

Clinical Strong Practice (CSP)

Remote Consultations

Practice Purpose

This guide is a step-by-step process outlining how to conduct a remote consultation and assess the patient for COVID-19 symptoms. It provides guidance on how to conduct a virtual examination, conduct follow-up care, and recommend treatment.

Documents Included

[COVID-19 Remote Consultations](#) (Page 2)

- A guide to assessing patients for COVID-19 symptoms by video or phone call

Practice Origin: British Medical Journal



This COVID Strong Practice was developed in response to the COVID-19 Pandemic to enable VHA to adapt quickly for the benefit of Veteran and employee health.

Last Updated: April 13, 2020

Covid-19: Remote Consultations

A quick guide to assessing patients by video or phone call



This graphic, intended for use in a primary care setting, is based on data available in the March 2020 British Medical Journal (BMJ), much of which is from hospital settings in China. Expect revisions as more relevant data emerges.

Clinical characteristics
Based on 1099 hospitalized patients in Wuhan, China

- 69% Cough
- 22% Temperature 37.5-38°C
- 22% Temperature >38°C
- 38% Fatigue
- 34% Sputum
- 19% Shortness of breath
- 15% Muscle aches
- 14% Sore throat
- 14% Headache
- 12% Chills
- 5% Nasal congestion
- 5% Nausea or vomiting
- 4% Diarrhoea
- 24% Any comorbidity

1 Set up

Prepare yourself and decide how to connect

Have current 'stay at home' covid-19 guidance on hand

CDC advice*

Video is useful for

- Severe illness
- Anxious patients
- Comorbidities
- Hard of hearing

Scan medical record for risk factors such as:

- Diabetes
- Pregnancy
- Smoking
- Liver or Kidney Disease
- COPD
- Steroids or other immunosuppressants
- Cardiovascular disease
- Asthma

2 Connect

Attempt VVC 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 (emergency protocol)



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
- Work Note
- 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 usually dry, but sputum 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
- Color of face and lips

Over video, look for:

- General demeanor
- Skin color

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 stop you from 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:

- Respiratory rate > 20**
- Heart rate > 100† with new confusion
- Oxygen saturation ≤ 94% if lower than baseline‡

Likely covid-19 but well, with mild symptoms

Self management: fluids, acetaminophen, rec avoid NSAIDS

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

Likely covid-19, unwell, deteriorating

Arrange follow up call or video. Monitor closely if you suspect pneumonia

Safety netting

If living alone, someone to check on them

Maintain fluid intake - 6 to 8 glasses per day

Relevant comorbidities

Proactive, whole patient care

Seek immediate medical help for red flag symptoms

Unwell and needs admission

Ambulance protocol (call 911)

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:

- Neckstiffness
- Non-blanching rash

*<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

**Breaths/min †Beats/min ‡ If oximetry available at home

thebmj

Read the full article online

<https://bit.ly/BMJremcon>

VA's HCI (High Consequence Infections) SharePoint:

<https://dvagov.sharepoint.com/sites/VACOVHAPublicHealth/HCI/SitePages/Home.aspx>