

INITIAL SCREENING

GENERAL

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, rather than their carer or a family member. **PP** [BMJ]

SYMPTOMS AND SIGNS

Ask about the following:

- date of onset of symptoms
- document indigenous status (important for testing criteria)
- key symptoms: fever, shortness of breath, dry cough, muscle aches, tiredness
- other symptoms: sore throat, headache, runny nose, diarrhoea and nausea

PP [BMJ]

EPIDEMIOLOGY

Ask about:

- Close contact in the 14 days prior to onset of symptoms with a confirmed or probable case of COVID-19
- Travel to an area with increased risk of transmission (e.g. overseas, cruise ship, area in Australia with an elevated risk of community transmission) in the 14 days prior to onset of symptoms
- Whether the person is a health care worker, aged care or residential care worker
- Whether the person resides in a facility with two or more plausibly linked cases of illness clinically consistent with COVID-19

PP [CDNA]

FOLLOW UP

LABORATORY TESTING

Arrange for nasopharyngeal testing for SARS-CoV-2 if the patient meets local testing criteria. **PP** [Taskforce]

Likelihood of COVID-19

Other clinical factors

Potential risk factors for more severe illness

Age
 Current smoker
 Comorbidities:

- lung disease, including COPD, asthma, or bronchiectasis
- cardiovascular disease, including hypertension
- immunocompromised states (e.g. diabetes, chronic kidney or liver disease, taking chemotherapy, steroids, or other immunosuppressants)

PP [BMJ]

Severity of breathing difficulties

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
- Influenza is more likely to produce body aches, whilst COVID-19 is more likely to produce shortness of breath

PP [BMJ]

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. **PP** [Taskforce]

Infection prevention and control

Follow national advice for non-inpatient care of people with suspected or confirmed COVID-19, including the use of personal protective equipment (PPE) **PP** [Taskforce]

Examination

Undertake the In-person assessment as per Telehealth and in addition, prioritise:

- the assessment of oxygen saturation, and if normal consider repeating after gentle exercise (e.g. walking around the clinic carpark)
- other vital signs

PP [Taskforce]

COVID-19 UNLIKELY

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

Alternative diagnosis made

Manage as per usual practice

- Patient may need reassurance if they are worried about the possibility of COVID-19
- Consider describing COVID-19 symptoms as reasons to re-present

PP [Taskforce]

SUSPECTED MILD COVID-19

- Epidemiology, symptoms and signs are consistent with COVID-19
- No symptoms or signs of pneumonia
- 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 PATIENTS WITH SUSPECTED MILD COVID-19** Decision Flow Chart

SUSPECTED MODERATE COVID-19

- Epidemiology, symptoms and signs are consistent with COVID-19

plus any one of the following:

- Symptoms or signs of pneumonia
- Breathlessness
- Low (or reduced) oxygen saturation

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.
- If the person wishes to be admitted to hospital, arrange immediate transfer as per local ambulance/retrieval protocols.

PP [Taskforce]

SUSPECTED SEVERE 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

Care pathway

LEGEND

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

Living Guidance

Prioritised for review

Not prioritised for review

Sources

BMJ – Covid-19: a remote assessment in primary care. BMJ 2020;368:m1182 doi: 10.1136/bmj.m1182 (25 March 2020)
CDNA – Communicable Diseases Network Australia. Series of National Guidelines (SoNG),(6/4/2020) Interim Advice to Public Health Units - COVID-19
Taskforce – National COVID-19 Clinical Evidence Taskforce