**Telephone Triage – Covid-19**

**Role Play Cases with Reflections**

*Clinician*

**Case 1 – Parental concern about a child with a fever? Covid-19.**

Setting; OOH Wednesday 19.45

Patient; Jenny Picton, 3y 8mo

Contact; Mum, Amy Picton

Triage information; ‘cough since Thursday, fever 39.0, really floppy and poorly, Mum really worried’

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

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*Patient*

**Case 1 – Parental concern about a child with a fever, ?Covid-19.**

Setting; OOH Wednesday 19.45

Patient; Jenny Picton, 3y 8mo

Contact; Mum, Amy Picton

Triage information ‘cough since Thursday, fever 39.0, really floppy and poorly, Mum really worried’

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

*Further information;*

Jenny has been unwell for 6 days, though you thought she was better over the weekend as was back to her normal self until yesterday evening.

You’ve been giving calpol (x3 doses) and ibuprofen (x1 dose) through the day but the temperature is always over 38.0 when you’ve checked it earlier today (before giving medicine).

Called 111 45 minutes ago because she was lying on her bed and looked tired and floppy – you’ve finished the full bottle of calpol and are worried that you can’t give any more/aren’t sure what to do. You can’t get her seen by anyone because you can’t get a bus or taxi to the drs and too far to walk with them both, even if you were allowed.

Now Jenny is playing with her brother and seems brighter, but not her normal self.

Temp currently 37.6 and last had medicine three hours ago.

No vomiting or diarrhoea.

Dry cough for 24 hours but didn’t stop her sleeping last night. Doesn’t seem to be getting worse, possibly slightly better.

Drinking normally but off her food, though improved from last week.

Talking to you normally and doesn’t seem to be fighting for breath.

Weeing and BO today normally.

No rashes.

PMH

Both children on Autistic Spectrum and under community paediatrics for annual review.

No previous serious illnesses and never been admitted to hospital.

DH

Nil. NKDA.

Imms – Fully UTD.

SH

Lives with you (Mum) and brother (5). You rely on buses for transport and have no access to a car/no friends or family near-by.

Have been self-isolating with the children for 6 days because of Jennys fever though you feel well, her brother has been a little ‘off colour’ today.

No smokers in household.

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*Discussion Prompts*

**Case 1 – Parental concern about a child with a fever? Covid-19.**

Points for discussion

* What is Mums main agenda?
  + How can you ensure you elicit this?
  + What can you do to reassure her?
* Do you need to see this patient face to face?
  + Do current Covid-19 restrictions (April 2020) and guidance to reduce F2F contact to bare minimum impact this decision…….
  + is it likely this child needs direct admission to hospital (current benchmark for F2F in in some areas)?
* If you did want to see F2F how would you arrange this in normal circumstances?
  + With Covid-19 restrictions?

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*Discussion Prompts with reflections (not exhaustive)*

**Case 1 – Parental concern about a child with a fever, ?Covid-19.**

Points for discussion

* What is Mums main agenda? *Anxiety – about her child getting worse; concern that she can’t access health care assessment; isolated and no transport; has two children so how can she take one out if poorly and risk for other; are all three of them going to get unwell?; if Mum is unwell how will she care for her two children on her own; how is she going to feed them now she can’t get out and about.* 
  + How can you ensure you elicit this? *Take the hx of the medical complaint but ask around; listen to cues ‘I can’t get out of the house’; ask directly what her main concern is; ask if she would be seeking medical attention outside of Covid for her daughters current condition ie is she calling because she is worried about her now or what will happen in due course.*
  + What can you do to reassure her? *Take hx of complaint and advise if anything of concern (and act on it); if not then advise why you are reassured ie fever but playing and happy in between, coughing but eating and drinking normally and talking etc; reassure her of methods to get further review if things progress or change; educate as to why coming in for assessment ‘just in case’ is not without its risks.*
* Do you need to see this patient face to face? *Probably would normally offer a parent F2F assessment for a child with persistent fever however child is getting better in some areas and no acutely concerning symptoms on the phone….*
  + Do current Covid-19 restrictions (April 2020) and guidance to reduce F2F contact to bare minimum impact this decision……. *Risks to family of F2F contact and potential exposure – need to clarify what is likely to be gained by F2F assessment. Could consider video consultation to observe child or follow up call / direct number to out of hours if worsening.*
  + is it likely this child needs direct admission to hospital (current benchmark for F2F in some areas during Covid pandemic)? *No*
* If you did want to see F2F how would you arrange this in normal circumstances? *Encourage bus or taxi; UUSC provider funded taxi if needed. Would be rare to arrange HV unless one of the children was not able to leave the house for health reasons.* 
  + With Covid-19 restrictions? *Mum can’t get taxi or bus so would need transport in relative car (but not household contact so risk of exposing them - ?has ANYONE visited and broken household barrier already); would consider Home Visit of clinician or video assessment re ?admission via ambulance warranted if worsening.*