**Telephone Triage – Covid-19**

**Role Play Cases with Reflections**

*Clinician*

**Case 6 – Deterioration >7 days after onset of Covid-19 symptoms.**

Setting; OOH Sunday 21.30

Patient; Andrea Sparks, 61

Contact; Patient

Triage information; ‘Covid concern. Worsening breathlessness, wants some advice on how to relieve symptoms’

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

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*Further information*

Spoke to own GP 10 days ago. Has been struggling with breathing for some time. Fluctuates.

Had been given salbutamol 4 weeks ago which helped but didn’t last 4 hours so started on clenil which she finds helps – using bd as prescribed. Also using salbutamol about 4 times per day, 2 puffs, but not convinced this helps. GP also gave amoxicillin for 7/7.

For the last 8 days has felt worse, no fever but felt flushed.

Dry cough for possibly 8 days, not severe, or worsening, but present and ongoing (mild improvement day 5-7 Abx but now back to how it was at the start).

Main concern is breathlessness which has been worsening in the 8 days but today has felt a little more scared.

Woke 4 am and couldn’t get comfortable, managed to get downstairs and after water managed to get back to sleep. Slept until after lunch.

While making tea felt light headed and thought she would pass out so husband took over.

Couldn’t eat anything as didn’t feel hungry so took two glucogel tablets (husbands) and felt a little more alert.

Thought she was feeling better but just tried to go to bed and couldn’t climb more than 5 steps. Eventually managed by crawling on hands and knees, now upstairs but still feeling breathless.

No chest pain.

Breathless at start of conversation but towards the end seemed to settle and managing to complete full sentences.

Calling for advice in case breathing worse again tonight – wondering what else she can try to relieve it as ‘can’t face that again’. Has also called OOH twice in the last week for advice due to breathlessness and been advised OK to remain at home. Not been seen by a clinician at any stage.

PMH

Ovarian cyst Jul 2019

Osteoporotic vertebral collapse June 2018

Neuroendocrine Tumour Aug 2016 – remission, annual follow up scan due Oct 2020

Type 2 Diabetes Mellitus Dec 2011

Anxiety with Depression Jun 2004

Whipple pancreatic duodenectomy Jul 1999

GORD Mar 2018

Polymyalgia Jun 2017

DH

Clenil 100 2 puff bd,

Salbutamol 2-6 puff prn

Amoxicillin 500mg tds 7/7.

Creon 1000 g/r 8 to be taken just before each meal with an additional 4 at midday with a snack

Calceos 500/400 bd

Sacubitril 24mg / Valsartan 26mg bd

Bisprolol 1.25mg od

Sukkarto SR 1g bd

Furosemide 20mg od

Sitagliptin 50mg od

NKDA

SH

Lives with husband, currently well. Both shielding, not been out of the house for three weeks though daughter visited 6 days ago (kept distance) and came over again this morning because feeling poorly.

Retired care assistant.

QOL prior to Covid – did own shopping, cooking and socialised. No carers or support.

No video phone so can’t do video consultation.

No car.

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*Discussion Prompts*

**Case 6 – Deterioration >7 days after onset of Covid-19 symptoms.**

Points for discussion

* Is this patient eligible for hospital admission?
* Does she need further assessment and if so, how are you going to achieve this?

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*Discussion Prompts with Reflective Notes*

**Case 6 – Deterioration >7 days after onset of Covid-19 symptoms.**

Points for discussion

* Is this patient eligible for hospital admission? *Has comorbidities making her at high risk for severe Covid but pre morbid state, despite these health conditions, was high functioning. Patient is keen for any treatment available.*
* Does she need further assessment and if so, how are you going to achieve this? *Fourth contact with health care and no F2F assessment – would be possible to assess with video phone (if could get one to her house) but still wouldn’t have observations. Significant breathlessness – not able to speak in full sentences initially and can’t climb stairs. Admission is likely to be needed, but not definite (if observations stable then could still be managed at home – note anxiety PMH and 4 contacts – hard to be sure admission needed without observations). Base appointment most appropriate – can’t get taxi or bus. Family members visited today so have merged households anyway – explore option for them to bring her to base for assessment with PPE. If patient declines (breathlessness pre dated Covid and pt may feel attending base too risky for her) then explore her ICE and go from there.*