

**Attention!**

Remember some patients may benefit from Inhaled Budesonide  
See Budesonide Treatment Pathway

**Pregnant women**  
Advise to contact  
midwife if self  
isolating.

**Assessment**



Phone call for Respiratory Systems/COVID19 Concern

**Advice**

New Cough (<7days + Continuous)  
± Fever  
± Risk Factors /shielding  
AND/OR  
NEW Breathlessness (MMRC >1)  
AND/OR  
Loss of/change in sense of smell or taste

**Clinical Symptoms:**

- Fever >37.8
  - Dry cough (occas sputum)
  - Sore throat
  - Fatigue
  - Pain
- Other Symptoms:**  
Dyspnoea, Chest pain, wheezing  
Anosmia/Dysgeusia  
Headache, Dizziness,  
Abdominal pain, nasal  
congestion, Nausea,  
Diarrhoea, hoarseness

New Cough (<7days + Continuous)  
± Fever  
NO Breathlessness (MMRC >1)

Self Care Advice + Worsening  
Advice  
(Based on getting breathless)

Assessed on the phone as significantly unwell

Practice Face to face/  
Home visit

If OK

**Clinical Assessment**

Key symptom :  
**BREATHLESSNESS**

- |                                |                                |
|--------------------------------|--------------------------------|
| • O2 Sat <92%                  | • Severe SOB at rest           |
| • COPD <known baseline or <88% | • Chest Pain                   |
| • Respiratory Rate ≥22         | • Blue lips or face            |
| • NEWS Score > 2               | • Difficulty breathing         |
| • Pulse > 110                  | • Clammy, cold or mottled skin |
| OR                             | • Poor urine output            |
| • <b>Clinical Concern</b>      | • Difficult to rouse           |
|                                | • Haemoptysis                  |

- \*Risk Factors for deterioration**  
± Shielding
- Age >60
  - Frailty
  - Respiratory or Cardio Comorbidities
  - Immunosuppression including cancer

Respiratory function (especially inability to talk in full sentences)

How is your breathing?

Is it worse than yesterday?

What does it stop you doing?

**Attention!**

IF Communication difficulty or capacity concerns  
OR Complex COVID Severity Risk Factors  
Then consider Respiratory Appointment

Phone Hospital & COVID19 Referral (SCI Gateway)

Secondary Assessment/SATA

**Reference Information**

**NEWS Scoring system**

Physiological parameter	Score			Score	Score		
	3	2	1		0	1	2
Respiration rate (per minute)	≤8		9-11	12-20		21-24	≥25
SpO <sub>2</sub> Scale 1 (%)	≤91	92-93	94-95	≥96			
SpO <sub>2</sub> 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

**MMRC DYSPNOEA Scale**

Grade	Description	Notes
Grade 0	No dyspnea	Not troubled by breathlessness except with strenuous exercise.
Grade 1	Slight dyspnea	Troubled by shortness of breath when hurrying on a level surface or walking up a slight hill.
Grade 2	Moderate dyspnea	Walks slower than normal based on age on a level surface due to breathlessness or has to stop for breath when walking on level surface at own pace.
Grade 3	Severe dyspnea	Stops for breath after walking 100 yards or after a few minutes on a level surface.
Grade 4	Very severe dyspnea	Too breathless to leave the house or becomes breathless while dressing or undressing.

Online NEWS Score Calculator

<https://www.mdcalc.com/national-early-warning-score-news>



# COVID-19 APPROVED GUIDANCE

## OFFICIAL SENSITIVE

***Note: This guidance has been fast-tracked for approval for use within NHSGGC***

### Covid-19 GP Practice Triage Pathway GP Advice 1

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

<b>Version Number:</b>	5
<b>Does this version include changes to clinical advice:</b>	Yes
<b>Date Approved:</b>	1 <sup>st</sup> December 2021
<b>Approval Group:</b>	Primary Care Clinical Advisory Group

#### **Important Note:**

The version of this document on the Clinical Guideline Directory is the only version that is maintained.

These "GP Advice Deck" are produced by the Primary Care Clinical Advisory Group to assist in the GP Practice response to the COVID19 pandemic. They may change at regular intervals and, in future, will be accompanied by a note explaining what has changed. They are designed to be able to be printed on A4 paper in black and white (obviously web links won't work when printed). There will be versions adapted for use in the Assessment Centres. The clinical assessment and referral criteria are informed by national guidance and with links to secondary care colleagues. The thresholds are likely to change as the pandemic progresses.

Usually they will be sent out from Primary Care Support as a whole deck and it may be simpler to print all and replace all at once to ensure you have the latest versions. It is probably not worth laminating due to the frequency of changes.