

# ASSESSMENT FOR SUSPECTED COVID-19

## LEGEND

**EBR:** Evidence-Based Recommendation  
**CBR:** Consensus-Based Recommendation  
**PP:** Practice Point

Living  
guidance

Not prioritised  
for review

**VERSION 5.0**

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## INITIAL SCREENING

### GENERAL

#### Assessment via telehealth

Where possible, undertake initial screening and assessment over the phone or by video. Video is preferred as it provides additional visual cues and therapeutic presence and may prevent the need for an in-person visit. **PP** [BMJ]

Speak to the affected person if possible and as useful, their carer or a family member. **PP** [BMJ]

#### Assessment in-person

If a person with symptoms suggestive of COVID-19 presents to a clinic without a prior telehealth assessment, undertake the initial screening outside the clinic or in an area away from other people. **PP** [Taskforce]

Assessment should be made in an area that is well ventilated while the health practitioner follows risk-stratified [PPE and infection prevention and control guidance](#). **PP** [Taskforce]

### SYMPTOMS AND SIGNS

Ask about the following:

- date of onset of symptoms
- key symptoms: fever, shortness of breath, dry cough, muscle aches, tiredness
- other symptoms: sore throat, headache, runny nose, diarrhoea and nausea.

**PP** [BMJ]

### EPIDEMIOLOGY

#### For people in the community

Ask about the following in the 14 days prior to illness onset:

- Close contact with a confirmed or probable case of COVID-19
- International or interstate travel
- Healthcare, aged or residential care workers and staff with direct patient contact
- People who have lived in or travelled through a geographically localised area with elevated risk of community transmission, as defined by public health authorities. **PP** [CDNA]

#### For hospitalised patients

Suspect COVID-19 where no other clinical focus of infection or alternate explanation of the patient's illness is evident. **PP** [CDNA]

### Access to care

This flowchart should be applied after considering features of the individual patient, their preferences and the context in terms of rurality/remoteness, public health responses and proximity to higher-level care. Application of the flowchart will vary with local current COVID-19 prevalence and availability of testing. Early transfer to a major centre should be considered for those at risk of deterioration. Use of virtual care, including telehealth, should be considered. **PP** [Taskforce]

## FOLLOW UP

### LABORATORY TESTING

Arrange for combined nasal cavity and oropharyngeal swab collection. **PP** [Taskforce/CDNA]

Likelihood of COVID-19



# Other clinical factors

## Potential risk factors for more severe illness

- Older Age
  - Indigenous
  - History of smoking
  - Not completely immunised
  - Pregnancy
  - Comorbidities:
    - lung disease, including COPD, asthma, or bronchiectasis
    - cardiovascular disease, including hypertension
    - obesity (BMI>30 kg/m<sup>2</sup>)
    - immunocompromised states (e.g. diabetes, chronic kidney or liver disease, taking chemotherapy, steroids, or other immunosuppressants).
- PP [Taskforce/BMJ]

## Symptom severity

- Assess the degree of breathlessness by asking the person to describe:
- their presenting problem in their own words, whilst assessing the ease and comfort of their speech.
  - the impact of their symptoms on their usual daily activities. Focus on any changes in breathing from normal, such as a new audible wheeze.
- PP [BMJ]

## Be aware of differential diagnoses

- Serious differential diagnoses include bacterial pneumonia, meningitis, and sepsis
- PP [Taskforce]

## IN PERSON

### Symptoms and signs

Only follow up with an in-person assessment if a diagnosis of moderate or severe illness cannot be confidently excluded via telehealth assessment or by initial face-to-face screening.  
PP [Taskforce]

### Managing risk of infection

Follow national advice for use of PPE in non-inpatient healthcare settings during the COVID-19 outbreak.  
PP [Taskforce/ICEG; NHMRC]

### Examination

- Undertake the in-person assessment as per **Other clinical factors** and in addition:
- check temperature, pulse, respiratory rate and effort and degree of cough
  - assess oxygen saturation, and if normal, consider repeating after gentle exercise (e.g. walking around the clinic carpark).
- PP [Taskforce]

# Care pathway

## COVID-19 UNLIKELY

- Epidemiology, symptoms and signs are not suggestive of COVID-19
- Alternative diagnosis made

### Management

- The person may need reassurance if they are worried about the possibility of COVID-19
  - Consider describing COVID-19 symptoms as reasons to re-present
  - Advise the individual to self-isolate until symptoms have resolved, or they have received a negative SARS-CoV-2 test result (if swabbed).
- PP [Taskforce]

## MILD (SUSPECTED) COVID-19

- Epidemiology, symptoms and signs are consistent with COVID-19:
    - Fever, shortness of breath, dry cough, muscle aches, tiredness
    - Other symptoms: sore throat, headache, runny nose, diarrhoea and nausea
  - Normal (or unchanged) oxygen saturation
- Notes:
- 4 out of 5 people with COVID-19 will have mild disease
  - moderate/severe disease usually develops in the 2nd or 3rd week of illness

Refer to [MANAGEMENT OF MILD COVID-19 Clinical Flow Chart](#)

**Notification**  
Notify local public health unit of a confirmed case. PP [Taskforce]

## MODERATE (SUSPECTED) COVID-19

- Epidemiology, symptoms and signs are consistent with COVID-19
- plus any one of the following:
- symptoms or signs of pneumonia
  - breathlessness
  - SpO<sub>2</sub> > 92% at rest<sup>1</sup>

## TRANSFER TO HOSPITAL

- Check the person's wishes regarding transfer, and whether they have an Advanced Care Directive for proceeding with hospital management.
  - If the person wishes to stay in their place of residence, discuss care arrangements with the patient, their carers and family. Involve their GP, and local palliative care services if available. Note that this may only be possible if infection control can be guaranteed.
  - If the person wishes to be admitted to hospital, advise the carer or family member to call an ambulance and to notify the paramedics that the person has suspected or confirmed COVID-19.
- PP [Taskforce]

## SEVERE (SUSPECTED) COVID-19

- Epidemiology, symptoms and signs are consistent with COVID-19
- plus any one of the following:
- severe shortness of breath or difficulty breathing
  - blue lips or face
  - pain or pressure in the chest
  - cold, clammy or pale and mottled skin
  - new confusion or fainting
  - becoming difficult to rouse
  - little or no urine output
  - coughing up blood
  - SpO<sub>2</sub> ≤ 92% at rest<sup>2</sup>

<sup>1 & 2</sup> - Specified O<sub>2</sub> levels apply only to patients who do not have underlying lung diseases associated with resting hypoxaemia. Note: in adults with darker skin pulse oximetry may underestimate severity of hypoxaemia.

### Sources

- BMJ** - Covid-19: a remote assessment in primary care. BMJ 2020;368:m1182 doi: 10.1136/bmj.m1182 (25 March 2020)
- CDNA** - Coronavirus Disease 2019 (COVID-19) Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units. V5.1, 8 October 2021.
- National COVID-19 Clinical Evidence Taskforce** - Australian guidelines for the clinical care of people with COVID-19. <https://app.magicapp.org/#/guideline/L4Q5An>
- National COVID-19 Clinical Evidence Taskforce/ICEG** - Australian guidelines for SARS-CoV-2 infection prevention and control of COVID-19 in healthcare workers V1.0.
- NHMRC** - Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).