

# Southwark COVID pathways

## Essential GP services and Community Covid Management Service

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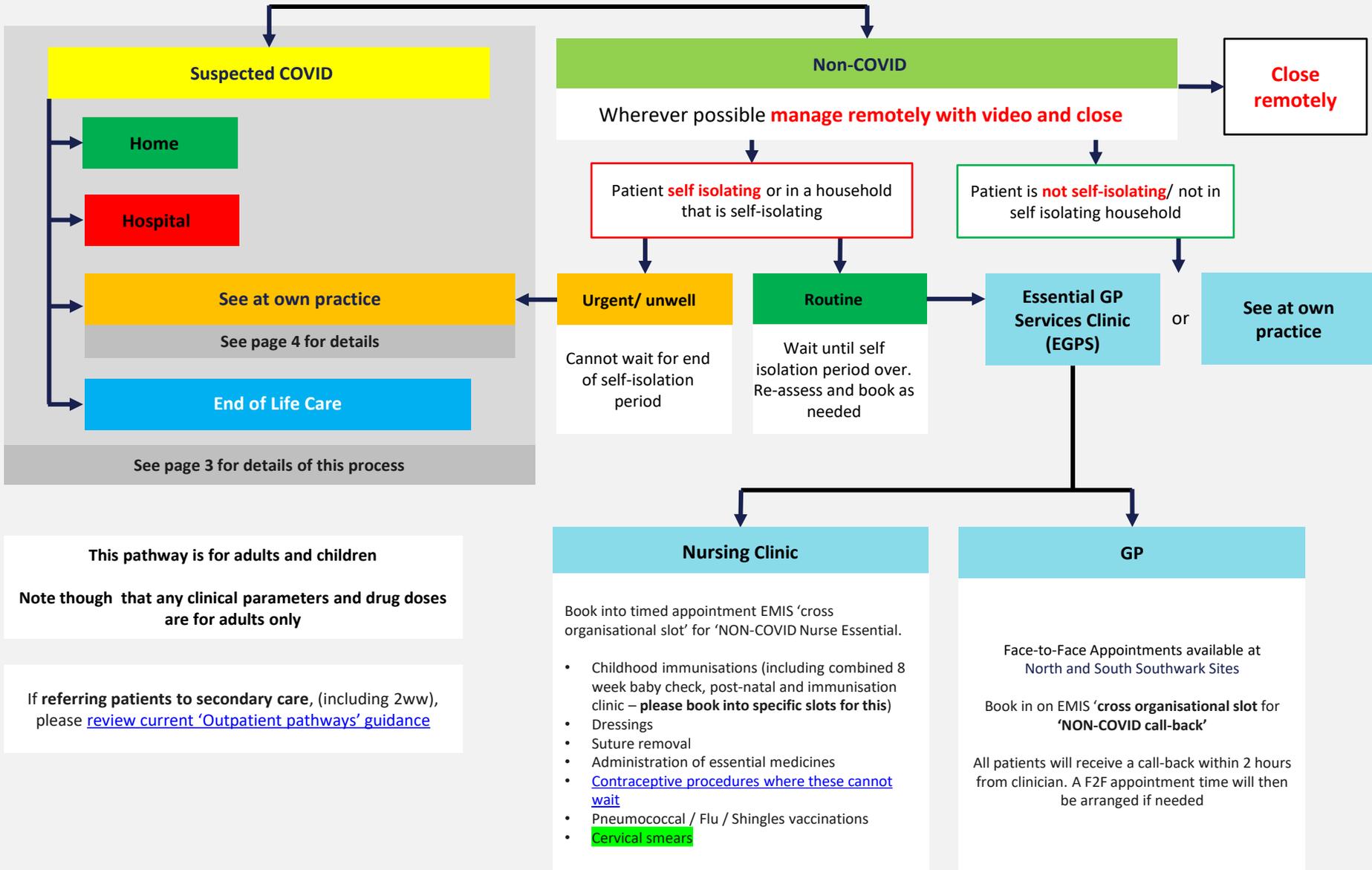
**Last Updated: 10/7/2020**

We review information weekly and update regularly

Please note this document is regularly updated

**Most recent changes/amendments highlighted in green**

## Southwark GP services during COVID-19- Remote consulting



This pathway is for adults and children

Note though that any clinical parameters and drug doses are for adults only

If referring patients to secondary care, (including 2ww), please [review current 'Outpatient pathways' guidance](#)

# Suspected COVID Remote Assessment by GP

e.g. new continuous cough, change in sense of smell or taste, OR temperature  $\geq 37.8$   
 Always consider: is your patient at increased risk of severe illness from COVID-19? (see page 5)

Always use clinical judgement and shared decision making

## MILD SYMPTOMS

No moderate or severe symptoms

## MODERATE SYMPTOMS

- New breathlessness on walking
- Dizzy/faint on walking
- Severe headache

- Not passing urine
- Moderate tight chest/wheezy
- Clinical concern

## SEVERE SYMPTOMS

- Drowsy/Unconscious
- New onset confusion
- Cannot stand due to dizziness / faint
- Cannot complete sentence due to SOB
- Cardiac chest pain or palpitations
- Any clinical signs of sepsis
- Clinical concern

### MAXIMUM REMOTE GP assessment

See page 5 for further guidance on remote assessment  
 Always use EMIS "Southwark Suspected COVID GP remote assessment" template  
 Consider discussing with Consultant Connect (including Paediatrics)  
 Can your patient be managed remotely +/- follow up?  
 Consider remote pulse oximetry  
 Consider antibiotics e.g. if concerned about secondary pneumonia

### Requires F2F assessment

See at own practice with appropriate PPE

See page 4

### End of Life Care

Consider community care if unsuitable for admission, e.g. Advance / Emergency care plan, declines admission, Clinical Frailty Scale 5+ (criteria may change)  
 Consider palliative care needs (see here for guidance)

### End of Life Care

See below

## HOSPITAL

999 or private vehicle

## HOME

- Remote management
- [Stay at home and self care advice](#)
- Safety netting
- ~~Consider telephone follow up~~
- Patients will need to be followed up by own GP practice daily **within 12-24 hours** for 7-10 days. This can be done by other health care professionals at the practice.
- See [remote monitoring guidance](#)

Please note that testing for COVID-19 is now available for patients to arrange directly through [www.gov.uk/apply-coronavirus-test](http://www.gov.uk/apply-coronavirus-test)

Complete and submit a Notification of Infectious Diseases form (DXS) on suspicion of COVID-19

Eligibility subject to change, currently (21/5/2020) all people with symptoms related to suspected COVID over 5 years old

# Face to Face consultation

PPE and environmental risk mitigation needs to be in place if seeing patients face to face.  
South Southwark Practices have access to IHL Home Visiting Service

Always use clinical judgement in conjunction to this pathway, particularly for at risk patients. **Clinical judgement is the most important factor**

Please check <http://gp.selondonccg.nhs.uk/> regularly for updates and for advice on PPE

## LOW RISK

Sats >93% HR<90 RR <20  
=NEWS 0-2

No other significant red flags

## MEDIUM RISK

Sats 93-94% RR 21-24  
HR 90-130  
=NEWS 3-4

Deteriorating symptoms  
e.g. worsening breathlessness on exertion  
Clinician concerned

## HIGH RISK

Sats ≤92%, HR>131, RR>24  
=NEWS ≥5

Unable to speak full sentences  
[Signs of sepsis](#)  
Other emergency signs or symptoms

### Supervised Desaturation Test (1 min sit-to-stand or 40 steps)

A 3% drop in pulse oximeter reading on exercise is a cause for concern in covid-19 – discuss with a colleague  
Observed desaturation to less than 93% will require transfer to hospital

## RETURN HOME

[Stay at home advice](#)

+  
Self care advice  
+  
Safety netting

Consider antibiotics to prevent secondary bacterial pneumonia

Adults: 'doxycycline 200mg STAT then 100mg od for 4 more days' OR 'amoxicillin 500mg tds 5 days'  
In Pregnancy: First line: amoxicillin, if penicillin allergic: erythromycin 500mg QDS 5 days  
Children: First line: amoxicillin, if penicillin allergic: clarithromycin (please see BNF for age related doses)  
Duration: 5 days

Consider seeking advice from Consultant Connect (e.g., Respiratory)

## HOME

Follow-up by own practice  
within 12-24 hours for 7-10  
days

Discharge from follow up if  
symptoms improving and  
oxygen saturations stable or  
improving over 48 hours

## End of Life Care

Consider community care if unsuitable for  
admission, e.g.: Advance/Emergency care plan,  
declines admission, Clinical Frailty Scale 5+ (criteria  
may change)

Palliative care (see [here](#) for guidance)

## HOSPITAL

999 or private vehicle

Consider antibiotics while waiting

Please note that testing for COVID-19 is now  
available for patients to arrange directly  
through [www.gov.uk/apply-coronavirus-test](http://www.gov.uk/apply-coronavirus-test)

Complete and submit a Notification of  
Infectious Diseases form (DXS) on suspicion  
of COVID-19

Eligibility subject to change (see p3)

## Further guidance on remotely assessing suspected Covid patients

Please take the time to view further resources and advice at : [gp.selondonccg.nhs.uk](http://gp.selondonccg.nhs.uk), in particular:

- 'Suspected Covid' –for frequency of commonly seen symptoms
- 'Remote consulting'- for **excellent BMJ resource on Covid consulting**

No scoring systems are validated in COVID.

Given these unprecedented times, take a pragmatic approach.  
**Clinical judgement is the most important factor.**

### Screening for Covid symptoms

**New continuous cough OR Fever >37.8**

Other symptoms seen in Covid infections:

- Fatigue, dyspnoea, shortness of breath, myalgia, chills, lost sense of smell, dizzy, headache, urti type symptoms, nausea or vomiting

### Assessing breathlessness

**Use video whenever possible**

**In conjunction with the symptoms set out on page 3 consider more formal quantification of shortness of breath. Tips include:**

Ask open ended questions and listen to whether the patient can complete their sentences:

“How is your breathing today?”

Align with NHS 111 symptom checker

“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?”

Focus on change:

“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?”

Interpret the breathlessness in the context of the wider history and physical signs.

### Consider risk

Is your patient at risk of developing severe illness from Covid?

**Extremely vulnerable groups/ Shielding**

- Post-transplant
- Active chemo/radiotherapy cancer patients/immunotherapy
- Haematological cancers (at any stage of treatment)
- Severe chest conditions (CF, asthmatics/COPD)
- Rare diseases and inborn errors of metabolism that increase risk of infections including homozygous sickle cell disease
- On immunosuppressant therapy sufficient to increase risk of infection
- Pregnant with heart disease

**High risk/ stringent social distancing**

- Pregnant
- Over 70s, regardless of medical conditions
- Any adult who qualifies for a flu jab
- Chronic heart disease; kidney; liver disease
- Chronic neurological conditions or learning disability
- Diabetes
- Splenectomy/sickle cell disease
- Weakened immune system: HIV/AIDS, long-term steroids/DMARDs/biologics, having chemotherapy
- Severe obesity (BMI≥40)

## NICE COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community

### Diagnosing pneumonia

Where physical examination and other ways of making an objective diagnosis are not possible, the clinical diagnosis of community-acquired pneumonia of any cause in an adult can be informed by other clinical signs or symptoms such as:

- temperature above 38°C
- respiratory rate above 20 breaths per minute
- heart rate above 100 beats per minute
- new confusion

### Assessing severity when suspected pneumonia

#### Assessing severity

Use the following symptoms and signs to help identify patients with more severe illness to help make decisions about hospital admission:

- severe shortness of breath at rest or difficulty breathing
- coughing up blood
- lips or face
- feeling cold and clammy with pale or mottled skin
- collapse or fainting (syncope)
- new confusion
- becoming difficult to rouse
- little or no urine output

### Differentiating viral COVID-19 from bacterial pneumonia

It is difficult to determine whether pneumonia has a COVID-19 viral cause or a bacterial cause (either primary or secondary to COVID-19) in primary care, particularly during remote consultations.

As COVID-19 becomes more prevalent in the community, patients presenting with pneumonia symptoms are more likely to have a COVID-19 viral pneumonia than a community-acquired bacterial pneumonia.

#### COVID-19 viral pneumonia may be more likely if the patient:

- presents with a history of typical COVID-19 symptoms for about a week
- has severe muscle pain (myalgia)
- has loss of sense of smell (anosmia)
- is breathless but has no pleuritic pain
- has a history of exposure to known or suspected COVID-19, such as a household or workplace contact

#### A bacterial cause of pneumonia may be more likely if the patient:

- becomes rapidly unwell after only a few days of symptoms
- does not have a history of typical COVID-19 symptoms
- has pleuritic pain
- has purulent sputum

# NICE COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community

## Deciding about hospital admission

Be aware that older people, or those with comorbidities, frailty, impaired immunity or a reduced ability to cough and clear secretions, are more likely to develop severe pneumonia. Because this can lead to respiratory failure and death, hospital admission would have been the usual recommendation for these people before the COVID-19 pandemic.

### When making decisions about hospital admission, take into account:

- severity of the pneumonia, including symptoms and signs of more severe illness
- benefits, risks and disadvantages of hospital admission
- care that can be offered in hospital compared with at home
- patient's wishes and care plans
- service delivery issues and local NHS resources during the COVID-19 pandemic

### Explain that:

- benefits of hospital admission include improved diagnostic tests (chest X-ray, microbiological tests and blood tests) and respiratory support
- risks and disadvantages of hospital admission include spreading or catching COVID-19 and loss of contact with families.

## Assessing severity when suspected pneumonia

### Assessing severity

Use the following symptoms and signs to help identify patients with more severe illness to help make decisions about hospital admission:

- |  |                                  |
|--|----------------------------------|
| • severe shortness of breath at rest or difficulty breathing | • collapse or fainting (syncope) |
| • coughing up blood  | • new confusion                  |
| • lips or face   | • becoming difficult to rouse    |
| • feeling cold and clammy with pale or mottled skin          | • little or no urine output      |

## Management

### Antibiotic treatment

COVID-19 pneumonia is caused by a virus, antibiotics are ineffective.

**Do not offer an antibiotic for treatment or prevention of pneumonia if:** COVID-19 is likely to be the cause **and** symptoms are mild.

Inappropriate antibiotic use may reduce availability if used indiscriminately, and broad-spectrum antibiotics in particular may lead to *C.difficile* infection and antimicrobial resistance.

### Offer an oral antibiotic for treatment of pneumonia in people who can or wish to be treated in the community if:

- the likely cause is bacterial or
- unclear whether the cause is bacterial or viral and symptoms are more concerning or
- at high risk of complications because, e.g., elderly or frail, or have a pre-existing comorbidity such as immunosuppression or significant heart or lung disease (e.g. bronchiectasis or COPD), or have a history of severe illness following previous lung infection

See page 4 for guidance on antibiotic choice

**Oral corticosteroids** Do not routinely offer a corticosteroid unless the patient has other conditions for which these are indicated, such as asthma or COPD.



## Clinical Frailty Scale

CFS is best assessed when the person is stable. When used in the acute setting, the score should be based on the person's function 2 weeks prior. [See here for tips in using the CFS.](#)

The CFS should not be used in younger people, people with stable long-term disabilities (for example cerebral palsy), learning disability or autism. An individual assessment is recommended in all cases where the CFS is not appropriate' [Link for further guidance](#)

### Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

#### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.