

This pathway was created for GPs during uncertain times and are currently not evidence based. Always use clinical judgement to supplement the pathway.

Clinical judgement over-rides the pathway.

Version 6: 1 October 2020

Case Definition: Temp >37.8

a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours

a loss or change to your sense of smell or taste

Symptoms change or deteriorate.

Patient calls/signposted to GP surgery with Primary concern related to Covid-19.

Primary Care Telephone Clinical Assessment of Covid-19 Related Symptoms in-hours.

Triaging out of hours will be done in OOH.

Symptoms of Covid-19

**Green**  
 Non-productive cough  
 No dyspnoea  
 No wheeze  
 Mild flu-like symptoms (Young patients)  
 Fever better with paracetamol  
 Symptoms not significantly deteriorating  
**RR < 20**

**Amber**  
 History significant COVID symptoms / deteriorating condition to the extent that further face to face medical assessment is required. Will assessment at covid centre change your management?  
 chest tightness/wheeze ++  
 New SOB- 1 flight stairs  
 Significant reduction in fluid intake/urine output  
 Other Clinical concern

**Red**  
 Severely Ill and for resuscitation  
 Severe SOB  
 Can't complete sentences  
 Severe chest pains  
 Extreme faintness or collapse  
 Signs of Sepsis  
 Cardiac sounding symptoms

**Blue**  
 Should be low in number Covid symptoms +/- or are self-isolating because of family member .  
 c/o presenting with another pyrexial illness eg suspected pyelonephritis etc which needs to be assessed and don't meet threshold for referral to ED  
 consultation need a F2F assessment .

**Purple**  
 Patients sick with Covid-19 who are very frail.  
 Use of frailty index  
 Access anticipatory Care plan  
 Signed DNR  
 Palliative Care

Stay at home / Self-care advice  
 Contact GP for other health issues.

Assessment at Covid Centre  
 Face - Face Assessment  
 Home Visit PPE

Ambulance Dispatch  
 GP arranges ambulance.  
 Notifies NIAS & ED – potential Covid-19 case

Refer to Covid Centre with Clear Request on Referral Letter

If cannot be managed by initial supportive management

Treat temperature: Paracetamol, Fluids

Possible CAP Bacterial Pneumonia:  
 Doxycycline 200mg day 1 then 100mg od for total 5 days  
 Or  
 Amoxicillin 500mg tds – 5 days

If known Asthma/COPD do not use nebulisers. Increase SABA or similar use.  
 Do not routinely offer a corticosteroid unless the patient has other conditions where these are indicated e.g. copd/asthma

Safety Netting. Tele/Video review in 72 hours (or earlier if unwell)

\*\*\*Pulse Oximetry <94% in a fit individual is a RED FLAG

Acceptable Assessment

- Sats > 96%
- HR 100 - 110
- RR 21-22
- No other significant red flags.
- Clinician not concerned.
- NEWS\*\* < 5

Intermediate Assessment

- Sats 94-96%\*\*\*
- RR 23-24
- Significant tachycardia. 110-130
- Deteriorating symptoms.
- Clinician concerned
- NEWS\*\* = /> 5

Red Flag Assessment

- Sats < 94%\*\*\*
- Severe breathlessness
- Sepsis
- Other emergency signs.
- NEWS\*\* = /> 7

REFERRAL TO SECONDARY CARE

If issue not acute, follow up at GP practice.

Refer to Covid Centre for palliative care

**High Risk** Increasing Age  
 Dementia  
 Diabetes/Hypertension / CVD  
 Cancer/COPD/Multiple Sclerosis  
 Organ transplant / immunosuppressant  
 Asthma – high dose ICS  
 Pregnant with Cardiac condition / Other significant issues