Covid-19: remote consultations
A quick guide to assessing patients by video or voice call

Visual summary

1. **Set up**
   - Prepare yourself and decide how to connect
   - Have current 'stay at home' covid-19 guidance on hand
   - Video is useful for:
     - Severe illness
     - Anxious patients
     - Comorbidities
     - Hard of hearing
   - Scan medical record for risk factors such as:
     - Diabetes
     - Pregnancy
     - Smoking
     - Chronic kidney or liver disease
     - COPD
     - Steroids or other immunosuppressants
     - Cardiovascular disease
     - Asthma

2. **Connect**
   - Make video link if possible, otherwise call on the phone
   - Check video and audio
   - Confirm the patient's identity
   - Check where patient is
   - Note patient's phone number in case connection fails
   - If possible, ensure the patient has privacy

3. **Get started**
   - Quickly assess whether sick or less sick
   - Rapid assessment
     - If they sound or look very sick such as too breathless to talk, go direct to key clinical questions
   - Establish what the patient wants out of the consultation, such as:
     - Clinical assessment
     - Referral
     - Certificate
     - Reassessment
     - Advice on self isolation

4. **History**
   - Adapt questions to patient's own medical history
   - Contacts
     - Close contact with known covid-19 case
     - Immediate family member unwell
     - Occupational risk group
   - History of current illness
     - Date of first symptoms
   - Most common presentation
     - Cough
     - Fatigue
     - Fever
     - Short of breath
     - Cough is usually dry but spumut is not uncommon
     - Up to 50% of patients do not have fever at presentation

5. **Examination**
   - Assess physical and mental function as best as you can
   - Over phone, ask carer or patient to describe:
     - State of breathing
     - Colour of face and lips
   - Over video, look for:
     - General demeanour
     - Skin colour
   - Check respiratory function - inability to talk in full sentences is common in severe illness
     - How is your breathing?
     - Is it worse today than yesterday?
     - What does your breathlessness prevent you doing?
   - Patient may be able to take their own measurements if they have instruments at home
     - Temperature
     - Pulse
     - Peak flow
     - Blood pressure
     - Oxygen saturation
   - Interpret self monitoring results with caution and in the context of your wider assessment

6. **Decision and action**
   - Advise and arrange follow-up, taking account of local capacity
   - Likely covid-19 but well, with mild symptoms
     - Acetaminophen Swab as per current guidelines
   - Likely covid-19, unwell, deteriorating
     - Arrange follow up by video
   - Relevant comorbidities
   - Proactive, whole patient care
   - Unwell and needs admission
   - Ambulance protocol
   - Reduce spread of virus - follow current government 'stay at home' advice
   - Safety netting
     - If living alone, someone to check on them
   - Maintain fluid intake - 6 to 8 glasses per day
   - Seek immediate medical help for red flag symptoms

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**Clinical characteristics**
Based on 1099 hospitalised patients in Wuhan, China

- **69%** Cough
- **22%** Temperature 37.5-38°C
- **22%** Temperature >38°C
- **38%** Fatigue
- **34%** Sputum
- **19%** Shortness of breath
- **15%** Muscle aches
- **14%** Sore throat
- **14%** Headache
- **12%** Chills
- **5%** Nasal congestion
- **5%** Nausea or vomiting
- **4%** Diarrhoea
- **24%** Any comorbidity

**Red flags**
- Covid-19:
  - Severe shortness of breath at rest
  - Difficulty breathing
  - Pain or pressure in the chest
  - Cold, clammy, or pale and mottled skin
  - New confusion
  - Becoming difficult to rouse
  - Blue lips or face
  - Little or no urine output
  - Coughing up blood
- Other conditions, such as:
  - Neck stiffness
  - Non-blanching rash

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*Breaths per minute ▲ Beats per minute ▼ If oximetry available for self monitoring

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