

GG & C GP Practice COVID19 Clinical Distancing v3

Patients waits in car/outside until phoned to come to the door

Clinician reads clinical record before patient invited in

When clinician ready, patient is phoned to come to the door (alone if possible)

Patient phoned to come to the door, welcomed, mask put on and brought to clinical room

Patient phoned to come to the door, welcomed, mask put on and brought to clinical room

Clinical history taken. Observations are taken by clinician approaching from behind or the side.

Clinical Assessment

Key symptom : BREATHLESSNESS

- O2 Sat <92%
- COPD <known baseline or <88%
- Respiratory Rate ≥22
- NEWS Score > 2

OR

• **Clinical Concern**

RED FLAGS

- Severe SOB at rest
- Chest Pain
- Blue lips or face
- Difficulty breathing
- Clammy, cold or mottled skin
- Poor urine output
- Difficult to rouse
- Haemoptysis

Observations written on whiteboard/passed to decision maker

Attention!

Patients will need explanation and reassurance about this change to our normal approach. All staff must ensure the patient is put at ease at much as possible.

Attention!

Examination of throat or removal of mask should be avoided. If multi dose spacer treatment- where possible demonstrate to patient how to do it themselves.

Assessment suggests SATA¹ needed

Adult

Phone Medical Receiving/SATA

SCI Gateway COVID19 SATA referral

Patient's own transport or admin staff arrange Ambulance

Hospital/SATA¹ Assessment

Pregnant

Phone Obstetric Receiving

Assessment suggests SATA¹ NOT needed

Rx

Risk factors²

NO Risk factors²

COPD

Phone call the next working day

Community Respiratory Team.

Self Care Advice + Worsening Advice (Based on getting breathless)



COVID-19 APPROVED GUIDANCE

OFFICIAL SENSITIVE

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

Covid-19 GP Practice Clinical Distancing GP Advice 6

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:	3
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.