

In community management of people with potential / proven COVID-19

Telehealth follow up consultation (clinical high risk pt + swab neg. / unknown OR all swab pos. patients)

NO RED FLAGS

RED FLAGS PRESENT

Category 3

Mild symptoms, no features of concern

Category 2

Uncertainty, symptoms of concern

Category 1

Significantly unwell needs admission

LOW RISK

Completing full sentences

No SOB

No chest pain

Able to do ADLs

Normal urine output

News2 = 0-2

V-score = 1

ClinScore = 0

MODEST RISK

Patient's normal cognition

Mild SOB

No chest pain

Mild restriction in ADLs

Normal urine output

News2 = 3-4

V-score = 2-3

ClinScore = 1-2

MODERATE RISK

Altered cognition

Mild SOB

No chest pain

Restricted ADLs

Reduced urine output

News2 = 5-6

V-score = 3

ClinScore = 1-3

HIGH RISK

Altered cognition

New onset confusion

Significant SOB or chest pain

No urine output in past 12 hrs

News2 = 7+

V-score = >3

ClinScore = >3

Clinical Judgement

Is this patient truly unwell?

Could the cause be something other than COVID-19?

Does escalation fit with the advanced care plan?

Low risk - suitable for self-care if able to self-isolate / adequate social support and phone access / able to be monitored safely
safety netting "call if getting worse"

GP follow-up 24 - 48 hours

Monitor more regularly esp. in high risk group

Intermediate

Consider review in-person to add in News2

If no features suggesting sepsis / no supplementary oxygen requirement – consider daily to twice daily review depending on clinical risk and level of concern

Urgent hospital assessment

Call hospital first

111 – Ambulance warned re COVID-19

Phone triage scoring systems

Red flags

- Respiratory distress / dyspnoea (included reported history of new dyspnoea on exertion)
- Haemoptysis
- Altered mental state
- Clinical signs of shock e.g., low blood pressure, fainting
- Unable to mobilise without assistance by carers
- Unable to safely provide self-care
- No alternate carers available
- Any other reason that may require hospital admission as assessed by a health professional

Vulnerability score

Based on independent predictors of poor prognosis/ high risk of mortality/morbidity.

Conditions/Factors	No	Yes
Age >65	0 point	1 point
Male Sex	0 point	1 point
Smoker	0 point	1 point
Cognitive function	Normal 0 point	Baseline impaired/ limited 1 point
High Body Mass index	0 point	1 point
Cardiovascular disease (Heart failure/ COPD/ Poorly controlled asthma/Diabetes)	0 point	1 point
Living conditions: *Aged residential care facility or/ *Unable to mobilise without assistance with carers or *Unable to safely provide self-care and no alternate carers available	0 point	1 point

Clinical assessment score

	0 point	1 point	2 points	3 points
HR	50 -110	>110	>120	
RR	14-21	>22	>26	
SPO2 (No Hx COPD)	>=96	<96	<94	<92
SPO2 (Hx COPD)		<90		<86
Temp				>40
Add score for each clinical indicator i.e. HR > 120 = 2 O2 sats 96% = 1 RR 21 =0 total 3 points.				

NEWS2

Chart 1: The NEWS scoring system

Physiological parameter	3	2	1	Score 0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

Add scores for each clinical indicator i.e. alert, in air, O2 sats 94% (resp rate 9-11 = 1) + (systolic BP 220 = 3) + (PR 120 = 2) + (Temp 40 = 2)

Total = 7

SpO2 scale 1 – NO COPD use Scale 2 – history of COPD

CVPU – confused, responds to voice, pain or unresponsive