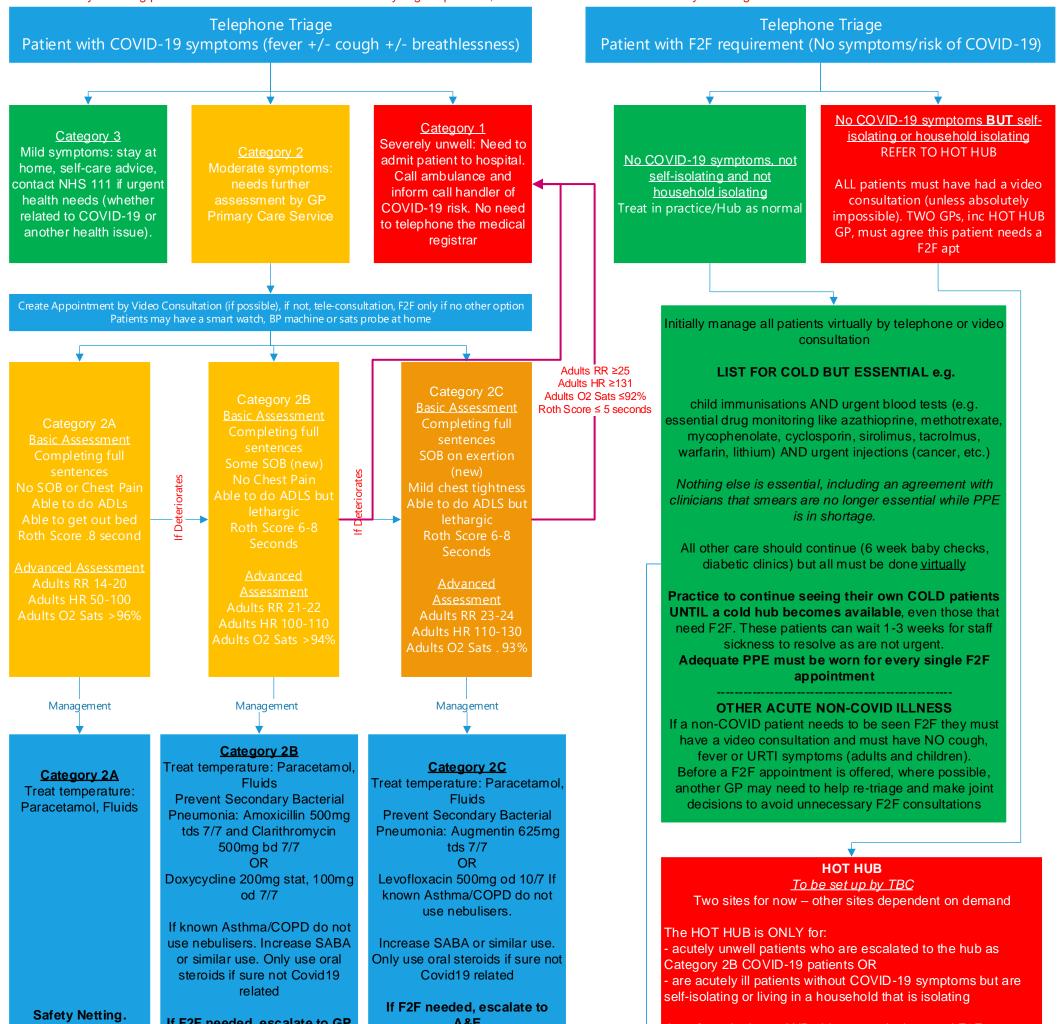
B&D Primary Care Pathways during COVID-19 (Patient \geq 12)

Version 1.3: 25 March 2020 Review Date: 27 March 2020 Approved by: NOT APPROVED

This pathway was created for GPs during uncertain times, using clinical judgement and are currently not evidence based. HR, RR & o2 sats are taken from spesis and NEWS2 score – these may or not be sensitive for Covid-19.

HOT HUB and COLD HUB do NOT refer to traditional HOT and COLD CLINIC definitions. A HOT HUB is one that sees COVID-19 Symptomatic, self-isolating or household isolating patients. A COLD HUB is one that sees no COVID-19 symptoms, not self-isolating and not family isolating patients. A HOT CLINIC refers to clinically urgent patients, a COLD CLINIC refers to clinically non-urgent conditions.



Advised to call Practice (or 111 **OOH) if symptoms** are worse

If F2F needed, escalate to GP **HOT HUB**

Safety Netting. Tele/Video review in 72 hours (or earlier if unwell)

A&E

Safety Netting. Tele/Video review in 24-48 hours (or earlier if unwell)

Notes:

Children <12 pathway under design

HOT CLINIC = non-COVID and no URTI symptoms but need urgent F2F assessment (e.g. abdo pain). GP led clinic. COLD CLINIC =non-COVID and no URTI symptoms and are routine but essential for patients (e.g. children imms). Should be Nurse / Pharmacist led clinic (GP virtual supervision)

NB – no patients with COVID-19 or URTI symptoms should be seen whatsoever

ROTH SCORE – ask the patient to take a deep breath and count out loud from 1 to 30 in their native language. Count the number of seconds before they take another breath. 8 seconds = if the counting time is 8 seconds or less, this has a sensitivity of 78% and specificity of 71% for identifying a pulse oximeter reading of <95%. 5 seconds = if the counting time is 5 seconds or less, sensitivity is 91%

that after telephone AND video consultation need F2F consultation. (e.g. acute abdominal pain, urgent gynae patients who need examining, hot kids that have non-URTI related symptoms)

GOOD PPE must be worn for every single F2F appointment

NURSE/HCA can start....

To start telephoning vulnerable or frail patients for welfare checks and doing virtual chronic disease clinics. Signpost to social volunteering services e.g. for food deliveries or collecting prescriptions

HOUSEBOUND PATIENTS TBC **District and Community Nurse** Service remains in place, although service is reduce and Should be for non-COVID **URGENT** cases only