ASSessment for Suspected COVID-19

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General
Assessment via telephone
Where possible, undertake initial screening and assessment over the phone or by video. Video is preferred as it provides additional visual clues to determine if a patient needs to be seen in person or if they are a member of family.

Assessment in person
If a person with symptoms suggestive of COVID-19 presents to a clinic without prior telephone assessment, undertake the initial screening outside the clinic or in an area away from other people.

Symptoms and signs
Ask about the following:
- Date of onset of symptoms
- Any symptoms from the list of COVID-19
- Fever, cough, shortness of breath, sore throat, muscle aches, headache, vomiting or diarrhoea

Epidemiology
For people in the community:
- Ask about travel to COVID-19 outbreaks within the 14 days prior to illness onset.
- Close contact with a confirmed or probable case of COVID-19, in the last 14 days
- International or interstate travel
- Exposure to a passenger or crew member on a cruise ship
- Exposure to a passenger or staff on a public transport vehicle, such as a train or bus

For hospitalised patients:
- Suspect COVID-19 where no other clinical focus of infection or alternate explanation of the patient’s illness is evident.

Potential risk factors for more severe illness
- History of smoking
- Cardiovascular disease, including hypertension
- Pulmonary disease, including COPD, asthma, or bronchiectasis
- Chronic lung disease
- History of respiratory or immune system infection
- History of HIV
- Diabetes
- Chronic kidney disease
- Liver disease
- Immunocompromised states (e.g. diabetes, chronic kidney or liver disease)
- Taking chemotherapy, steroids, or other immunosuppressants

For hospitalised patients:
- Suspect COVID-19 where no other clinical focus of infection or alternate explanation of the patient’s illness is evident.

Laboratory Testing
Note: Do not test for COVID-19 for mild illness; testing for COVID-19 may differ in people in different settings. Follow national advice for the care of patients with COVID-19.

Other clinical factors

In person
Symptoms and signs
- Check for symptoms suggestive of COVID-19 and consider other differential diagnoses.
- Check for COVID-19 or other respiratory illness.
- Ask about travel to COVID-19 outbreaks in the last 14 days.
- Ask about previous COVID-19 vaccination.

Examination
- Check temperature, pulse, respiratory rate and effort, degree of cough, and presence of shortness of breath.
- Assess oxygen saturation.

Management
- Advise the individual to self-isolate and seek medical attention if symptoms persist or worsen.
- Advise the individual to monitor their symptoms.
- Advise the individual to seek medical attention if their symptoms worsen.

Follow-up
- Follow national advice for the care of patients with COVID-19.
- Follow national guidelines on isolation and quarantine.

Covid-19 Unlikely
- No symptoms or signs of COVID-19
- Normal or unremarkable examination
- No abnormalities on chest X-ray

Mild (suspected) COVID-19
- Mild symptoms, no signs of COVID-19
- No symptoms suggestive of pneumonia
- Normal or unremarkable examination
- Normal or unremarkable chest X-ray
- No fever

Moderate (suspected) COVID-19
- Moderate symptoms, no signs of COVID-19
- Signs suggestive of pneumonia
- Normal or unremarkable examination
- Normal or unremarkable chest X-ray
- Temperature, oxygen saturation and heart rate

Severe (suspected) COVID-19
- Severe symptoms, no signs of COVID-19
- Signs suggestive of pneumonia
- Normal or unremarkable examination
- Normal or unremarkable chest X-ray
- Temperature, oxygen saturation and heart rate

Transfer to hospital
- Check the patient’s values regarding resuscitation, and whether they have an Advanced Care Directive for proceeding with medical treatment.
- If the patient wishes to avoid hospital transfer, discuss care arrangements with the patient, their care team and facility. Resolve these arrangements with the facility’s Clinical Decision Support Team.
- For patients with confirmed COVID-19, resolve any legal issues with the patient’s family member(s) to avoid legal challenges.

Note: For travel medicine, please refer to the latest advice from the World Health Organization and the Australian government.

Sources
- Taskforce/AHPPC: Australian National COVID-19 Clinical Evidence Taskforce (AHPPC), Australian Government
- CDNA: Communicable Diseases Network Australia (CDNA), Australian Government
- BMJ: British Medical Journal
- IHI: Institute for Healthcare Improvement

Acknowledgments
The Australian Government’s Australian Directory of Health Practitioners (ADHP) is a key component of the TracerLink system. When using COVID-19 data, please refer to the following sources:
- CDNA: Communicable Diseases Network Australia (CDNA), 2021

Updated guidance from the National COVID19 Clinical Evidence Taskforce

For suspected COVID-19
- Clinical flowchart for health providers
- Laboratory testing guidelines
- Other clinical factors
- Initial screening
- General
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- Epidemiology
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- Management
- Follow-up
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Appendix
- Initial screening
- Symptoms and signs
- Other clinical factors