ADULT PRIMARY CARE COVID ASSESSMENT PATHWAY

**TRIAGE**
- Patient referred to practice on initial presentation
- Clinician telephone/video triage if cough or breathless
- Decides when/in whom oximetry would be helpful

**Face to face or Virtual Assessment**
- With pulse oximetry +/- rest of observations

**SEVERE**
- **O₂ 92%* or lower**
- Or any of RR ≥ 25, HR ≥ 131, new confusion
- = NEWS2 ≥ 5
  - if O₂ sats >4% less than usual

**Moderate**
- **O₂ 93 - 94%***
- Or any of RR 21-24, HR 91-130
- = NEWS2 3-4
  - if O₂ sats 3-4% less than usual

**MILD**
- **O₂ ≥ 95% or higher**
- Or any of RR ≤ 20, HR ≤ 90
- = NEWS2 0-2
  - if O₂ sats 1-2% less than usual

**CONSIDER URGENT ADMISSION**
- Hospital

**CONSIDER HOSPITAL ADMISSION / ASSESSMENT**
- if considering discharge, do exertion test (40 step walk or 1 min sit-to-stand tests & consider admission if concern or if ≥ 3% reduction

**CONSIDER MONITORING**
- COVID REMOTE MONITORING / VIRTUAL WARD
- GP issues COVID diary (inc. admission/CPR status)
- Monitoring: symptoms & trend of O₂ saturation
- Modality & frequency of monitoring as directed by GP
- Some patients may be suitable for purely verbal/written safety-netting, others may require call

**Non-COVID/other pathologies**
- Triage to determine if remote or F2F consultation is required
- Ensuring that unwell non-COVID conditions are not ignored

**Watch for ‘silent hypoxia’**
- Asymptomatic presentations with low O₂ sats (often with normal RR, HR & other obs)

**COVID symptoms ranked by severity predictiveness**
- BREATHLINESSNESS
  - Breathing difficulty
- Myalgia
- Chill
- Severe Fatigue
- Sputum
- Dizziness
- Cough
- Nausea/vomiting
- Diarrhoea
- Headache
- Sore throat
- Nasal Congestion

**Shared Decision-making points**
- Continuing community/palliative Care where appropriate

**MILD COVID symptoms**
- Patient instructed to self manage – paracetamol, fluids, NHS 111 website