

# *Consultations in the practice with patients suspected of having COVID-19*



This document outlines practice management advice and steps to take if patients present for/request to book an in-practice consultation and are suspected of having COVID-19.

The steps are a guide only. Practices can alter and amend their systems and processes for face-to-face consultations to suit their usual operations.

## **1. The practice is prepared for consultations with patients suspected of having COVID-19**

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- The practice has clear policy and procedures for triaging patients with suspected COVID-19/respiratory symptoms.
- Reception staff have a script of questions to ask patients booking appointments over the phone.
- The practice website has clear instructions for patients on what to do if they have COVID-19 symptoms, have been in contact with anyone with a confirmed diagnosis of COVID-19 or have recently returned from overseas.
- The waiting room set-up conforms to social distancing principles.

- There is a separate waiting area for patients who answer yes to any of the high-risk screening questions (preferably outside or in their cars) and they are asked to wear a mask (if tolerated).
- Waiting areas, toilets and other areas are regularly wiped down and sanitised.
- A staff member in personal protective equipment (PPE) is stationed at the relevant entrance asking screening questions and undertaking temperature checks for high-risk patients (if possible).

## 2. Implement triaging (green, amber and red) of appointments

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Patients are triaged by telephone or online by reception staff, who follow clear policy and procedures.

- Direct patients with reported **mild symptoms** of COVID-19 to book a telephone or video consultation. Likely advice will be to manage at home and self-isolate. Ensure instructions are clear if symptoms worsen.
- Direct patients with **moderate symptoms** to present to a hospital fever clinic or primary care respiratory clinic for a physical examination. If they will be examined at the practice, these patients should wait for their appointment outside (weather permitting and 1.5 m apart), or in their cars.
- Advise patients with **severe symptoms** to present to a hospital (call an ambulance for the patient if required).

Access the Australian guidelines for the clinical care of people with COVID-19 for [living guidelines](#) on disease severity definitions.

**Note:** Severe symptoms include:

- respiratory rate  $\geq 30$  breaths/min
- oxygen saturation  $\leq 92\%$  at a rest state
- arterial partial pressure of oxygen (PaO<sub>2</sub>)/ inspired oxygen fraction (FiO<sub>2</sub>)  $\leq 300$ .

## 3. Protect yourself when seeing patients face-to-face

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- If possible, do not see patients with suspected COVID-19 if you are immunocompromised, pregnant, have comorbidities or are aged >70 years.
- Prior to seeing a patient with suspected COVID-19, dress in appropriate PPE clothing. If this is not available in your practice, do not see patients with suspected COVID-19 and contact your local public health facility for advice on where to direct the patient.
- Ask the patient to put on a surgical mask (if they are not wearing one already).
- If possible, discard PPE after seeing a patient who meets the criteria for a diagnosis of COVID-19 and from whom swabs have been collected.
- Ensure reception staff wear a surgical face mask if they are in contact with patients with suspected COVID-19.

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## 4. Check symptoms and gather contact history

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See the [RACGP COVID-19 webpage](#) for probable and suspected case criteria and ask about clinical symptoms and epidemiological evidence that fits the current case definition, noting that this will change over time.

A patient might explicitly tell you they have COVID-19 symptoms; describe symptoms consistent with COVID-19; or, on assessment, you may suspect COVID-19 as a possible diagnosis. In all of these cases:

- check the patient's medical record for high-risk status—immunocompromised (diabetes, chronic kidney or liver disease, pregnancy, chemotherapy, steroids or other immunosuppressants), cardiovascular disease, asthma or chronic obstructive pulmonary disease
- ask the patient if they've had contact with a person with confirmed or suspected COVID-19
- ask the patient if anyone in their immediate family, or anyone they live with, is unwell
- ask the patient if they've recently travelled to/from any international locations and if yes, ask for dates and locations. (This will soon not be relevant.)

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## 5. Undertake assessment

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- Check the patient's temperature and ask if they have been checking this themselves prior to the appointment and if so, what the reading has been and for how many days. (COVID-19 typically is  $>38^{\circ}\text{C}$  and persistent for  $>5$  days).
- Take the patient's, pulse, blood pressure and oxygen saturation.
- Ask the patient/assess whether they have a cough (dry, persistent for  $>5$  days) and any shortness of breath and if so, ask them for how many days.
- Ask the patient if they have any gastrointestinal symptoms (this is rare in COVID-19 cases).
- Undertake a general physical assessment (eg skin colour, view of pharynx) plus assessment of relevant comorbidities.
- Assess respiratory function: high respiratory rate occurs only in advanced cases, but inability to complete sentences is common in COVID-19.
- Assess relevant comorbidities.
- Undertake a psychological assessment (eg assess whether the patient is upset or distressed); consider using a formal mental health instrument for anxiety/depression if necessary.
- Ask the patient if there are any family or social issues or circumstances that might be relevant (eg patient is caring for small children).

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## 6. Enable shared decision making

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- Engage in active listening and demonstrate empathy.
- Share information about clinical opinion and explain any uncertainties in plain English.
- Advise and reassure as appropriate.

- Offer options and invite questions.
- Discuss and agree on required actions and/or ongoing health management/monitoring such as:
  - If patient's symptoms are **severe**, they are advised to present to hospital for admission.
  - If patient is **moderately or mildly unwell**, an agreed plan is in place to monitor their symptoms, and they are advised to **self-isolate**.
  - If the patient **becomes more unwell** (eg difficulty breathing, feeling faint, stops passing urine, is unable to keep down fluids), they are advised to make another appointment, or present to an emergency department if symptoms are severe.
  - A clear and agreed plan is in place for ongoing management of comorbidities.
  - A clear plan is in place and advice provided on self-management or psychological support/referral.
  - A clear plan is in place for management of medicines prescriptions, and access to medical certificates, referrals and follow-up appointments if required.

## 7. Conclude the consultation and plan follow-up

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- Summarise the outcomes and advice, and ask the patient if they are happy with the proposed plan of action (if any).
- Ask the patient if they have any further questions or concerns, need anything clarified or need to provide any further information.
- Call the tertiary institution (hospital or fever clinic) ahead as per local guidelines if the patient requires a tertiary assessment.
- Undertake any follow-up actions (preparing prescriptions, referrals etc) and end the consultation.
- Ensure the patient leaves directly to their car (if applicable) and any accounts are settled over the phone.
- Arrange a follow-up telehealth consultation at a suitable time if appropriate.

### More information

- Visit the [RACGP COVID-19 webpage](#) for information specific to your state/territory, about face-to-face consultations with non-COVID patients with respiratory symptoms, and for Department of Health advice on management of suspected cases in general practice

### Disclaimer

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