**Telephone Triage – Covid-19**

**Role Play Cases with Reflections**

*Clinician*

**Case 5 – Nursing home calling for advice about a very unwell patient.**

Setting; OOH Thursday 19.00

Patient; Rosemary James, 96 yrs

Contact; Nurse in charge, Sylvia

Triage information; ‘Sats 82% earlier, own GP advised 999 and while waiting to liaise with family about what they wanted, paramedic visited and has now left, advised home to call 111 to discuss with OOH GP, Sylvia leaves shift at 20.00 so please try and call before then. DNAR in place, ceiling of treatment is oral Abx.

Paramedic assessment – pt sat up, alert and orientated. Look well. No increased WOB. Crackles left lower lobe. rr22, p 98, bp 146/84, t 36.7, gcs 15. Was commenced on clindamycin yesterday for wound infection’

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

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*Patient*

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*Further information*

Rosemary has taken a turn for the worst in the last 24 hours. Sylvia spoke with own GP yesterday who advised Clindamycin because she had a cut on her R arm which looked a little inflamed.

Since then has been more unsettled, though currently asleep in bed.

Sats currently 94% on 2L oxygen (home had for another resident and sought permission from own GP to use for Rosemary), been told by own GP not to increase further as PMH COPD (though home weren’t aware of this, pt not on inhalers and never had O2 before). Rosemary doesn’t smoke – unclear if has in the past.

Main concern earlier was sats dropping to 82%, if remove 2L oxygen then drops down to 90%.

No fever. Coughed a few times earlier but not persistant.

No other residents have Covid sx. No staff off with symptoms (though some self isolating for family members with fever).

Not really eaten much today. Drinking some and has PUd (bed pan).

Usually mobilises to dining room but all residents being served in their rooms to encourage isolation, Rosemary therefore has not been out of bed for four days.

Cut her arm 3 weeks ago. Wound slightly inflamed over the last four days but not very odorous. Has a dressing on and staff in home able to change this as needed.

PMH (from GP records)

Heart failure (2015)

Dementia (2012)

DNAR (2013)

Osteoarthritis Knee (2005)

Hypertension (1997)

DH

Furosemide 40mg bd

Allopurinol 100 mg od

Apixaban 5mg bd

Docusate 100mg od

Donepezil 10mg om

Fenbid 5% gel prn

Omeprazole 10mg od

Paracetamol 1g qds

Matrifen 25 mcg/hr transdermal, change every 72 hours

Allergic Penicillin

eGFR Jan 2020 68

SH

Lives in nursing home, has a daughter in London, last visited in February. Aware of progress today, herself shielding due to health conditions and has not been well in the last week. Has lasting power of attorney. Happy for Abx but no other escalation of treatment. Stands by DNAR (ReSPECT form not been done).

Sylvia would like a plan for this evening. Aware hospital admission not appropriate and has enough staff to care for Rosemary safely. Want to check nothing else they should be doing. Using PPE for all contact with her.

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*Discussion Prompts*

**Case 5 – Nursing home calling for advice about a very unwell patient.**

Points for discussion

* What needs to be done tonight?
	+ Who else might you want to speak to?
* What other suggestions might you have going forwards?
* What further support can you offer to the nursing staff?
* Do you need to take any other action for the other residents in the home?

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*Discussion Prompts with reflections (not exhaustive)*

**Case 5 – Nursing home calling for advice about a very unwell patient.**

Points for discussion

* What needs to be done tonight? *Consider if clindamycin is the most appropriate Rx – could consider changing to cover LRTI and cellulitis. Ensure patient is not in distress – on matrifen and PCM, does she need anything else for distress or discomfort. If so what and how will you get it to her – staff can’t go out as not enough to cover residents, no family that can help. Nurse doesn’t feel needed at present - ?via district nurse collecting from bases but wait until needed given sleeping at present. Confirm relatives are happy with plan and aware that without admission this could be terminal episode – can do this through nurse or call relatives yourself depending on how the nurse feels/state of triage in OOH shift. Clarify if F2F assessment is needed for reassurance but consider video for patients, and clinicians benefit as unlikely to alter plan significantly with further assessment given paramedic has examined.*
	+ Who else might you want to speak to? *Paramedic to clarify examination findings – note PMH heart failure – is this infection or failure. How unwell did she look. Get another opinion on the wound.*
* What other suggestions might you have going forwards? *If picks up encourage to sit out in chair for meals even if not leaving the house to encourage deeper inspiration and reduce risks to chest / pressure sores. Take into account however pressure on nursing staff and patient wishes, may prefer to be in bed and comfort seems key above all else. Suggest touching base with own GP tomorrow as seems to have been involved.*
* What further support can you offer to the nursing staff? *Nurses are changing shift – could offer to speak to night team or make clear it is ok for them to call back if needed.*
* Do you need to take any other action for the other residents in the home? *Ensure PPE being used for this patient and that they have capacity within staff overnight to manage their patients.*