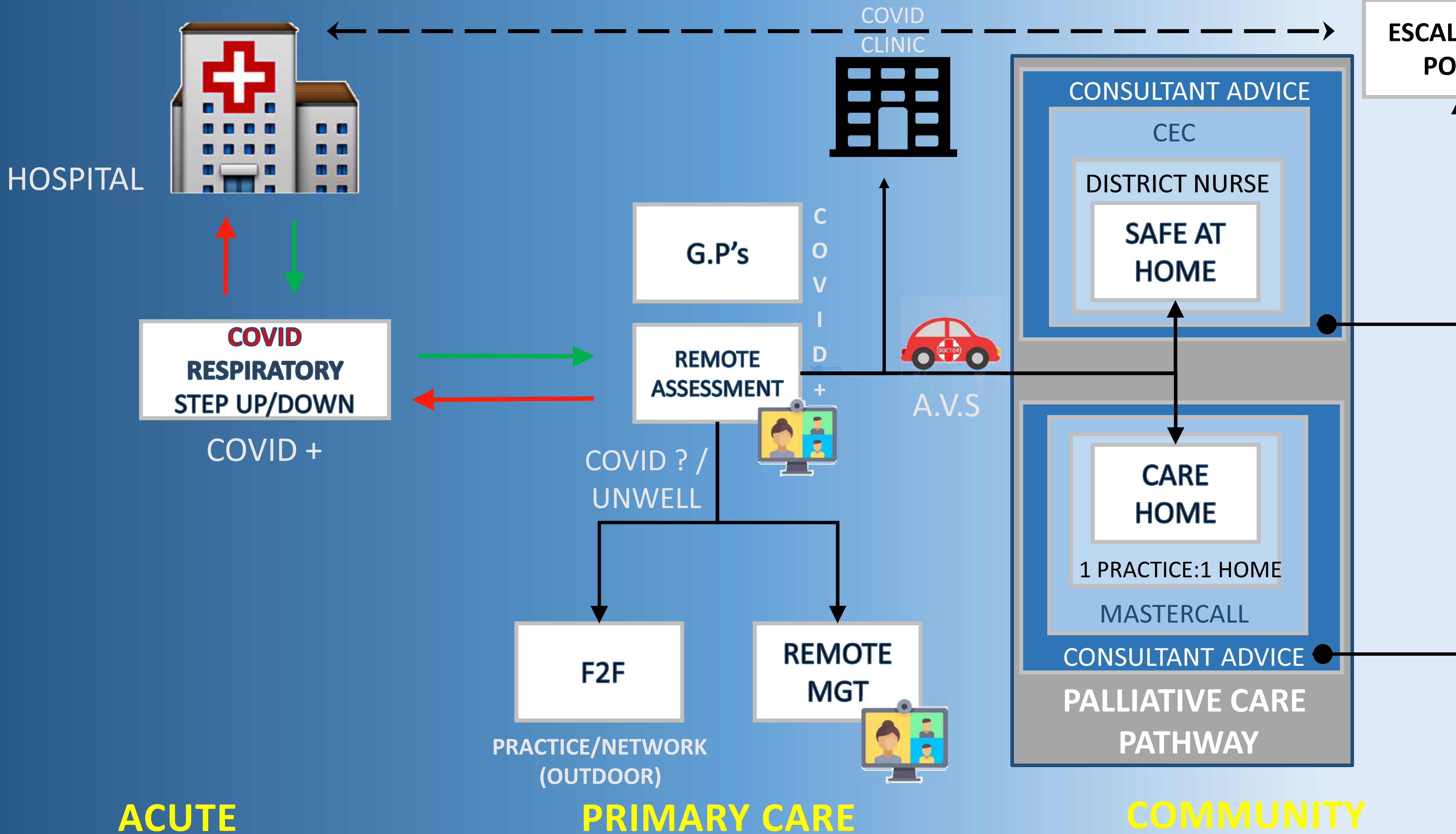
TRAFFORD COVID RESPONSE PATHWAY DIRECTORY V 6.1

Trafford COVID Response Pathway's

1. **Discharge to Assess**
2. **Respiratory**
3. **Safe at Home**
4. **Care Homes**
5. **End of Life**
6. **Adult and Children COVID Services**
7. **COVID Service – F2F Management**
8. **COVID Follow Up**


TRAFFORD COVID RESPONSE PATHWAY
HOSPITAL
COVID CLINIC
ESCAL
PO
CONSULTANT ADVICE
CEC
DISTRICT NURSE
SAFE AT HOME
G.P's
C O V I D +
REMOTE ASSESSMENT
COVID RESPIRATORY STEP UP/DOWN
COVID +
A.V.S
COVID ? / UNWELL
CARE HOME
1 PRACTICE:1 HOME
MASTERCALL
CONSULTANT ADVICE
PALLIATIVE CARE PATHWAY
F2F
REMOTE MGT
PRACTICE/NETWORK (OUTDOOR)
ACUTE
PRIMARY CARE
COMMUNITY

TRAFFORD PATHWAY 1

DISCHARGE TO ASSESS

If patient is clinically well and suitable for discharge from hospital

Discharge to Assess referral form completed by hospital staff. Indicative of identified pathway destination. Any pathway marked (b) is a CHC fast track referral:

Pathway 0	Pathway 1a /1b	Pathway 2/2a & 3/3b	Pathway 2/2a & 3/3b (COVID +)
Home without support	Home with home care support	24 hour care (residential /nursing/EMI nursing)	COVID + Patients to Moston Grange

Completed referral form emailed to the Urgent Care Control Room (UCCR); trafforddischargereferral@trafford.gov.uk or Liquid Logic direct referral
Tel: 0161 975 4714

Triaged by the UCCR within 30 minutes. Referrer altered of outcome

Patient transferred to the discharge lounge with: 2 weeks medication & arranged transport

Once patient has physically left the hospital, on site Social Work Senior Practitioner to be notified

TRAFFORD PATHWAY 2

RESPIRATORY

Current in-patients COVID-19 tested, physically discharged but requiring telephone follow-up for respiratory symptoms

Ward team complete EPR referral form, high risk patients* given O2 Sats probe to go home

OPAT team to receive referral and 'admit' to COVID19-Virtual ward under ID consultant of the week

COVID19 test results awaited

Known COVID19 positive result

+ve

Day 1 telephone call

Negative
Inform patient by telephone

Risk assess – is COVID still likely diagnosis?

YES

Triage into risk categories based on referral info. and symptoms

At risk of deterioration – daily video call, home sats monitoring

Stable but some risk – call Mon, Wed, Fri.

Low risk – safety netti
advice, discharge

NO

Discharge from Virtual Ward

Add to discharge database

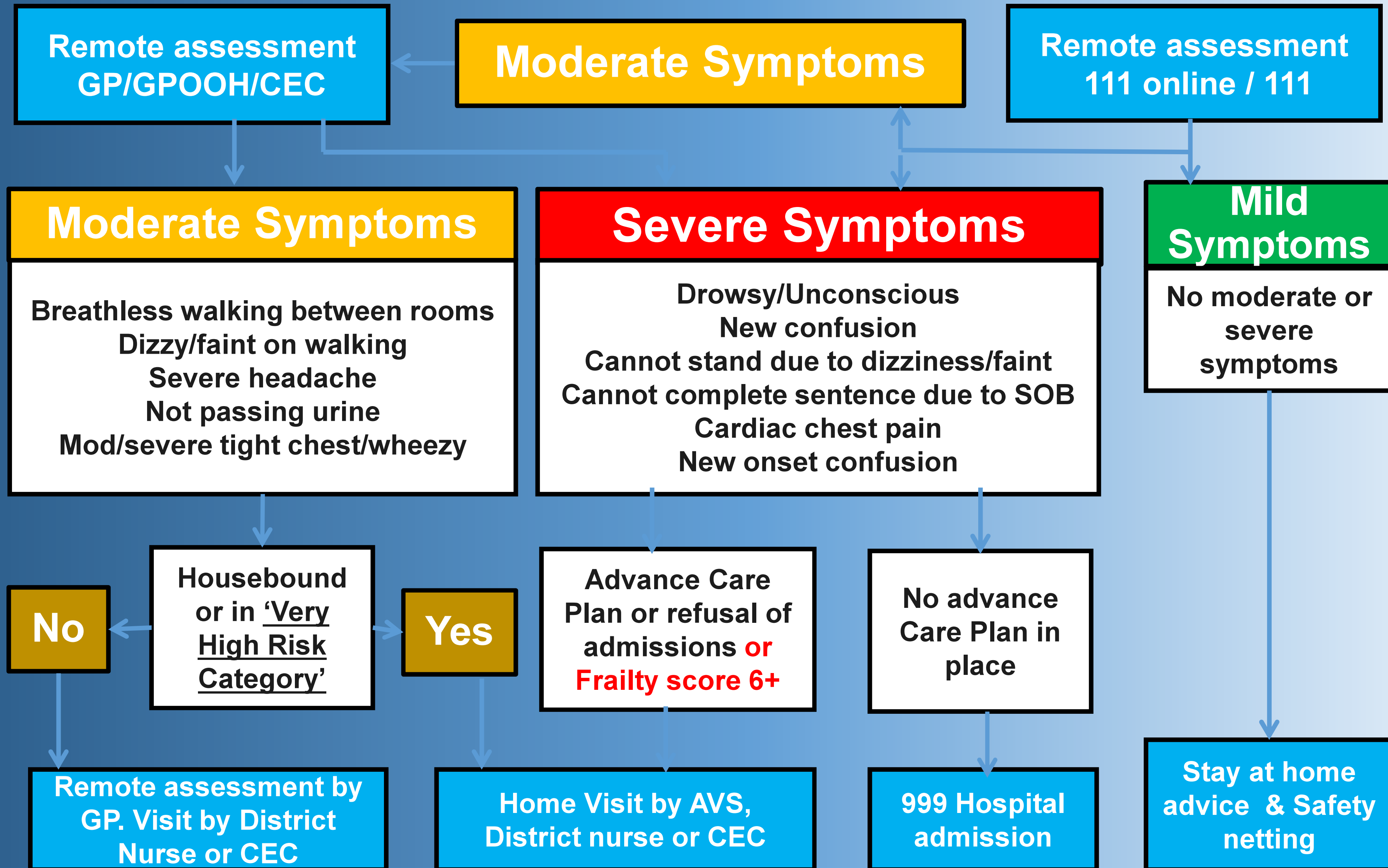
Cause for concern on telephone triage

Non-urgent:
Request home visit (pathway will differ depending on CCG)

Urgent: Patient to call 9
for hospital re-admissi

TRAFFORD PATHWAY 3

SAFE AT HOME


COVID-19 Symptoms in Community – Patient at home
New continuous cough
Temperature ≥ 37.8
Remote assessment GP/GPOOH/CEC
Moderate Symptoms
Remote assessment 111 online / 111
Moderate Symptoms
Breathless walking between rooms
Dizzy/faint on walking
Severe headache
Not passing urine
Mod/severe tight chest/wheezy
Severe Symptoms
Drowsy/Unconscious
New confusion
Cannot stand due to dizziness/faint
Cannot complete sentence due to SOB
Cardiac chest pain
New onset confusion
Mild Symptoms
No moderate or severe symptoms
No
Housebound or in 'Very High Risk Category'
Yes
Advance Care Plan or refusal of admissions or Frailty score 6+
No advance Care Plan in place
Remote assessment by GP. Visit by District Nurse or CEC
Home Visit by AVS, District nurse or CEC
999 Hospital admission
Stay at home advice & Safety netting

TRAFFORD PATHWAY 4

CARE HOME

Covid symptomatic patients in residential and nursing care

Symptoms

GM CAS Care Homes Referral

CARE HOME Direct Referral

ATT+

CDA Verbal/Video Triage from Mastercall remote hub

External Referral:
- Admission/ED
- Signposting (self-care)
- Refer to UCCR, CEC, T/MLCO, Crisis, etc.
- Post Event Message sent to GP

Physical F2F required

NO

Telehealth monitoring required

CMS referral – dedicated pt line

YES

Mastercall AVS response

athway: Community or Care Home

ll contact every patient referred for Telehealth o:

ver devices and equipment to patients/relatives rs of first contact:

ver package to door, iPad devices/BYOD and ns, links to videos,
reat a minimum of 2 metres, phone patient / o collect package
tercall will then contact patient at an agreed time delivery, ideally via video consultation to talk them setup

tercall will provide ongoing monitoring for 14 days ssure, discharge and recover equipment, clear and or next patient

Further Outcomes:
- Admission/ED
- Referred to CMS
- Prescribing
- Primary Care Follow Up
- Safety Net with Advice
- Signposting
- Telehealth Referral
- Refer to UCCR, CEC etc.
- Post Event Message sent to GP

Outcomes are ranked Category:
- CAT 2 receive 14 daily call-backs
- CAT 3 may conta service directly i deteriorating
- Non-Category patients are not onboarded onto remote monitori CMS Service

Covid positive patient management in residential and nursing care

CCG Interim COVID + Test Process

Ps can request a Covid test for a care home patient ringing the Trafford Infection Control Team (ICT) on 0161 912 5176

LCO Infection Control Team receives results from the e-lab system or from PHE

CCG validate data

Covid test results for care home patients will then be forwarded by the CCG to the nominated test result recipients at each GP practice.

Practices will need to agree a process to ensure that:
d test results for care home patients are input on EMIS once received
to report notifiable disease to PHE in line with national guidance.

Outbreak Alerts

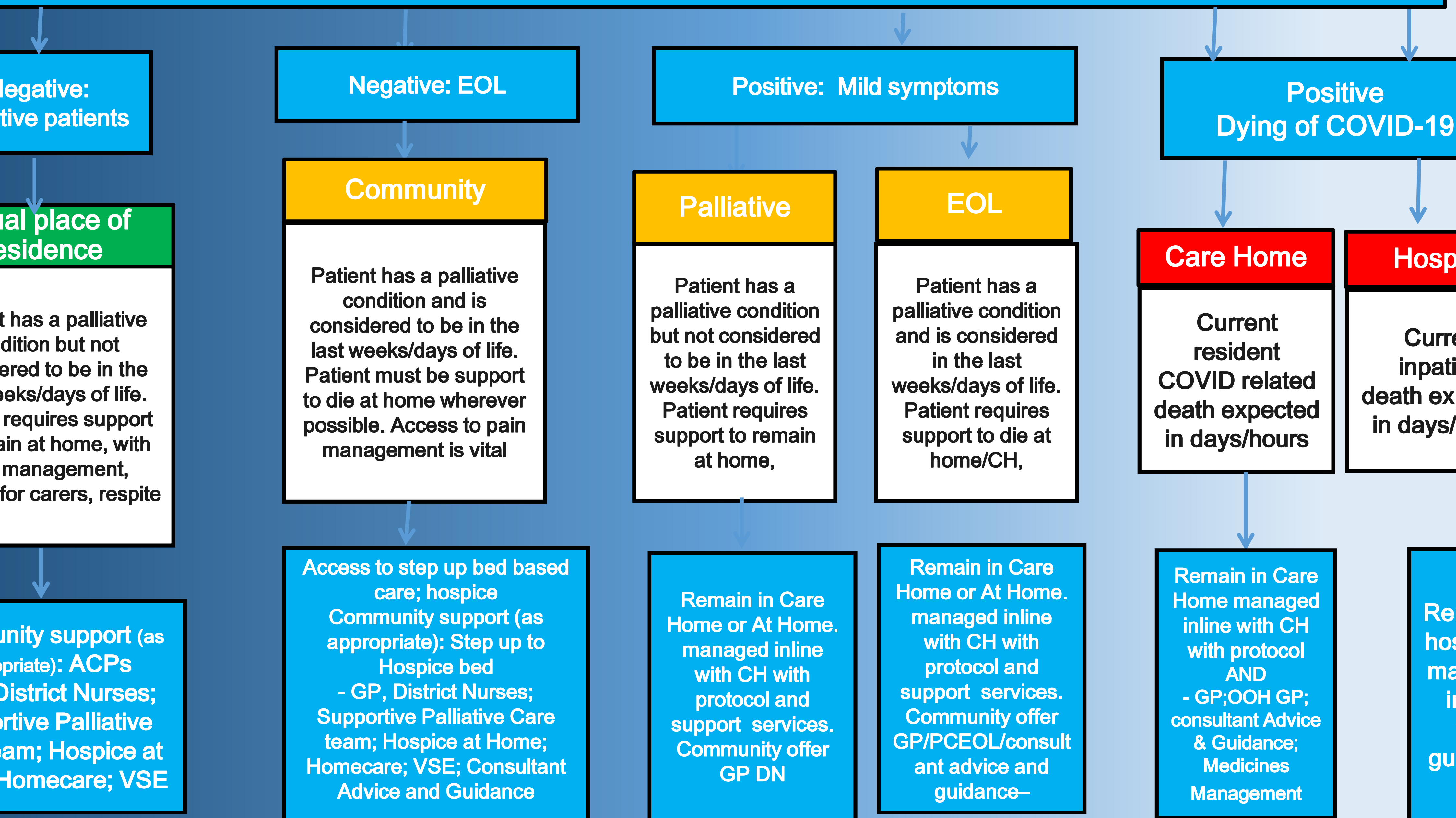
Infection Control Team are alerted by the care homes of positive test results

A general comms is emailed to stakeholders including Chief Nurse and On Call Manager

The CCG alerts the relevant GP practices by email to the nominated data receivers

TRAFFORD PATHWAY 5

END OF LIFE


COVID status
legative:
tive patients
ual place of
esidence
t has a palliative
dition but not
ered to be in the
eeks/days of life.
requires support
ain at home, with
management,
for carers, respite
unity support (as
opriate): ACPs
District Nurses;
ortive Palliative
eam; Hospice at
Homecare; VSE
Negative: EOL
Community
Patient has a palliative condition and is considered to be in the last weeks/days of life. Patient must be support to die at home wherever possible. Access to pain management is vital
Access to step up bed based care; hospice
Community support (as appropriate): Step up to Hospice bed
- GP, District Nurses; Supportive Palliative Care team; Hospice at Home; Homecare; VSE; Consultant Advice and Guidance
Positive: Mild symptoms
Palliative
Patient has a palliative condition but not considered to be in the last weeks/days of life. Patient requires support to remain at home,
Remain in Care Home or At Home. managed inline with CH with protocol and support services. Community offer GP DN
EOL
Patient has a palliative condition and is considered in the last weeks/days of life. Patient requires support to die at home/CH,
Remain in Care Home or At Home. managed inline with CH with protocol and support services. Community offer GP/PCEOL/consultant advice and guidance–
Positive
Dying of COVID-19
Care Home
Current resident COVID related death expected in days/hours
Remain in Care Home managed inline with CH with protocol AND
- GP;OOH GP; consultant Advice & Guidance; Medicines Management
Hosp
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TRAFFORD PATHWAY 6

COVID SERVICE

1. **Adults and Children over 12 years**
2. **Children under 12 years of age**

ford Primary Care Remote Assessment - Referral to COVID Service - ADULT COVID Symptomatic (≥

Assessment: Respiratory questions
Ask patient: how is your breathing today?
Ask patient: Is it better, worse, no change from yesterday? Are you breathing harder or faster than usual when doing nothing at all?
Ask: What could you do yesterday that you can't do today? What makes you breathless now that didn't make you breathless yesterday?
Ask: about cough and sputum; Then ask: Are there any other symptoms causing you concern?
Visual Cues (e.g. pallor, respiratory rate, increased work of breathing)
onal assessment: can the patient take their pulse rate (or via device e.g. smart watch)? Does patient have a pulse oximeter or blood pressure machine in the ho

Mild Symptoms

SOB
Able to do ADLs
Completing full sentences
Adult HR 60-100bpm
Adult RR 14-20
Adults oxygen sats >96%*
gen saturations could be less than 94% at rest at
ne in patients with underlying respiratory/cardiac
illness.

Stay at home

are advice: paracetamol, fluids, self-isolation as per guidance

ty-net advice: if deteriorates contact GP or NHS 111 online OR if rapid deterioration/very unwell 999

: patients can become unwell on day 6-8 and rapidly deteriorate)

Moderate Symptoms

Some (new) SOB +/- SOBOE
Mild chest tightness
Able to do ADLs but lethargic
Breathing worse than yesterday
Purulent sputum
Completing full sentences
Adult HR 100-120 bpm
Adult RR 21-24
Adults oxygen sats >94% *

Stay at home with follow-up

Consider treatment of community acquired pneumonia **(CAP):**
1st line: Doxycycline PO 200mg on day 1 then 100mg once a day to complete 5/7 course OR Clarithromycin 500mg bd for 5days
Pregnancy: consider Clarithromycin PO 500mg bd 5days (use when benefits considered to outweigh risk)
If asthma/COPD: Continue usual inhaled therapy. Short course of prednisolone if clinically indicated (symptoms and signs of bronchospasm/wheeze)
Arrange follow-up: telephone or video consultation in **24 hours**
Review in Hot Service: if functional deterioration in history OR if immunocompromised OR significant co-morbidities then consider f2f assessment in locality hot service or by hot acute visiting team.

Severe Symptoms

Worsening SOB
Chest pain
Unable to get out of bed
Not completing full sentences
New confusion
Adult HR >120 bpm
Adult RR >25
Adults oxygen sats <94%*
Reduced UO; cold extremities; mottled skin

Needs further assessment:

If further assessment required and patient is for ho admission use respiratory step up clinic.
If less severe presentation, refer into COVID-19 HOT via Mastercall AVS or ambulatory for f2f assessm
999 Admission if: Sats <92%; Severe breathless
Signs of sepsis; other emergency signs
Otherwise discuss case with community nursing te with consultant hotline.
If advance care plan in place or escalation to hospit appropriate:
Consider antibiotics or start end of life care via com nursing service or refer to Mastercall AVS or ambu HOT service

afford Primary Care Remote Assessment - Referral to COVID Service – Children COVID Symptomat (<12)

Assessment questions:

sessment of severity of illness questions Ask parent/carer: Does your child have any difficulty breathing? Ask parent/carer: Is your child better, worse, no change esterday? Ask parent/carer: Is your child playing normally? Ask parent/carer: Is your child eating and drinking? Is your child passing urine? Then ask: Are there other symptoms causing you concern? *Don't forget non-COVID cause of illness and red flags*

2. Think: are there any safeguarding concerns? (refer to Trafford safeguarding referral))

3. Visual cues and remote assessment: measure respiratory rate via video, ask the parent to take the pulse rate

4. Consider: is this child at higher risk severe illness?

. If face to face assessment: If a diagnosis of tonsillitis is suspected based on clinical history, do not examine the throat as high risk of virus transmission (or use appropriate PPE)

6. Be aware of any atypical inflammatory presentations and consider referral on

Mild Symptoms

culty breathing Normal activities A little off food till drinking fluids Passing urine/ wet nappies

Oxygen sats >96%
Child 6-12m RR <40, HR<160
Child 1-2y RR <35, HR <150
Child 2-5y RR <30, HR <140
Child 5-11y RR <20, HR <100

Stay at home

f-care advice: fluids and paracetamol f/Household isolation as per national nce Parental reassurance Discuss when orry: parents to watch out for difficulty athing, change in behaviour or mental sleepy child, not taking fluids, reduced output Safety-net advice: if deteriorates tact GP practice, NHS 111 OR if rapid deterioration/very unwell 999. er to 'When Should I Worry' resource

Moderate Symptoms

Completing full sentences Playing but not as much as usual Off food but drinking fluids Passing urine / wet nappies

Oxygen sats >94%
Child 6-12m RR <45, HR<165
Child 1-2y RR <40, HR <155
Child 2-5y RR <35, HR <145
Child 5-11y RR <25, HR <105

Use clinical judgement, if immunocompromised or clinical concern then refer for f2f assessment in symptomatic assessment clinic(SAC) or discussion with paediatrics team may be appropriate Self-care advice: fluids and paracetamol Consider treatment of community acquired pneumonia: Amoxicillin tds 5/7 OR Clarithromycin bd 5/7 Antibiotic dosing as per cBNF If suspected tonsillitis: treat as usual (GMMMG guidelines) If asthma: Continue usual inhaled therapy. Short course of prednisolone if clinically indicated (symptoms and signs of bronchospasm/wheeze). If considering the use of nebulisers, discuss with Paediatric team on-call at local hospital Arrange follow-up telephone or video consultation in 24-48hrs Discuss when to worry with parents.

Severe Symptoms

Think SEPSIS:
Parental concern about behaviour or sleepy ch
Reduced urine output; Cold extremities; mottled
non-blanching rash
Fever without source or fever >38 in child <3m a
fever >5days RR and HR above max paramete
amber box
Known asthmatic and acutely wheezy or in ne
nebulisers Oxygen sats <94%

Needs further assessment:

Urgent hospital admission – either via referral call paediatric team or 999 admission to A

Use clinical judgement: it may be appropria arrange same day face to face assessment in 19 hot clinic (Stretford) or AVS service for Tr

Note: if child has significant comorbidities a complex needs, please follow any care plan th place and contact specialist team

TRAFFORD PATHWAY 7

Covid symptomatic patients requiring F2F management – COVID SERVICE

Covid symptomatic patients requiring F2F management – COVID SERVICE

oderate COVID Symptoms

rimary Care:
hony Referral on
Health Care
essional Bypass
o Mastercall Hub.

Call Handler takes details and adds patient to Assessment Queue in Adastra

CDA Verbal/Video Triage from Mastercall remote hub

External Referral:

- Admission/ED
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Pathway: Community or Care Home

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ssure, discharge and recover equipment, clear and
or next patient

YES

COVID CLINIC

AMBULATORY

Mastercall AVS response

HOUSEBOUND

Further Outcomes:

- Admission/ED
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- Prescribing
- Primary Care Follow Up
- Safety Net with Advice
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Outcomes are ranked
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daily call-backs
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service directly i
deteriorating
- Non-Category
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onboarded onto
remote monitori
CMS Service

TRAFFORD PATHWAY 8

COVID Follow up

Covid follow up Pathway (In Development)

ROUTE

SERVICE

PATIENT