

Video consultations with patients suspected of having COVID-19



This document outlines the steps for conducting a video consultation with a patient who may have COVID-19.

We recommended using video consultations over phone consultations for patients who may have COVID-19. If a phone consultation is the only option, you can still use this document (noting the lack of visual cues and opportunities for visual examination).

You can find general advice and steps for setting up your practice for, and conducting, phone and video (telehealth) consultations on the [RACGP website](#). We recommended that you read this resource first.

These steps are a guide only. Practices can alter and amend their systems and processes for conducting telehealth consultations to suit their usual operations.

Step 1. Ensure you are set up and prepared for the video consultation

- Set your practice up to hold video consultations.
- Prepare to start your consultation (follow all steps in [this flowchart](#)).

Step 2. Begin patient consultation

- Assess the patient visually.
 - Do they look sick? Are they distressed? Are they too breathless to talk?
- Ask key clinical questions as appropriate to assess that a video consultation is appropriate and that your patient does not require urgent medical care in a hospital.
- Ask the patient why they booked the appointment (eg clinical assessment, medical certificate, advice on self-isolation, reassurance).

Note: The patient might tell you directly they have COVID-19 symptoms. Alternatively, they might describe symptoms consistent with the virus, and you might suspect COVID-19.

Step 3. Check symptoms and gather contact history

- Visit the [RACGP Coronavirus webpage](#) to review criteria for probable and suspected COVID-19 cases. Then ask the patient about clinical symptoms and epidemiological evidence that fit the current case definition, noting that this will change over time.
- Check medical record/Hx for high-risk status
 - Are they immunocompromised (diabetes, chronic kidney or liver disease, pregnancy, chemotherapy, steroids or other immunosuppressants)? Do they have cardiovascular disease, asthma or chronic obstructive pulmonary disease (COPD)?

Ask your patient if:

- they have a temperature (if they can check this themselves), what the reading has been and for how many days (COVID-19 is typically >38 °C, and persistent for >5 days)
- they have a dry cough (persistent for >5 days) and any shortness of breath and, if so, ask for how many days
- they have any gastrointestinal symptoms (noting this is rare in COVID-19 cases)
- they have had contact with anyone with confirmed or suspected COVID-19
- anyone in their immediate family, or anyone they live with, is unwell
- they have recently travelled to/from overseas and, if so, ask for dates and locations (noting this will soon not be relevant).

Note: Make sure you are aware if you are in a geographic 'hot spot' and stay informed of any other more localised criteria for suspected cases.

Step 4. Undertake assessment

Assess:

- their general physical state (eg skin colour, view of pharynx) plus relevant comorbidities
- their respiratory function – high respiratory rate occurs only in advanced cases, but inability to complete sentences due to lack of breath is common in COVID-19 cases
- their relevant comorbidities
- their psychological state
 - Do they look upset or distressed? Do you need to use a formal mental health instrument for anxiety/depression?
- any relevant family issues (eg small children at home).

Step 5. Help the patient self-test if possible

- If the patient has the right equipment at home, ask if they can measure their own peak flow, temperature, pulse, blood pressure and oxygen saturation.
- Bring your own equipment into camera view to show the patient how to use their equipment if necessary (it may be a recent purchase).

Note: If the patient doesn't have any medical equipment at home. Fitbit-type wearables and smartphone apps may measure biomarkers, but their accuracy can be hard to judge.

Step 6. Make decisions with the patient

- Listen actively and demonstrate empathy.
- Share information about your clinical opinion and explain any uncertainties in plain English.
- Advise and reassure the patient as appropriate.
- Offer options and ask if they have any questions.
- Discuss and agree on next steps/actions, such as:
 - Patient is unwell and requires a face-to-face consultation for assessment in a fever clinic and possible testing or hospital admission.
 - Patient is unwell and needs monitoring and should **self-isolate**.
 - Patient requires safety planning: if patient becomes more unwell (has difficulty breathing, feels faint, stops passing urine, is unable to keep down fluids) advise them to call your practice or an out-of-hours service as appropriate, and provide the patient with contact numbers for the relevant services.
 - Patient requires ongoing management of comorbidities.

- Patient requires reassurance, advice on self-management or psychological support/referral.
- Patient requires management of medicines prescriptions, medical certificate, referral or follow-up appointment.

Step 7. Conclude the consultation and arrange follow-up

- Summarise the outcomes of the consultation and advice. Ask the patient if they are happy with the proposed plan of action (if any).
- Ask the patient if they have any more questions or concerns, or need you to clarify anything or provide any more information.
- Arrange any follow-up actions and finish the consultation.

Related resources

- [Guide to providing telephone and video consultations in general practice](#)
- [Telephone and video consultations in general practice: Flowcharts](#)
- [Having a phone or video consultation with your regular GP: Information and support for patients](#)
- [New items for COVID-19 telehealth and phone service](#)

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