COVID19 Latest For Shropdoc Clinicians

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Introduction

- As a team we're continually learning about COVID19 and the emerging crisis in the UK
- We want to share some learning and ensure our front line is protected
- Appropriate triage is the starting point to protect us all and manage demand properly
- Thank you all for you continued hard work, persistence and dedication

COVID19 - Summary

- Since community swabbing was abandoned, diagnosis is clinical based on history of:
  - New persistent cough or
  - Fever >37.8°C
- These are very blunt clinical criteria resulting in a test with very low specificity i.e. lots of false positives
- However, it is what we've been handed down from 'the centre'
- The risk is that we miss the 'something else' that is going on, which could be the very things that kills someone
- We have therefore designed our triage guide to ensure we think about that co-morbid condition

New 111 Dx Codes

- 111's answer to the COVID19 crisis is to start their sieve with, "Are you worried about COVID19?"
  - I am, how about you?!
- Stay calm, breathe, and carry on doing what Shropdoc clinicians do best – look after patients, yourself and each other
- The new COVID19 Dx codes will be applied by 111 in an apparent 'scatter gun' way to cover kids with tonsillitis and fever – ignore them and concentrate on your own history
- This is unfortunately just the way that the NHS Pathways algorithm is designed
- When speaking to patients they may already have a sense of panic generated by their experience at 111
  - Calm them, speak their language, direct them to web resources
- Apply the following algorithm if it helps

Some COVID19 Symptoms

- Persistent nagging new cough
- Burning chest pain
- Fever
- Myalgia
- Lassitude
- Dry throat
- Dyspnoea – poorer prognosis
- Video: https://www.dropbox.com/s/tden3x061j11vfj/Covid19_Interview.wmv?dl=0

COVID19 – Royal College of Surgeons of Edinburgh Webinar

- Patients infectious 12h before the onset of symptoms – and high viral shedding here
- Time from exposure to onset of symptoms is 5-6 days
- Time from symptom onset to recovery is 2-6 weeks
- Time from symptom onset to death is 2-8 weeks
- No longer infectious after 7 days
- Very low number of asymptomatic cases

Stats

- 80% - mild disease
- 14%- severe disease
- 6% - critical
- Fever and continuous cough are most common symptoms
- SOB is a predictor of severe disease

Risks

- Risk factors: age, multi-morbidity, immunosuppression, pregnancy is uncertain but treated as such until further data obtained
- NB: It is clear that children have very mild disease and lower incidence rates, but currently unclear how much they are contributing to spread
- Risk factors for disease severity: Hypertension and cardiovascular disease
- ARDS is the main complication of severe disease, septic shock & DIC are less common

Really Important

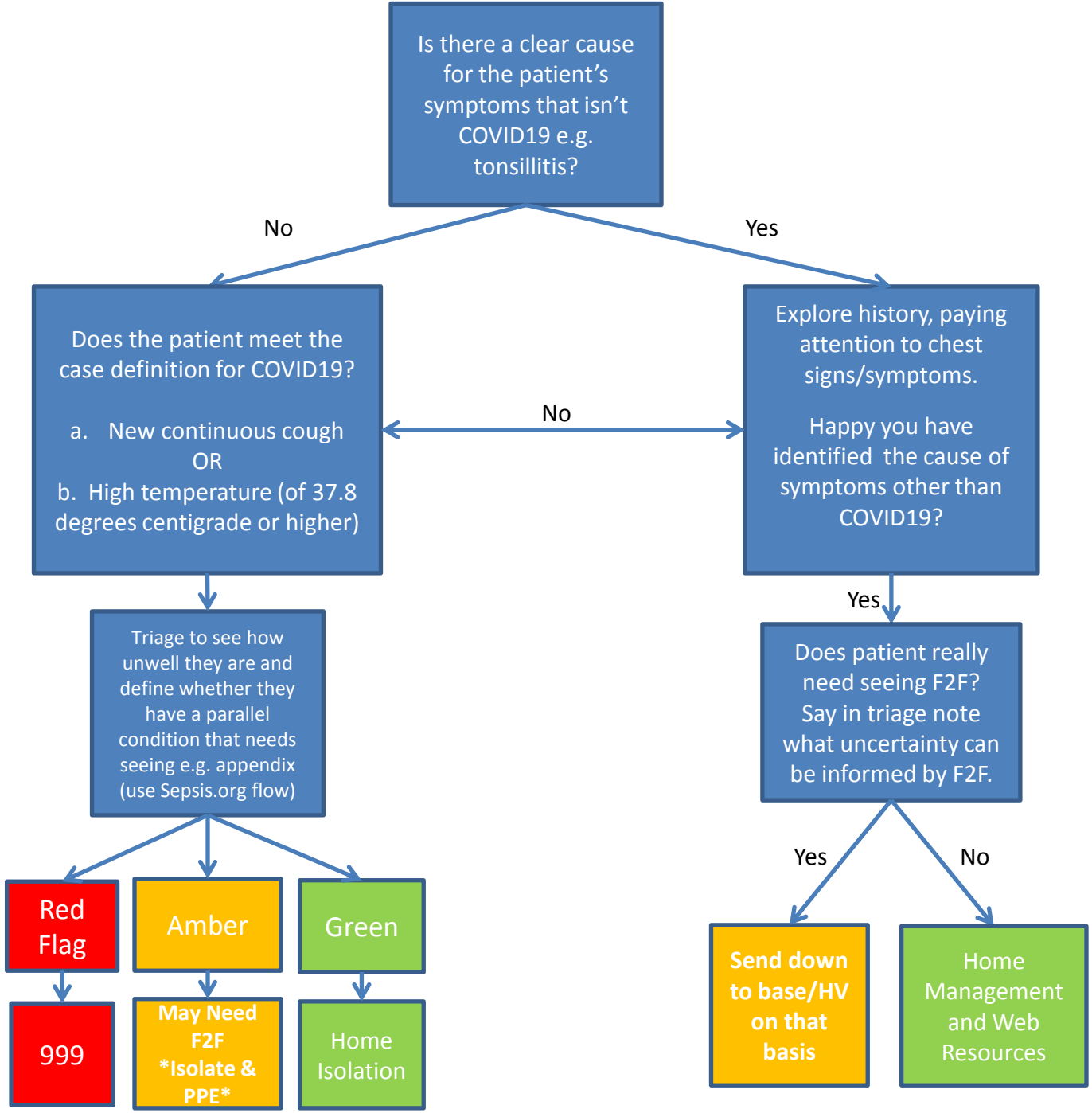
- At this stage in the pandemic we must reduce the risk of exposing our colleagues to COVID19
- Given that viral shedding peaks at about the time symptoms appear, it is more important than ever to explore and record significant negatives at triage e.g. “no fever, cough, dyspnoea, or myalgia”
  - Also remembering to ensure that any accompanying relatives are asymptomatic to ensure staff at base are safe

Triage Now – Not as It Used To Be

- The triage we should exercise during the crisis is probably the triage we should have been exercising for years
- That is (not exhaustive):
    - Not seeing someone for their ?cellulitis when we can inform that through selfies and history and remote Rx
    - Not seeing someone F2F for back pain with no red flags that is worse with movement, worse in the morning and gets better as the day goes on
    - Not seeing ?UTI with classic symptom complex
    - Not seeing CENTOR positive tonsillitis
    - Not seeing viral illness (incl COVID19) without systemic upset and only if considering admission
    - Not seeing kids with fever of <48-hours duration unless unwell
- History is more important now, than ever before

When The Dust Settles

- We may all be called to account
- Make use of and refer to extant guidance on disease severity
  - Sepsis Trust telephone triage checklist by age group
  - NEWS2 score
  - NICE traffic light system for kids
  - Shropshire Big6 booklet


Is there a clear cause for the patient's symptoms that isn't COVID19 e.g. tonsillitis?
No
Yes
Does the patient meet the case definition for COVID19?
a. New continuous cough
OR
b. High temperature (of 37.8 degrees centigrade or higher)
No
Explore history, paying attention to chest signs/symptoms.
Happy you have identified the cause of symptoms other than COVID19?
Yes
Triage to see how unwell they are and define whether they have a parallel condition that needs seeing e.g. appendix (use Sepsis.org flow)
Does patient really need seeing F2F? Say in triage note what uncertainty can be informed by F2F.
Red Flag
Amber
Green
Yes
No
999
May Need F2F *Isolate & PPE*
Home Isolation
Send down to base/HV on that basis
Home Management and Web Resources

Procedures At Base

- All bases are now following the same procedure in respect of isolation and PPE
- COVID19 patients must be booked a 30min appointment due to the time it takes to don and doff PPE and clean the room between patients
- Reduce clutter and clear room 2m from patient – desk and chairs only
- Leave equipment in bag or on trolley away from patient

Personal Protective Equipment

- Wear PPE – gown, gloves and surgical mask if assessing a patient meeting the above criteria
- Patient also wears mask if possible (not infants or babies) on entry to building
- Clean surfaces with universal wipes
- Ventilate rooms and discard PPE in normal clinical waste
- Patients to discard of mask on exiting premises – clean after them using wipes
- Use spacers not nebulisers
- O2 via mask OK, nasal spec not OK
- Bare below elbows, wash hands, leave clothes at door on return home, shower before bed

A Note On Admissions

- Any COVID19 patient (suspected or confirmed) who needs admission must go in by the means recommended by SaTH bleep holders

Home Visiting Tips – Sue Gibson

- Having done a few home visits recently, I have a few suggestions
  - Purpose .. to minimise the risk of infection for patients and clinician
  - Objective .. provide a safe , fast and appropriate consultation
  - Outcome .. safe practice
- Ring ahead and request only the patient and one carer/relative are in the room . Pets are removed too
- That the room is ventilated if possible
- That patient and carer/relative will be given a mask and give instructions on how to tie it
- Hands are washed
- Any medication lists/DN folders and boxes are available. If required a urine sample is available. If Diabetic get pt to take their BS
- Consider what the clinician needs to take into the house
  - don't take in any clinical bags
  - instead use a small yellow bag (they have black stripes and need to be in all cars), put in thermometer, a thermoscan cover, sats , stethoscope . Plus any meds you think may be needed.
- Outside car put on PPE , place alcohol wipes on car seat and an orange waste bag
- On leaving the house , driver please open car door then stand back. Clinician to remove PPE and place it in waste bag . Gel hands . Wipe over all equipment . Dispose all waste and tie clinical bag. Gel hands . Type notes wipe rugged , door of car
- On to the next

Self Care Home Isolation Advice

- Give patients this link:
  - https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/
  - There is currently no evidence that ibuprofen makes things worse but equally no evidence, other than from the French Health Minister, that it makes things worse
  - The CMOs in UK have recommended that until this is better known, NSAIDs should be avoided, unless patients are already taking them

Summary

- Be very clear in your triage note what the working diagnosis may be
- Say why the patient needs seeing F2F
- Consider accompanying relatives being symptomatic
- Maintain strict PPE procedures to protect yourself, families and others
- Wash your hands, wipe everything, stay well