

This graphic, intended for use in a primary care setting, is based on data available in March 2020, from the BC Centre for Disease Control.

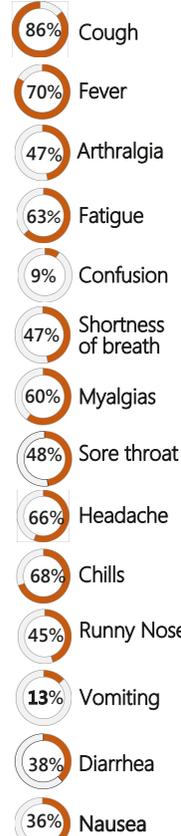
[www.doctorsofbc.ca/news/doctors-technology-office-virtual-care-support-response](http://www.doctorsofbc.ca/news/doctors-technology-office-virtual-care-support-response)



## Clinical characteristics

Based on up to 459 responses by COVID +ve BC residents.

Source: BCCDC  
Apr. 8, 2020



### 1 Set up

Prepare yourself and decide how to connect

Have current 'stay at home' COVID-19 guidance on hand

BC Government advice: [covid-19.bccdc.ca/](https://covid-19.bccdc.ca/)

Video is useful for

- Severe illness
- Anxious patients
- Comorbidities
- Hard of hearing

Scan medical record for risk factors such as:

- Diabetes
- Cancer
- 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

Can you hear/see me?

Confirm the patient's identity

Name  
Date of birth

Check where patient is

Where are you right now?

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 directly to key clinical questions

Establish what the patient wants out of the consultation, such as:

- Clinical assessment
- Referral
- Certificate
- Reassurance
- Advice on self isolation

### 4 History

Adapt questions to patient's own medical history

Social Isolation Assessment

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 sputum is not uncommon

Up to 50% of patients do not have fever at initial 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

Consider an in person assessment and follow up if:

Clinical concern, such as:

- Temperature > 38°C
- Respiratory rate > 20\*
- Heart rate > 100† with new confusion
- Oxygen saturation ≤ 94%‡

Likely COVID-19 but well, with mild symptoms\*\*

Arrange testing. Self management: fluids, Tylenol

Reduce spread of virus - follow public health 'stay at home' advice  
Monitor and reassess if symptoms worsen

Likely COVID-19, unwell, deteriorating

Arrange testing/follow up\*\*\*. Monitor closely if you suspect pneumonia

Safety netting

If living alone, someone to check on them

Maintain daily adequate fluid intake

Relevant comorbidities

Proactive, whole patient care

Unwell and needs admission

Go to ED or Call (911)

Seek immediate medical help for red flag symptoms

\* Breaths per minute † Beats per minute ‡ If oximetry available for self monitoring

\*\*Follow up call for elderly and/or those with co-morbidities who are living alone. Otherwise use BCCDC COVID Daily Assessment Tool.

\*\*\*Elderly and/or those with co-morbidities who are unwell should have in person FP/NP, UPCC, or Assessment Centre follow up visit.

^ For testing guidelines go to <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/lab-testing>