciality
Acute Medicine
Acute Surgery
Ambulatory Care - Medicine
Ambulatory Care - Surgery
Diabetes/Endocrinology
Gynaecology
Gastroenterology
T&O
Urology
General Surgery
Paediatrics
Elderly Care
Ophthalmology

Trust Frailty service. MDT service including Nurse Practitioners, therapists and Geriatricians. Can be contacted via Consultant Connect selecting the Elderly Care option.

Advice and guidance services – via e-referral

Paediatrics; Neurology- via office 01823 344037 or A+G email.

Summary

- Most people with Covid-19 can be assessed and managed remotely
- Some will need admission and for some this decision is difficult
- Check for a TEP and discuss its implications if present
- If unsure contact SPL who can arrange a discussion with secondary care
- Admission does not have to be to an acute hospital