

Telephone Triage  
 Patient with Covid19 symptoms

**MILD**  
 Mild symptoms of Covid 19 self-isolate including household contacts, self-care advice, worsening advice ring back if becomes breathless

**MODERATE**  
 Moderate symptoms: needs further assessment (includes patients on Shielding List)

**SEVERE**  
 Severely unwell: Need to admit patient to hospital, (or alternative pathway if EOL). Call ambulance and inform that Covid-19 risk. No need to telephone the medical registrar

**WATCH FOR 'SILENT HYPOXIA'**  
 Asymptomatic presentations with low O<sub>2</sub> Sats (often with normal RR, HR and other obs.)

Clinical judgement/ceilings of care override this pathway. Careful consideration of patients with co-morbidities e.g. COPD should be employed before considering an acute referral

**MILD Assessment**  
 Completing full sentences. No SOB or chest tightness. Able to do ADLs. Able to get out of bed.  
 See page 3 for assessment of breathlessness.  
 O<sub>2</sub> 95% or higher or any of:  
 RR ≤20 Adults  
 HR ≤90 Adults,  
 OR O<sub>2</sub> Sats are >1-2% less than usual  
 Consider 1 minute sit to stand or 40 step test (see page 2)

**MODERATE Assessment**  
 Completing full sentences. Some SOB on exertion. No chest tightness. Lethargic.  
 See page 3 for assessment of breathlessness.  
 O<sub>2</sub> 93%-94% or any of:  
 RR 21-24 Adults,  
 HR 91-130 Adults,  
 OR if O<sub>2</sub> Sats are >3-4% less than usual.  
 Consider 1 minute sit to stand or 40 step test (see page 2)

**SEVERE Assessment**  
 Not Completing full sentences. Worsening SOB on exertion (new). Mild chest tightness. Unable to do ADLS. Lethargic.  
 See page 3 for assessment of breathlessness.  
 O<sub>2</sub> 92% or lower, or any of:  
 RR ≥25 Adults  
 HR ≥131 Adults  
 new confusion,  
 or if O<sub>2</sub> Sats are >4% less than usual.

Worsening breathlessness tends to occur after 5 to 12 days<sup>2</sup> and deterioration can be fairly acute. Refer these patients to hospital as per SEVERE above.

Self-care and worsening advice consider monitoring

Refer to Covid Oximetry at home service (page 2) or admission if clinical concern

Consider Urgent Hospital admission or alternative pathway if EOL

**COVID-19 symptoms ranked by severity predictiveness**

BREATHLESSNESS
MYALGIA
CHILL
SEVERE FATIGUE
SPUTUM
DIZZINESS
COUGH
NAUSEA/ VOMITING
DIARRHOEA
HEADACHE
SORE THROAT
NASAL CONGESTION

**COVID Oximetry @home**

A link to the patient information, YouTube translated videos and other supporting documents can be found [here](#).

**GP issues COVID-19 diary (including admission/ CPR status)**

**Day 1:** GP issues Sats monitor, COVID-19 diary and 'admission pack'

**Monitoring:** Symptoms and trend of O<sub>2</sub> saturation at **Day 2, 5, 7, 10 and 12 of symptom onset**, clinical review as needed, escalation as required

**Discharge:** to include **reminder to return monitor:** negative COVID-19 test result or if deterioration and admitted, or at **Day 14.**

**Day 14:** Follow up call, if patient asymptomatic and Sats stable then discharged with information and advised to return monitor, OR if symptomatic patient advised to review with their GP.

Modality and frequency of monitoring as directed by GP. Some patients may be suitable for purely verbal/ written safety-netting, others may require a telephone call.

Follow up can be undertaken by AHPs/ HCPs under the supervision of senior clinicians

Follow up call at Day 14 (when recovery is expected)

- Check-up symptoms/ saturations
- Evaluation of project
- Reminder to return oximeter/ diary

**Please ensure the following information is included when making a referral:**

<ul style="list-style-type: none"> <li>▪ NHS number</li> <li>▪ Given Name/ Forename</li> <li>▪ Family Name/ Surname</li> <li>▪ Address</li> <li>▪ Full patient postcode</li> <li>▪ Contact phone number</li> <li>▪ Date of birth</li> <li>▪ COVID-19 test result, if available or date test appointment</li> <li>▪ Referral source</li> <li>▪ Consent to share</li> <li>▪ Date of onboarding</li> <li>▪ Current O<sub>2</sub> Sats at rest</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lowest O<sub>2</sub> Sats during 40-step walk or one-minute sit-to-stand test</li> <li>▪ Date of symptom onset</li> <li>▪ General text box for any other significant information – please include details of normal baseline O<sub>2</sub> if patient has a known diagnosis of COPD or respiratory disease</li> <li>▪ Carer/Friend/Family-name and contact phone number</li> <li>▪ Confirm Oximetry Pack issued and arrangements for return agreed</li> <li>▪ Does patient live alone.</li> </ul>
---	--

**Referrals:**

Practices can refer patients to the COVID Oximetry @home monitoring service by using the direct booking appointments on SystemOne, or by completing the referral proforma that is available to all practices, either through the clinical support tool for S1, and has been sent to EMIS practices.

**Exercise testing**

**1-minute sit-to-stand test** ask the patient to go from sitting to standing as many times as they can in 1 minute

**40-step test** ask the patient to take 40 steps on the flat.

The test should be terminated if the patient becomes distressed.

A 3% drop in O<sub>2</sub> sats would be a cause for concern and admission should be considered.

Please see the BMJ article [Here](#) on remote assessment of breathing in Covid 19 patients and extract below:

## Remote assessment of breathlessness

There are no validated tests for the remote assessment of breathlessness in an acute primary care setting. A rapid survey of 50 clinicians who regularly assess patients by telephone revealed some differences of opinion. For example, most but not all rejected the Roth score (which times how long it takes for a patient to take a breath while speaking) on the grounds that it has not been validated in the acute setting and could be misleading.

However, there was consensus among respondents around the following advice:

1. Ask the patient to describe the problem with their breathing in their own words, and assess the ease and comfort of their speech. Ask open ended questions and listen to whether the patient can complete their sentences:
  - “How is your breathing today?”
2. Align with the NHS 111 symptom checker, which asks three questions (developed through user testing but not evaluated in formal research):
  - “Are you so breathless that you are unable to speak more than a few words?”
  - “Are you breathing harder or faster than usual when doing nothing at all?”
  - “Are you so ill that you've stopped doing all of your usual daily activities?”
3. Focus on change. A clear story of deterioration is more important than whether the patient currently feels short of breath. Ask questions such as
  - “Is your breathing faster, slower, or the same as normal?”
  - “What could you do yesterday that you can't do today?”
  - “What makes you breathless now that didn't make you breathless yesterday?”
4. Interpret the breathlessness in the context of the wider history and physical signs. For example, a new, audible wheeze and a verbal report of blueness of the lips in a breathless patient are concerning.
  - There is no evidence that attempts to measure a patient's respiratory rate over the phone would give an accurate reading, and experts do not use such tests. It is possible, however, to measure the respiratory rate via a good video connection. More generally, video may allow a more detailed assessment and prevent the need for an in-person visit.

## Supplemental references:

<sup>1</sup>**Pointers to differentiating viral COVID-19 pneumonia from bacterial pneumonia** are listed in the NICE guidance on COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community:  
<https://www.nice.org.uk/guidance/ng165/chapter/3-Diagnosis-and-assessment>

<sup>2</sup>Clinical management in hospital: includes information on **early recognition and clinical course of covid**:  
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/clinical-management-of-persons-admitted-to-hospita-v1-19-march-2020.pdf>

<sup>3</sup>Use of oxygen in hospital. Contains information on saturations whilst on prescribed oxygen. Target saturations for adults whilst on oxygen treatment are 92%-96%  
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0256-specialty-guide-oxygen-therapy-and-coronavirus-9-april-2020.pdf>