



Australian Government

Coronavirus (COVID-19)

CORONAVIRUS (COVID-19)

TELEHEALTH AND CONSULTATIONS IN GP RESPIRATORY CLINICS

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

Version 1 correct as at 8 April 2020

TELEHEALTH ONLY

1. Set up
Prepare yourself and decide how to connect

- Review patient **Care at Home advice**. Provide to patient if appropriate.
- Video is useful for:
 - 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 the patient is and who else is present
- 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, consider calling an ambulance and inform them of COVID risk.
- Establish what the patient wants out of the consultation, such as:
 - Clinical assessment
 - Referral
 - Certificate
 - Reassurance
 - Advice on self isolation

TELEHEALTH AND GP RESPIRATORY CLINICS

4. History
Adapt questions to patient's own medical history

- Exposure risk:
 - Close contact with a known COVID-19 case
 - Health care worker
 - Travel overseas or on a cruise ship
 - Area of local transmission
- Living in a 'closed community':
 - Residential care
 - Boarding school
 - Correction facilities
 - Detention centres
 - Rural and remote communities
 - Military barracks
- History of current illness:
 - Day of first symptoms
- Most common presentation:
 - Fatigue
 - Short of breath
 - Cough
 - Fever

Cough is dry but sputum is not uncommon. Up to 50% of patients do not have fever presentation.

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

- During the consultation ask patient or carer to describe:
 - State of breathing
 - What does your breathlessness prevent you doing?
 - Colour of face and lips (text a photo if possible)
- During the consultation look for:
 - General demeanour
 - Skin colour
 - Work of breathing

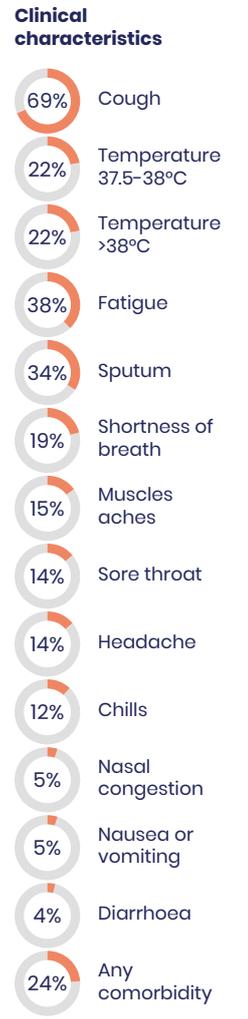
6. Consider comorbidities that place patient at risk of more severe disease and need closer monitoring

- Diabetes
- Immunocompromised
- Respiratory conditions
- Cardiac conditions (including hypertension)
- Other chronic diseases

7. Decision and action

- Unlikely COVID-19**
 - Self management, paracetamol for symptomatic relief
- Likely COVID-19, but well**
 - Test and follow up results
 - Self management, paracetamol, encourage fluids
- Likely COVID-19, unwell**
 - Test and arrange follow up depending on clinical picture
 - Self management, paracetamol, encourage fluids
- Consider sending to hospital if:**
 - Respiratory Rate >20 breaths per minute
 - Heart rate >100 with new confusion
 - Oxygen saturation by oximeter <= 94%
 - Any Red Flag symptom or sign

Self Isolate. Enable self care at home and if living alone get someone to check on them. e.g. family. Consider medical review at days 5 and 8.



Red flags

- COVID-19:
 - Severe shortness of breath at rest
 - Difficulty breathing
 - Pain or pressure in 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