

Attention!

Most of these cases should be routed through NHS 24; however it is possible that you may still receive calls which you should redirect to NHS 24.

Attention!

IF Communication difficulty or capacity concerns
OR Complex COVID Severity Risk Factors
Then consider Assessment Centre or Practice Respiratory Appointment

Clinical Symptoms:

- Fever >37
- Dry cough (occ sputum)
- Sore throat
- Fatigue
- Pain

Other Symptoms:

Dyspnoea, Anosmia/Dysgeusia, Chest pain, Headache, Dizziness, Abdominal pain, Nausea, Diarrhoea

Phone call for Respiratory Systems/COVID19 Concern

New Cough

- <7days
- + Continuous

± Fever
AND/OR
Lethargy/Reduced feeding

New Cough

- <7days
- + Continuous

± Fever
AND
NO Lethargy/Reduced feeding

Assessed on the phone as significantly unwell

COVID19 Assessment Centre

Practice Respiratory Appointment / Home visit

Self Care Advice + Worsening Advice (Based on Lethargy/reduced feeding)

Clinical Assessment

Key symptoms : Lethargy/Reduced feeding

- O2 Sat <94
- Respiratory Rate ≥20 above baseline
- Increased work of breathing
- PEWS Score > 2

OR

- Clinical Concern

Risk Factors

Next day phone follow-up

Phone Paediatrician & COVID19 Referral (SCI Gateway)

Secondary Care Assessment

NICE guidance on feverish children

	Green – low risk	Amber – intermediate risk	Red – high risk
Colour (of skin, lips or tongue)	• Normal colour	• Pallor reported by parent/carer	• Pale/mottled/ashen/blue
Activity	• Responds normally to social cues • Content/smiles • Stays awake or awakens quickly • Strong normal cry/not crying	• Not responding normally to social cues • No smile • Wakes only with prolonged stimulation • Decreased activity	• No response to social cues • Appears ill to a healthcare professional • Does not wake or if roused does not stay awake • Weak, high-pitched or continuous cry
Respiratory		• Nasal flaring • Tachypnoea: – RR >50 breaths/minute, age 6–12 months – RR >40 breaths/minute, age >12 months • Oxygen saturation ≤95% in air • Crackles in the chest	• Grunting • Tachypnoea: RR >60 breaths/minute • Moderate or severe chest indrawing
Circulation and hydration	• Normal skin and eyes • Moist mucous membranes	• Tachycardia: – >160 beats/minute, age <12 months – >150 beats/minute, age 12–24 months – >140 beats/minute, age 2–5 years • CRT ≥3 seconds • Dry mucous membranes • Poor feeding in infants • Reduced urine output	• Reduced skin turgor
Other	• None of the amber or red symptoms or signs	• Age 3–6 months, temperature ≥39°C • Fever for ≥5 days • Rigors • Swelling of a limb or joint • Non-weight bearing limb/not using an extremity	• Age <3 months, temperature ≥38°C • Non-blanching rash • Bulging fontanelle • Neck stiffness • Status epilepticus • Focal neurological signs • Focal seizures

CRT, capillary refill time; RR, respiratory rate
*Some vaccinations have been found to induce fever in children aged under 3 months

Reference Information

PEWS	0	1	3
Cardiovascular	Pink or Capillary refill <2 seconds. Within baseline	Pale or capillary 2-4 seconds	Grey or capillary refill 4 seconds Tachycardia (>10/bpm above normal in <11yrs or >20/bpm above in >12years)
Respiratory	Within baseline. Normal effort Room air. (SpO2 >94%)	Any O2 requirement. Intercostal/Subcostal recession <20/min above normal in 0-2years or <10/min above in >2years (SpO2 92-93%)	Sternal recession >20/min above normal in 0-2years or >10/min above in >2years (SpO2 <92% in air)
Behaviour	Alert/Asleep Playful.	Consolable	Alert to verbal/pain/Unresponsive

Online PEWS

<https://www.mdcal.c.com/pediatric-early-warning-score-pews>



COVID-19 APPROVED GUIDANCE

OFFICIAL SENSITIVE

Note: This guidance has been fast-tracked for approval for use within NHSGGC

Covid-19 GP Practice Child Triage GP Advice 5

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	9
Does this version include changes to clinical advice:	Yes
Date Approved:	6 th April 2020
Approval Group:	Primary Care Clinical Advisory Group

Important Note:

The version of this document on the Clinical Guideline Directory is the only version that is maintained.

These "GP Advice Deck" are produced by the Primary Care Clinical Advisory Group to assist in the GP Practice response to the COVID19 pandemic. They may change at regular intervals and, in future, will be accompanied by a note explaining what has changed. They are designed to be able to be printed on A4 paper in black and white (obviously web links won't work when printed). There will be versions adapted for use in the Assessment Centres. The clinical assessment and referral criteria are informed by national guidance and with links to secondary care colleagues. The thresholds are likely to change as the pandemic progresses.

Usually they will be sent out from Primary Care Support as a whole deck and it may be simpler to print all and replace all at once to ensure you have the latest versions. It is probably not worth laminating due to the frequency of changes.