

# Coronavirus Management Service Lessons Identified

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# Background

- The CMS has been running for 3 weeks now
- The Adastra module has changed
- There are some areas to highlight

# Before You Book a Shift

- On RotaMaster there are 2 types of COVID19 specific shifts
  - Triage (COVID-19 CMS) and;
  - Triage Extra CV-19 (extra OOHs triage shift in light of CV19)
- This presentation deals with the CMS shifts
- Before volunteering for the CMS shifts
  - Please contact the rota team to arrange induction
  - Ideally, this should be done face to face at Longbow but can be done remotely using screen share
  - Ideally you should do at least your first shift at Longbow to get a feel for processes and so you can ask for help from one of the team here
- Contact [ooobookings@shropdoc.nhs.uk](mailto:ooobookings@shropdoc.nhs.uk) to arrange induction with one of the clinical team

# On Shift

- There are 2 areas to watch on shift
  - COVID19 *Monitoring*
  - COVID19 *Call Back*

# COVID19 *Monitoring*

- This is the virtual ward round
- Call patients back in turn on the 'next action' date
- If you spot several patients from the same address e.g. a nursing home, then lock yourself onto all of them and do them as a block
- This queue can be quite busy so please limit the calls where possible to 15min including typing time

# COVID19 *Monitoring* Outcomes

1. Next day review + 24/7 helpline
2. Remain on virtual ward but no daily calls + 24/7 helpline
3. Needs F2F – may be own surgery, hot site, home visit, or OOHs
4. Discharge if well at 7 days and no fever
  - If fever still at 7-days then have to be 48-hours fever free before discharge from ward
  - Nursing and care home residents have to be 14-days post onset of symptoms or positive test

**\*\*START HERE\*\***  
Is the patient already self isolating due to suspected or confirmed COVID19?

No

Is there a clear cause for the patient's symptoms that isn't COVID19 e.g. tonsillitis?

No

Yes

Yes

Cat 1 – unwell requires admission for COVID19 via 999  
Cat 2 – in the at-risk group and *eligible* for CMS  
Cat 3 – not in at-risk group – currently *ineligible* for CMS

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

Does patient really need seeing F2F?  
Say in triage note what uncertainty can be informed by F2F.

Yes

No

Category 2 Patients under the care of the Coronavirus Management Service (CMS) will be assessed by that service both in-hours and OOHs on 01743 454911

Cat 2

Cat 3

Triage to see how unwell they are and define whether they have a parallel condition that needs seeing e.g. appendix

Red Flag  
Amber  
Green

999

May Need F2F  
\*Isolate & PPE\*  
Own practice hot site, regional hot site, home visit, or OOHs

Home Isolation  
Remain on ward until well

Home Isolation  
Remain on ward until well

Red Flag  
Amber  
Green

999

May Need F2F  
\*Isolate & PPE\*  
Own practice hot site, regional hot site, home visit, or OOHs

Home Isolation

Home Isolation

Send down to base/HV on that basis

Home Management and Web Resources

# COVID19 Call Back

- This is where you will find 2 types of case
  - Those requiring clerking in and;
  - Those who have called back on the 24/7 helpline
- There are **Key Performance Indicators** for these as follows respectively
  - Clerking within *2 hours*
  - Urgent call back *within 20min*



# COVID NHS.net Emails

- CMS GPs need to keep an eye on the CMS inbox for patient info
- Log into [shropdoc.cms@nhs.net](mailto:shropdoc.cms@nhs.net)
  - Password will be given to you at induction
- To see referrals from practices
- And referrals from SaTH discharge team
- Check EMIS as normal if needed

# A Note On Frail Elderly – Some Case Based Learning

- It's worth keeping the frail on our books for at least a few days to see how their symptoms evolve and not necessarily rely on them using the 24/7 number to call back
  - i.e. don't take, "I've had a cough for months and I'm coping" as gospel as COVID19 can hit hard and fast
- This is a disease of 2 halves with potential for rapid deterioration at day 7-9

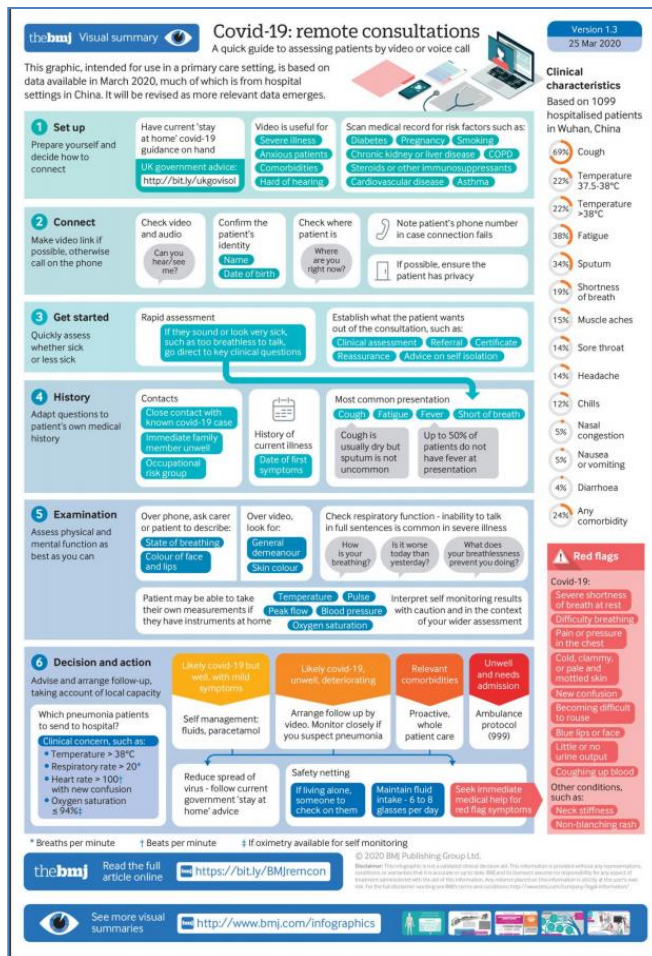
# Drugs & Prescribing

- Reportedly Ibuprofen is safe again now
- Details on thresholds for abx prescribing are on the hub
- Prescriptions come out upstairs at Longbow as usual

# Never Forget

- To give patients the 24/7 helpline number
  - 01743 454911
- To complete the COVID19 tab on admission
- To write sufficient detail for own practice or DN if referring in-hours for face-to-face assessment

# Telephone Assessment Algorithm



- As far as red flags go for 999 :-
  - First check ceiling of care
  - ReSPECT & DNAR
- Then can use:
  - Sepsis org flowchart
  - NEWS 2 score (next few slides for discussion)
  - Gestalt

# Absolute Red Flag

- Scoring 3 in any one parameter of the NEWS2 score

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO <sub>2</sub> Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO <sub>2</sub> Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

# Compound Red Flag NEWS2 Score $\geq 5$

- BUT not scoring 3 in any single parameter

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	$\leq 8$		9–11	12–20		21–24	$\geq 25$
SpO <sub>2</sub> Scale 1 (%)	$\leq 91$	92–93	94–95	$\geq 96$			
SpO <sub>2</sub> Scale 2 (%)	$\leq 83$	84–85	86–87	88–92 $\geq 93$ on air	93–94 on oxygen	95–96 on oxygen	$\geq 97$ on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	$\leq 90$	91–100	101–110	111–219			$\geq 220$
Pulse (per minute)	$\leq 40$		41–50	51–90	91–110	111–130	$\geq 131$
Consciousness				Alert			CVPU
Temperature (°C)	$\leq 35.0$		35.1–36.0	36.1–38.0	38.1–39.0	$\geq 39.1$	

# Amber Flags – Consider Sooner Review or Admission to DGH

- Beware anyone scoring  $\geq 4$  on NEWS2 who is ordinarily well (physiology)
- Especially if they are ‘off legs’ and unable to transfer unaided when previously able to mobilise independently (function)
- Generally patients are ‘fit to sit’ and suitable for an ambulatory care environment (primary care)
  - if NEWS2 score is  $< 4$  and;
  - able to transfer unaided or;
  - able to transfer with the help of carer or relative who accompanies them



# Advice for Patient Post COVID - How Long Before I Can Go Out Doctor?

- This is the Govt advice:  
<https://www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-controlprecautions-within-hospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings/guidancefor-stepdown-of-infection-control-precautions-and-discharging-covid-19-patients>
- As far as general practice patients go, if not swabbed, go with 48-hours after fever subsided as long as greater than 7-days, which accords with published guidance too.