COVID-19: Virtual consultations
A quick guide to assessing patients by video or voice call

This material has been adapted with permission from the British Columbia Ministry of Health - April 2020

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

Source: BCCDC Apr. 8, 2020

**Red flags**

- Cough
- Fever
- Arthralgia
- Fatigue
- Shortness of breath
- Myalgias
- Sore throat
- Headache
- Chills
- Runny Nose
- Vomiting
- Diarrhea
- Nausea

**Assess physical and mental function as best you can**

- Over phone, ask carer or patient to describe:
  - State of breathing
  - Colour of face and lips
  - General demeanour
  - Skin colour

- 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

**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

- Likely COVID-19, unwell, deteriorating
  - Arrange testing/follow up ** Monitor closely if you suspect pneumonia

- Relevant comorbidities
  - Proactive, whole patient care

- Unwell and needs admission
  - Go to ED or Call (911)

- Safety netting
  - If living alone, someone to check on them

- Maintain daily adequate fluid intake

- Seek immediate medical help for red flag symptoms

**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

© 2020 BMJ Publishing Group Ltd.

Disclaimer: This infographic is not a validated clinical decision aid. This information is provided without any representations, conditions, or warranties that it is accurate or up to date. BMJ and its licensors assume no responsibility for any aspect of treatment administered with the aid of this information. Any reliance placed on this information is strictly at the user’s own risk. For the full disclaimer wording see BMJ’s terms and conditions http://www.bmj.com/company/legal-information/

**Visual summary**

**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
  - Cancer
  - Smoking
  - Chronic kidney or liver disease
  - COPD
  - Steroids or other immunosuppressants
  - Cardiovascular disease
  - Asthma

**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

**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

**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 sputum is not uncommon

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

**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?

**Set up**
Prepare yourself and decide how to connect

This infographic is not a validated clinical decision aid. This information is provided without any representations, conditions, or warranties that it is accurate or up to date. BMJ and its licensors assume no responsibility for any aspect of treatment administered with the aid of this information. Any reliance placed on this information is strictly at the user’s own risk. For the full disclaimer wording see BMJ’s terms and conditions.