

Caring for COVID patients in general practice

Dr Nicole Allard

General Practitioner, cohealth - Clinical and Public Health Lead

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Overview

1. Caring for Covid positive patients
2. Covid positive pathways in the North West
3. One of many challenges: Family finding program
4. Opportunities: Sotrovimab

Caring for COVID patients in general practice

- Provide best holistic care to our patients
- Ensure timely presentation to hospital services to get life saving interventions
- Prevent unnecessary presentations to ED
- Prevent morbidity and mortality
- Advocate for our patients
- Educate individuals and our community

National Guidelines

NATIONAL
COVID-19
CLINICAL
EVIDENCE
TASKFORCE

[Link to the national guidelines](https://covid19evidence.net.au/)
<https://covid19evidence.net.au/>

Caring for people with COVID-19

Supporting Australia's healthcare professionals with continually updated, evidence-based clinical guidelines


[26/08/21: Communique from the National Steering Committee »](#)

LATEST GUIDANCE

26 AUGUST 2021

Updates this week include:

- Sotrovimab
- IPC Decision Aid
- Immunomodulator comparison table
- Ivermectin FAQs
- ATAGI for vaccine advice

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LIVING GUIDELINES

CLINICAL
FLOWCHARTS

EVIDENCE UNDER
REVIEW

DO YOU HAVE A
CLINICAL QUESTION?

Assessment of a person with COVID 19

CLINICAL ASSESSMENT 	⇒ Shortness of breath assessment 	<ul style="list-style-type: none">• Is your breathing different from yesterday?• Can you walk at least half the distance you walked yesterday?• Can you lie flat without worsening shortness of breath?• Is your breathing disturbing your sleep?
	⇒ Deterioration assessment 	<ul style="list-style-type: none">• How do you feel compared to yesterday?• Are you having fevers or chills?• Have you had any dizzy spells?• Do you have muscle aches and pains?• Do you have any lethargy?
	⇒ Assessment plan	<ul style="list-style-type: none">• Stable/improvement/deterioration

Definitions of disease

(<https://covid19evidence.net.au/#clinical-flowcharts>)

MILD	MODERATE	SEVERE
<p>No symptoms or signs of pneumonia Normal (or unchanged) oxygen saturation</p> <p>4 out of 5 people with COVID-19 will have mild disease moderate/severe disease usually develops in the 2nd or 3rd week of illness</p>	<p>symptoms or signs of pneumonia breathlessness SpO₂ > 92% at rest</p>	<ul style="list-style-type: none">• severe shortness of breath or difficulty breathing• blue lips or face• pain or pressure in the chest• cold, clammy or pale and mottled skin• new confusion or fainting• becoming difficult to rouse• little or no urine output• coughing up blood• SpO₂ < 92% at rest

Red flags/ signs requiring hospital assessment

- Symptoms or signs of pneumonia
- Severe shortness of breath or difficulty breathing
- Blue lips or face
- Pain or pressure in the chest
- Cold, clammy or pale and mottled skin
- New confusion or fainting or becoming difficult to rouse
- Little or no urine output
- Coughing up blood

Pulse Oximetry

- Currently not a routine part of care until medium risk
- Clinician-guided pulse oximetry may help with detection of lower than expected oxygen levels and early detection of deterioration. (<https://covid19evidence.net.au/#clinical-flowcharts>)
- Can be purchased <\$40 by patients
- Readings can be affected by dehydration, skin colour and application
- Current recommended threshold for hospitalisation <94%

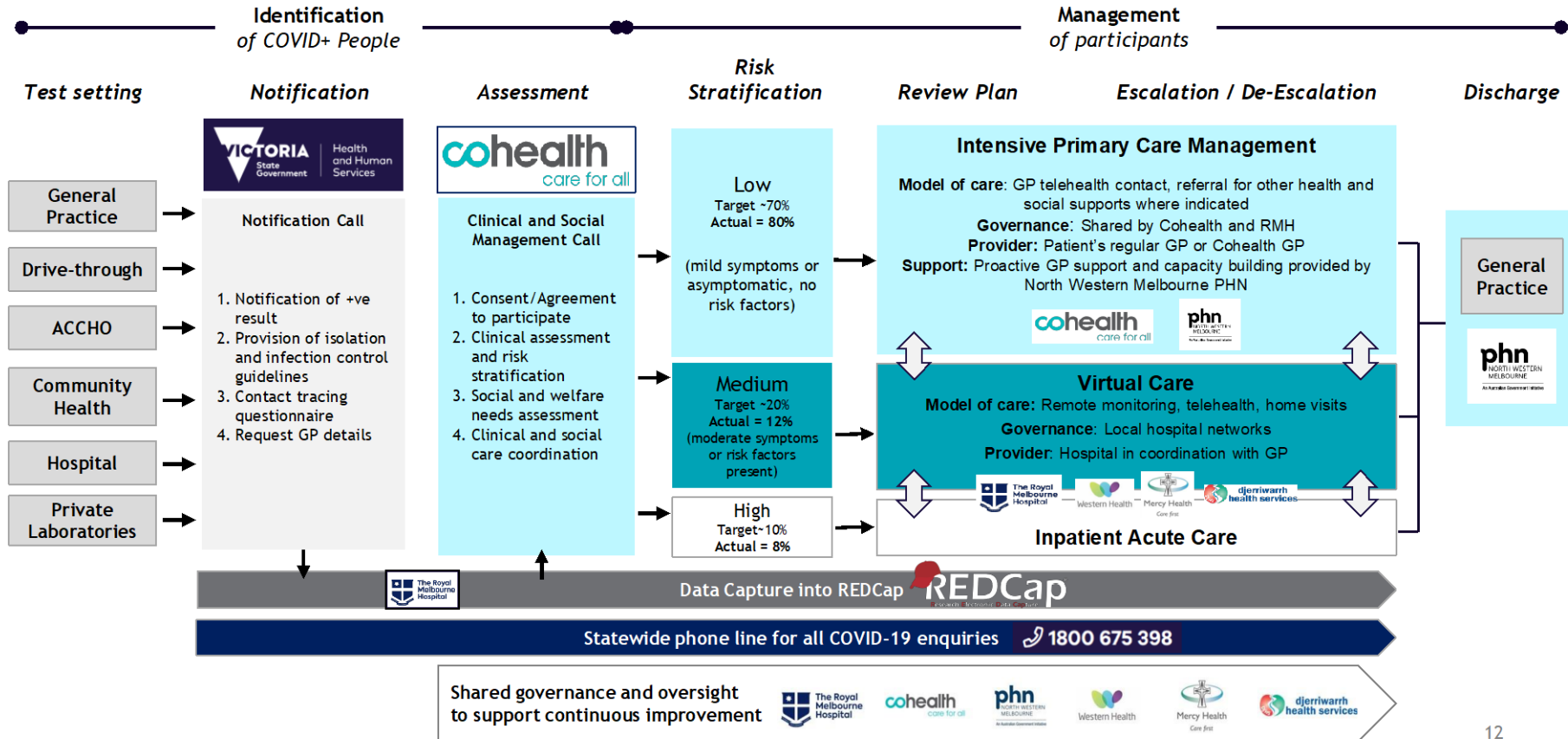
Assessment of a person with COVID 19

- Telehealth **video** is preferred where possible
- In general practice is usually without pulse oximetry
- Escalation can be to more frequent monitoring through hospital in the home (HITH or virtual ward), ED assessment or admission.
- COVID care is now part of routine general practice in NWMPHN

As GPs what can we do?

- Proactively engage patients in care
- Encourage support staff to understand about COVID telehealth from day five
- Engage whole households in your care
- Refer to services for social supports
- Arrange follow up for post acute/long COVID

The North Western Melbourne COVID+ Pathway



Management: Low risk group

Review Schedule		Review Frequency & Delivery							
		Days* 1-4	Personnel	Medium	Additional Services	Days* 5-14	Personnel	Medium	Additional Services
Care Pathway	Regular GP	Third Daily	Regular GP	Phone	Nil	Second Daily	Regular GP	Phone	Nil
	Cohealth GP	Third Daily	Cohealth GP	Phone	Nil	Second Daily	Cohealth GP	Phone	Nil
	Wraparound	<i>As required, based on social needs assessment</i>				<i>As required, based on social needs assessment</i>			

*Days since symptom onset, or since date of test if asymptomatic

Frequency may vary based on:

- Clinician discretion
- Patient's health literacy
- Service capacity

Family Finding supports parents in planning alternate care arrangements for children with family/friends in the event they require hospitalisation

- Engage with parents and potential carers early to develop a care plan.
- Oversee and monitor the care plan once it is activated including provision of support and relief to the carer and children for the duration of the care arrangement.
- If no family or friends care options are identified, Family Finding will consider if any alternate care options within the community may be available for the family and integrate this option into the care plan where appropriate.
- Family Finding operates 9am -9pm, 7days

Referrals to be made by GPs / CPP via email to carecoordination@vt.uniting.org

Sotrovimab

- Within the patient population for which sotrovimab is conditionally recommended for use (as listed), decisions about the appropriateness of treatment with sotrovimab should be based on the patient's individual risk of severe disease, on the basis of age or multiple risk factors, and COVID-19 vaccination status.
- Consider using sotrovimab in unvaccinated or partially vaccinated patients and patients who are immunosuppressed **regardless of vaccination status.**
- Do not routinely use sotrovimab in fully vaccinated patients unless immunosuppressed.

Indications

- Diabetes (requiring medication)
- Obesity (BMI > 30 kg/m²)
- Chronic kidney disease (i.e. eGFR < 60 by MDRD)
- Congestive heart failure (NYHA class II or greater)
- Chronic obstructive pulmonary disease (history of chronic bronchitis, chronic obstructive lung disease, or emphysema with dyspnoea on physical exertion)
- Moderate-to-severe asthma (requiring an inhaled steroid to control symptoms or prescribed a course of oral steroids in the previous 12 months)
- Age ≥ 55 years

The (near) future in NW Melbourne

As case numbers climb there will need to be a shift in pathways

Low risk people with ability to negotiate the health system will be moved to self-monitoring as in other pathways e.g.

- Children under the care of their parents
- Younger people with no comorbidities who are vaccinated

General practice will increasingly be central to care

Acknowledgments



The over 500 GPs and their practices who have participated in pathways

The work of the NWMPHN in both their commitment to promoting a decentralised care model and doing the practical work of linking GPs and supporting GPs in the program.

Melbourne Health, Werribee Mercy Western Health and WH Bacchus Marsh/ DJHS

The cohealth COVID-19 team and our fellow community health partners in the C19 group.

