

TRAFFORD COVID RESPONSE PATHWAY

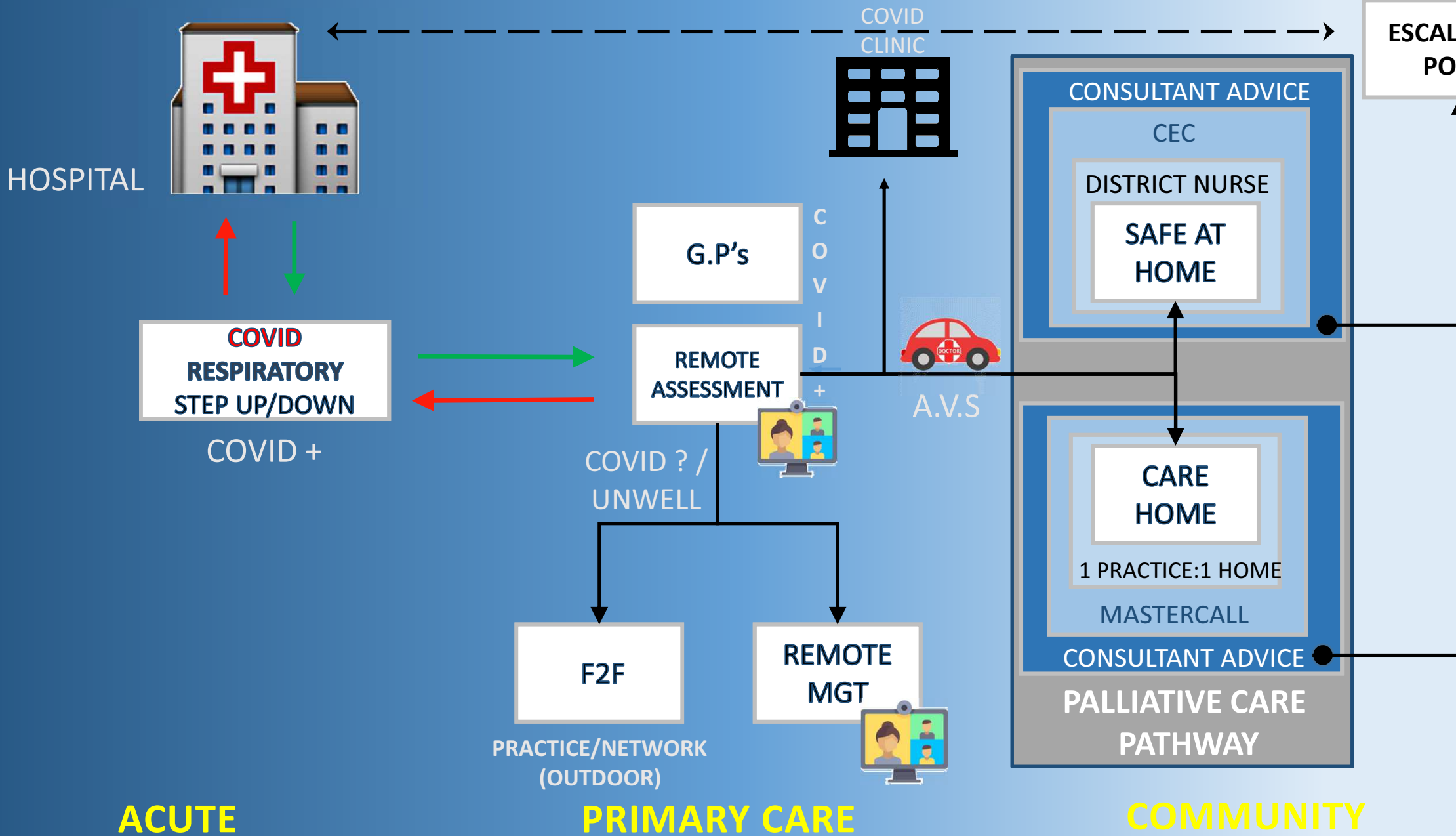
DIRECTORY

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



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

Home without support

Pathway 1a /1b

Home with home care support

Pathway 2/2a & 3/3b

24 hour care (residential /nursing/EMI nursing)

Pathway 2/2a & 3/3b (COVID +)

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

Triage into risk categories based on referral info. and symptoms

Risk assess – is COVID still likely diagnosis?

YES

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

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

Low risk – safety netting 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)

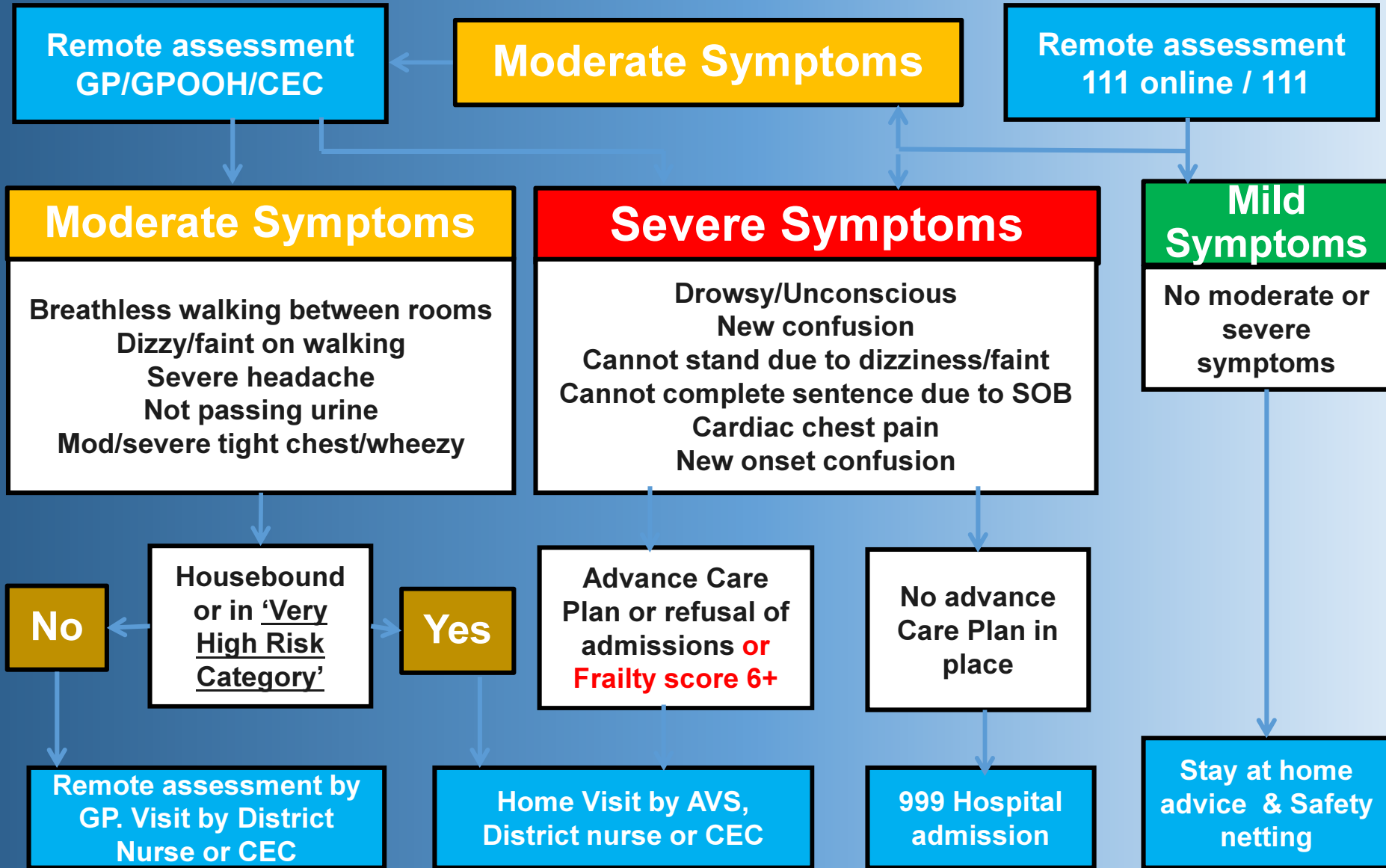
Urgent: Patient to call 999 for hospital re-admission

TRAFFORD PATHWAY 3

SAFE AT HOME

COVID-19 Symptoms in Community – Patient at home

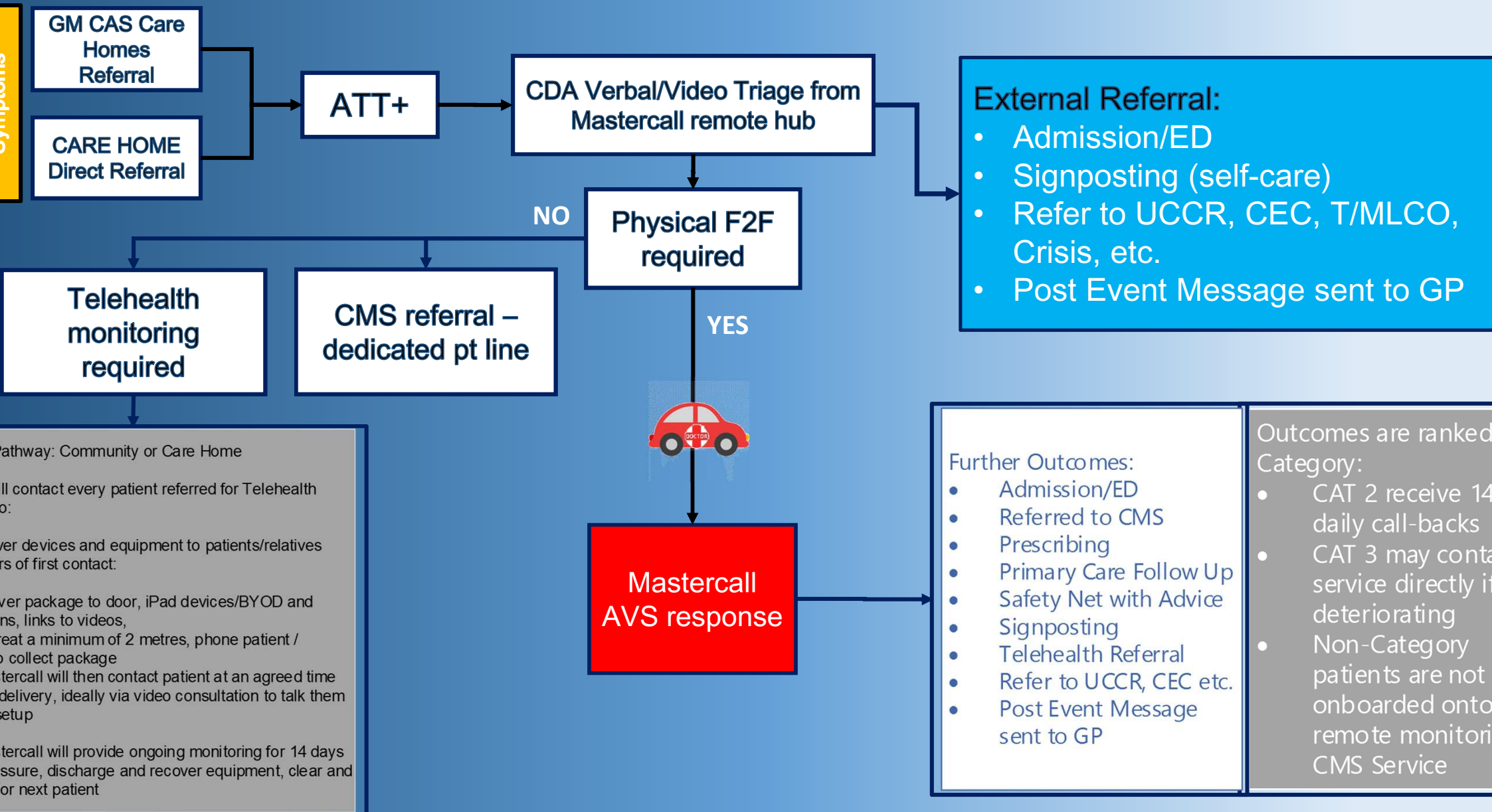
New continuous cough
Temperature ≥ 37.8



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

Physical F2F required

External Referral:

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

Telehealth monitoring required

CMS referral – dedicated pt line

Pathway: Community or Care Home

All contact every patient referred for Telehealth

Over devices and equipment to patients/relatives

Over package to door, iPad devices/BYOD and

Meet a minimum of 2 metres, phone patient /

Mastercall will then contact patient at an agreed time

delivery, ideally via video consultation to talk them

Mastercall will provide ongoing monitoring for 14 days

ensure, discharge and recover equipment, clear and

for next patient



Mastercall AVS response

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 contact service directly if deteriorating
- Non-Category patients are not onboarded onto remote monitoring CMS Service

Covid positive patient management in residential and nursing care

CCG Interim COVID + Test Process

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

The CCG 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 Covid 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

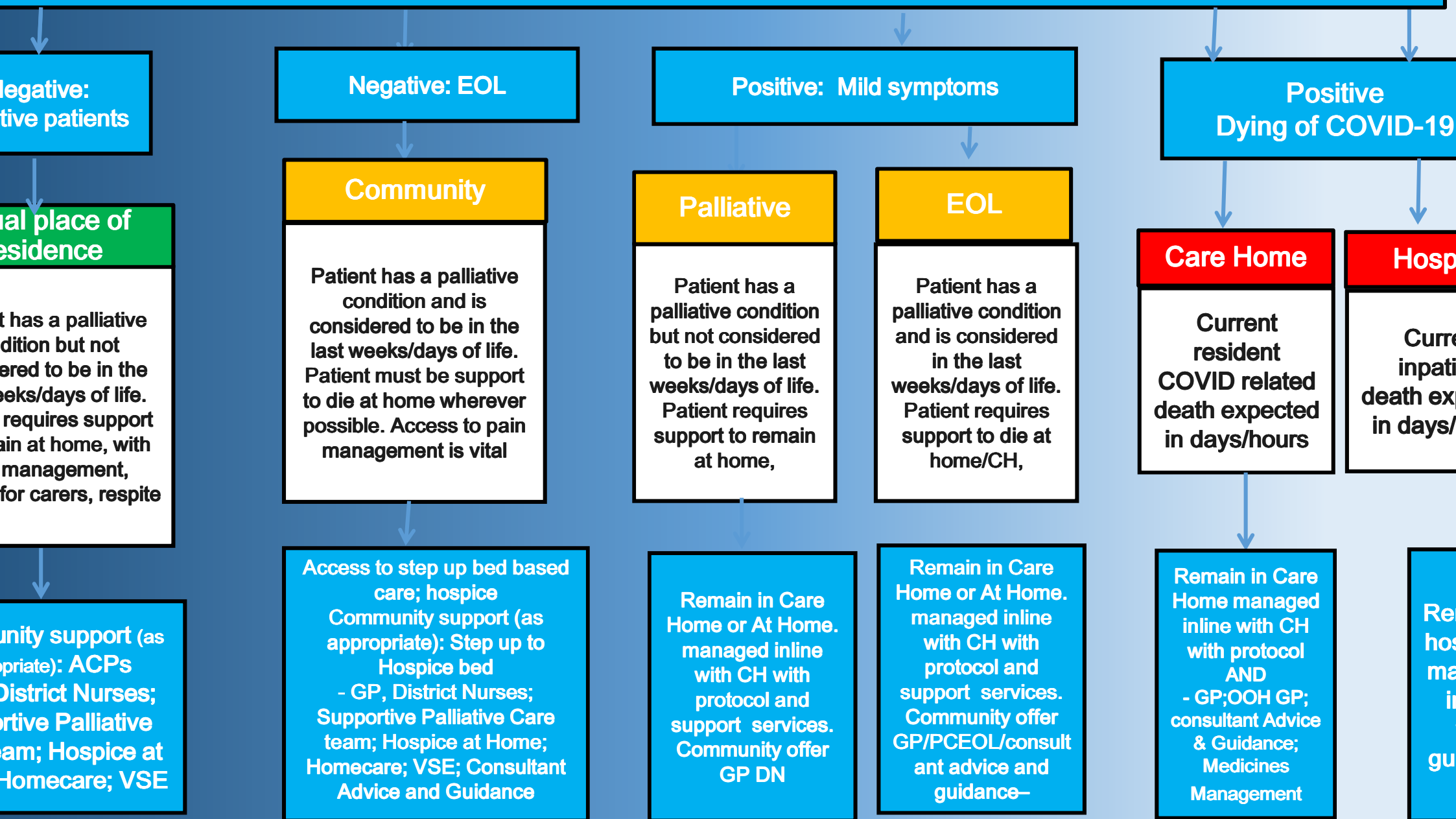
A general comms is emailed to stakeholders including Chief Nurse and On Call Manager

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

TRAFFORD PATHWAY 5

END OF LIFE

COVID status



Negative: Active patients

Usual place of residence

Patient has a palliative condition but not considered to be in the last weeks/days of life. Patient requires support to remain at home, with pain management, for carers, respite

Community support (as appropriate): ACPs District Nurses; Supportive Palliative Care team; Hospice at Home; VSE

Negative: EOL

Community

Patient has a palliative condition and is considered to be in the last weeks/days of life. Patient must be supported 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

Hospital

Current inpatient COVID related death expected in days/hours

Remain in Hospital managed inline with CH with protocol AND - GP;OOH GP; consultant Advice & Guidance; Medicines Management

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%*

oxygen saturations could be less than 94% at rest at
line in patients with underlying respiratory/cardiac
illness.

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% *

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

Stay at home

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

ity-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)

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.

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 HO
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 hospiti
appropriate:
Consider antibiotics or start end of life care via com
nursing service or refer to Mastercall AVS or ambu
HOT service

Trafford Primary Care Remote Assessment - Referral to COVID Service – Children COVID Symptomatic (<12)

Assessment questions:

1. Assessment 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 yesterday? 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 any 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?
5. 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

Difficulty breathing Normal activities A little off food
Still 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

Self-care advice: fluids and paracetamol
Household isolation as per national guidance
Parental reassurance Discuss when to worry: parents to watch out for difficulty breathing, change in behaviour or mental health
Sleepy child, not taking fluids, reduced urine output
Safety-net advice: if deteriorates contact GP practice, NHS 111 OR if rapid deterioration/very unwell 999.
Refer 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 face to face 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 child
Reduced urine output; Cold extremities; mottled non-blanching rash

Fever without source or fever >38 in child <3m or fever >5days
RR and HR above max parameter
amber box

Known asthmatic and acutely wheezy or in need of nebulisers
Oxygen sats <94%

Needs further assessment:

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

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

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

TRAFFORD PATHWAY 7

Covid symptomatic patients requiring F2F
management – COVID SERVICE

Covid symptomatic patients requiring F2F management – COVID SERVICE

Moderate COVID Symptoms

Primary Care: Anthony Referral on Health Care Professional Bypass to 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
- Signposting (self-care)
- Refer to UCCR, CEC, T/MLCO, Crisis, etc.
- Post Event Message sent to GP

Physical F2F required

NO

YES

Telehealth monitoring required

CMS referral – dedicated pt line

Pathway: Community or Care Home

All contact every patient referred for Telehealth

Deliver devices and equipment to patients/relatives

Deliver package to door, iPad devices/BYOD and

Meet a minimum of 2 metres, phone patient /

Mastercall will then contact patient at an agreed time

Mastercall will provide ongoing monitoring for 14 days



AMBULATORY



Mastercall AVS response

HOUSEBOUND

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 contact service directly if deteriorating
- Non-Category patients are not onboarded onto remote monitoring CMS Service

TRAFFORD PATHWAY 8

COVID Follow up

Covid follow up Pathway (In Development)

ROUTE

SERVICE

PATIENT

