Decision Making Tool for Clinical Assessment & Management of Suspected or Confirmed Covid-19 Cases

ALWAYS WEAR PPE IN LINE WITH CURRENT PHE GUIDANCE

New continuous cough, fever loss of taste/smell: Isolate patient as per protocol. Inform wing staff.

Initial assessment of patient: Document full NEWS2, co-morbidity score and sepsis screen, if indicated.

Management: as per categories below.

ONCE PATIENT HAS BEEN ASSESSED THE FIRST TIME AND IS ISOLATED, DO NOT ENTER CELL UNLESS DETERIORATING (SEE RED BOX)

Mildly unwell

Manage without face to face assessment

Speaking in full sentences, no SOB or chest pain, able to do ADLs.

Management

Paracetamol and ibuprofen, encourage fluids, rest, advise patient to tell officers if worsening.

Moderately unwell

Manage without face to face assessment

Speaking in full sentences, some NEW SOB and/or atypical chest pain, able to do ADLs but lethargic.

Management

As per mild, plus:

Consider antibiotics (doxycycline or erythromycin as per BNSSG) – d/w GP/ACP.

If known asthma/COPD, advise to use salbutamol inhaler with spacer, and d/w GP/ACP whether oral steroid appropriate.

More Unwell/deteriorating/critical

Face to face assessment required by senior clinician. Spend less than 10 mins in cell.

More SOB over last 2-6hrs +/- SOB at rest +/- unable to speak in full sentences. RR≥25 (as observed through hatch), HR≥131, sats<94.

Record NEWS2 score. Do NOT examine chest or examine throat/mouth.

Consider admission and management as per next flowchart: '*Decision-making tool in relation to management of deteriorating and critically ill patients*'

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Hanham Secure Health