

Covid-19: remote consultations

A quick guide to assessing patients by video or voice call

Version 1.2
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This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.



1 Set up
Prepare yourself and decide how to connect

- Have current 'stay at home' covid-19 guidance on hand
- UK government advice: <http://bit.ly/ukgovisol>
- Video is useful for: Severe illness, Anxious patients, Comorbidities, Hard of hearing
- Scan medical record for risk factors such as: Diabetes, Pregnancy, Smoking, Chronic kidney or liver disease, COPD, Steroids or other immunosuppressants, Cardiovascular disease, Asthma

2 Connect
Make video link if possible, otherwise call on the phone

- Check video and audio: Can you hear/see me?
- Confirm the patient's identity: Name, Date of birth
- Check where patient is: Where are you right now?
- Note patient's phone number in case connection fails
- If possible, ensure the patient has privacy

3 Get started
Quickly assess whether sick or less sick

- Rapid assessment: If they sound or look very sick, such as too breathless to talk, go direct to key clinical questions
- Establish what the patient wants out of the consultation, such as: Clinical assessment, Referral, Certificate, Reassurance, Advice on self isolation

4 History
Adapt questions to patient's own medical history

- Contacts: Close contact with known covid-19 case, Immediate family member unwell, Occupational risk group
- History of current illness: Date of first symptoms
- Most common presentation: Cough, Fatigue, Fever, Short of breath
- Cough is usually dry but sputum is not uncommon
- Up to 50% of patients do not have fever at presentation

5 Examination
Assess physical and mental function as best as you can

- Over phone, ask carer or patient to describe: State of breathing, Colour of face and lips
- Over video, look for: General demeanour, Skin colour
- Check respiratory function - inability to talk in full sentences is common in severe illness
- How is your breathing? Is it worse today than yesterday? What does your breathlessness prevent you doing?
- Patient may be able to take their own measurements if they have instruments at home: Temperature, Pulse, Peak flow, Blood pressure, Oxygen saturation
- Interpret self monitoring results with caution and in the context of your wider assessment

6 Decision and action
Advise and arrange follow-up, taking account of local capacity

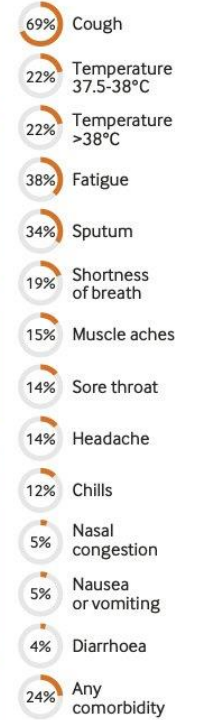
Which pneumonia patients to send to hospital?
Clinical concern, such as:
• Temperature > 38°C
• Respiratory rate > 20*
• Heart rate > 100† with new confusion
• Oxygen saturation ≤ 94‡

- Likely covid-19 but well, with mild symptoms: Self management: fluids, paracetamol
- Likely covid-19, unwell, deteriorating: Arrange follow up by video. Monitor closely if you suspect pneumonia
- Relevant comorbidities: Proactive, whole patient care
- Unwell and needs admission: Ambulance protocol (999)

Reduce spread of virus - follow current government 'stay at home' advice

Safety netting
If living alone, someone to check on them | Maintain fluid intake - 6 to 8 glasses per day | Seek immediate medical help for red flag symptoms

Clinical characteristics
Based on 1099 hospitalised patients in Wuhan, China



Red flags

Covid-19:

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in the chest
- Cold, clammy, or pale and mottled skin
- New confusion
- Becoming difficult to rouse
- Blue lips or face
- Little or no urine output
- Coughing up blood

Other conditions, such as:

- Neck stiffness
- Non-blanching rash

* Breaths per minute † Beats per minute ‡ If oximetry available for self monitoring

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