INITIAL SCREENING

GENERAL

Undergo initial screening and assessment over the phone or by video. Visit is required only where additional information is required.

- Speak to the affected person if possible, rather than their carer or a family member. [PP 199]

SUSPECTED ASSESSMENT COVID-19

Ask about the following:

- date of onset of symptoms
- documented infection exposure (important for testing clinical
• key symptoms: fever, dry cough, malaise, tiredness
• other symptoms: sore throat, headache, runny nose, diarrhoea and nausea

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, or in Australia with a recognised 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 aged care worker
- Whether the person resides in a facility with two or more plausible linked cases of COVID-19 clinically consistent with COVID-19 [PP, CDNA]

SYMPTOMS AND SIGNS

- Other clinical factors


EPIDEMIOLOGY

SYMPTOMS AND SIGNS

GENERAL

• Be aware of differential diagnoses
• Assess the degree of breathlessness by asking the person to describe:
- Focus on any changes in breathing from normal, such as a new audible snort

• Manage as per usual practice

Potential risk factors for more severe illness

All

- Comorbidities: Current smoker, Age, Potential risk factors for more severe illness

- Comorbidities: Age, Hypertension, Cardiovascular disease, including Hypertension, Metabolic syndrome (e.g., diabetes, chronic kidney or liver disease, taking chemotherapy, renal, or other immunosuppressants) [PP, CDNA]

- Severity of breathing difficulty

Assess his 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 snort

• Be aware of differential diagnoses

- Serious differential diagnoses include bacterial pneumonia, meningitis, and sepsis
- Potentially more likely to manifest acute heart attack, whilst COVID-19 is more likely to produce shortness of breath

COVID-19 UNLIKELY

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

Alternative diagnosis made

• Manage as usual practice

- Patient may need reassurance if they are worried about the uncertainty.

- 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
- Normal unchallenged oxygen saturation

Notes:

- 4 age groups: people with COVID-19 will have mild disease; Mild-Symptomatic Disease usually develops in the 2nd or 3rd week of illness

- Consider if the person is over 65 years, or has diabetes, chronic kidney disease, or have other chronic long-term medical conditions

- Consider if the person has been exposed to COVID-19

• Manage as usual practice

- Depending on local testing criteria, requests lab testing

[PP, Taskforce]

SUSPECTED MODERATE COVID-19

- Epidemiology, symptoms and signs are consistent with COVID-19
- plus any of the following:
- Signs or symptoms of pneumonia
- Shortness of breath
- Low (reduced) oxygen saturation

• Manage as usual practice

- Depending on local testing criteria, requests lab testing

[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
- Pale or greyish in the chest
- Cold clammy pale or greyish skin
- Laboured breathing
- Feeling very tired or becoming difficult to arouse
- Little or no urine output
- Seizures
- Slurring

• Manage as usual practice

- Depending on local testing criteria, requests lab testing

[PP, Taskforce]

TRANSFER TO HOSPITAL

- Check the person’s volume regarding triage, 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 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/medical protocols.

[PP, Taskforce]

LABORATORY TESTING

- Arrange for nasopharyngeal testing for SARS-CoV-2 if the patient meets local testing criteria.

[PP, Taskforce]

Sources:

- Clinical Red Flag (25 March 2020) Decreasing Oxygen Saturation

LEGEND

Source: National COVID-19 Clinical Evidence Taskforce

Veteran’s paper: Clinical Red Flag (25 March 2020) Decreasing Oxygen Saturation

PUBLISHED

16 APRIL 2020

VERSION 1.0

EVIDENCE-BASED RECOMMENDATION

CIRCUIT BREAKER

Evidence-Based Recommendation

Practice Flow

Living Guidance

Restrict for review

Not prioritised for review

Not prioritised for review

Other clinical factors

PRIORITY: MANAGEMENT OF PATIENTS WITH SUSPECTED COVID-19 Decision Flow Chart

IN PERSON

- Symptoms and signs are consistent with COVID-19, including fever, body aches, whilst COVID-19 is more likely to produce shortness of breath

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

Serious differential diagnoses include bacterial pneumonia, meningitis, and sepsis

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, or 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 aged care worker

Whether the person resides in a facility with two or more plausible linked cases of COVID-19 clinically consistent with COVID-19 [PP, CDNA]