



**RACGP**

Royal Australian College of General Practitioners

Healthy Profession.  
Healthy Australia.

# Home-care guidelines for patients with COVID-19

---

Last updated: 12 07 2022

Background.....	3
Summary flowchart.....	5
Vaccination status.....	6
Patient results and notification .....	8
Patient triage and clinical care overview .....	10
Home-care suitability assessment.....	12
Determining the appropriate monitoring protocol.....	19
Managing symptoms and medicines.....	33
Ongoing patient symptom monitoring .....	37
Escalating care .....	40
Conducting telehealth consultations .....	43
Conducting face-to-face consultations.....	45
De-escalating care.....	48
Vaccination following infection .....	49
Handover to a patient’s usual GP .....	50
General advice for the care of pregnant or breastfeeding patients .....	51
General advice for the care of children with COVID-19 .....	54
General advice for the care of patients in residential aged care facilities.....	57
Issuing death certificates for patients with COVID-19 .....	60
Additional resources .....	61
Acknowledgements.....	63
Disclaimer .....	64

# Background

People who test positive for COVID-19 are most likely to only experience mild symptoms and recover without requiring special treatment or hospitalisation, especially if up-to-date with COVID-19 vaccinations.<sup>1</sup>

This guide contains information for general practitioners (GPs) who are providing home-based care in a private residential home (including public or community housing), in residential aged care facilities and supported accommodation, for patients who have tested positive for COVID-19 and require additional support from general practice.

Caring for patients with COVID-19 in their homes allows the provision of appropriate holistic care, minimises the impact on the healthcare system, frees up hospital beds for patients with severe illness (or who otherwise require hospitalisation) and minimises the risk of transmission within a hospital setting.

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm \(http://www1.health.gov.au/internet/main/publishing.nsf/\)](https://www.health.gov.au/internet/main/publishing.nsf/0/220405-35725) [Accessed 13 May 2022].
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra; ATAGI, 2022 \(https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination\)](https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination) [Accessed 13 May 2022].
3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work \(https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved\)](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved) [Accessed 19 May 2022].
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].
5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 42.1\). Melbourne, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?\\_=220509-13954\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?_=220509-13954) [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?\\_=220405-35725\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?_=220405-35725) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022 \(https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf\)](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf) [Accessed 19 May 2022].
9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?\\_=220304-50902\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?_=220304-50902) [Accessed 19 May 2022].
10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn) [Accessed 19 May 2022].

11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].
12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n\)](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].
14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022]
15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022]
16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj) [Accessed 19 May 2022].
17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf) [Accessed 19 May 2022].
19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022]
20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(http://www.rch.gov.au\)](http://www.rch.gov.au) [Accessed 19 May 2022].
22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].

# Summary flowchart

# Vaccination status

The Australian Technical Advisory Group on Immunisation (ATAGI) state that “Up-to-date vaccination status is defined by the number and timing of appropriate COVID-19 vaccine doses recommended for and received by an individual, according to their age and other factors.”<sup>2</sup> This covers primary course vaccination and subsequent booster dose/s.

All vaccines currently available for use in Australia require a minimum of two doses.

Optimal protection is 7–14 days after the final dose in the course.<sup>3</sup>

While people vaccinated against COVID-19 can still contract the SARS-CoV-2 virus, they are significantly less likely to suffer severe disease or require hospitalisation.

While vaccination significantly reduces the risk of severe disease and hospitalisation, care must be provided based on clinical presentation and medical and social risk factors.

GP teams should ensure they have up-to-date knowledge of the [latest clinical guidance for COVID-19 vaccine providers \(https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-practitioners/clinical-guidance\)](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-practitioners/clinical-guidance), as this is updated frequently.

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm \(http://www1.health.gov.au/internet/main/publications.nsf/\)](https://www1.health.gov.au/internet/main/publications.nsf/) [Accessed 13 May 2022].
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra; ATAGI, 2022 \(https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination\)](https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination) [Accessed 13 May 2022].
3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work \(https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-\)](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-) [Accessed 19 May 2022].
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].
5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 4.2.1\). Melbourne, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?\\_=220509-13954\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?_=220509-13954) [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?\\_=220405-35725\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?_=220405-35725) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022 \(https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf\)](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf) [Accessed 19 May 2022].

- 
9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?e=220304-50902\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?e=220304-50902) [Accessed 19 May 2022].
  10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn) [Accessed 19 May 2022].
  11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].
  12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n\)](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
  13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].
  14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022]
  15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022]
  16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj) [Accessed 19 May 2022].
  17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
  18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/) [Accessed 19 May 2022].
  19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022]
  20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
  21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(http://www.rch.\)](http://www.rch.) [Accessed 19 May 2022].
  22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].
-

# Patient results and notification

GPs might become aware of one of their patients being diagnosed with COVID-19 through the receipt of:

- notification by the patient or their carer following a positive at-home rapid antigen test (RAT)
- a positive result following GP-initiated testing
- notification from the local public health unit/state or territory Department of Health after testing initiated by another agency
- a local health service seeking to arrange home-based care
- discharge notification regarding a patient hospitalised with COVID-19.

COVID-19 is a notifiable disease in all states and territories. Pathology providers who process the SARS-CoV-2 nasopharyngeal testing are responsible for notifying the local public health unit (or relevant authority) of a positive result. The methods of notification of a positive result to a patient and their GP vary significantly across states and local services.

Where a patient notifies the practice of a positive result, the patient or their carer should be educated on how to report the positive result. If the patient or their carer is unable to make the report, this can be done on their behalf by the practice (or another individual at their request).

State / Territory	Reporting process
Australian Capital Territory	<a href="https://actredcap.act.gov.au/redcap/surveys/?s=ENJETRYNA8CHAFJ7">Register online (https://actredcap.act.gov.au/redcap/surveys/?s=ENJETRYNA8CHAFJ7)</a> or by calling 02 5124 6500
New South Wales	<a href="https://www.nsw.gov.au/covid-19/stay-safe/testing/register-positive-rat-test-result">Register online (https://www.nsw.gov.au/covid-19/stay-safe/testing/register-positive-rat-test-result)</a> or by calling 1800 490 484
Northern Territory	<a href="https://forms.nt.gov.au/Produce/wizard/f86d81af-936a-4e4f-b724-d6f39d0f2eca/?prepared=true&amp;logGuid=d0e4b687-8334-40b9-8c04-7cb79f07dca9">Register online (https://forms.nt.gov.au/Produce/wizard/f86d81af-936a-4e4f-b724-d6f39d0f2eca/?prepared=true&amp;logGuid=d0e4b687-8334-40b9-8c04-7cb79f07dca9)</a> or by calling 1800 490 484
Queensland	<a href="https://www.qld.gov.au/rat-positive/rapid-antigen-test-registration">Register online (https://www.qld.gov.au/rat-positive/rapid-antigen-test-registration)</a> or by calling 13 42 68
South Australia	<a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/testing/rapid+antigen+testing+rat+for+covid-19">Register online (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/testing/rapid+antigen+testing+rat+for+covid-19)</a> or by calling 1800 253 787
Tasmania	<a href="https://forms.health.tas.gov.au/220226234803041">Register online (https://forms.health.tas.gov.au/220226234803041)</a> or by calling 1800 671 738
Victoria	<a href="https://dhvicgovau.powerappsportals.com/rapid-antigen-test/">Register online (https://dhvicgovau.powerappsportals.com/rapid-antigen-test/)</a> or by calling 1800 675 398



**State / Territory**

**Reporting process**

Western Australia

[Register online \(https://www.healthywa.wa.gov.au/ratregister\)](https://www.healthywa.wa.gov.au/ratregister) or by calling 13 268 43

## Patient response to a positive COVID-19 result

Patients might be distressed when they test positive to COVID-19.

Delivering, or providing counselling for, a positive COVID-19 test result should be undertaken in a similar manner to delivering other bad news – by building rapport and using clear and empathic communication.

Investigate the meaning of a positive diagnosis for your patient and their household to manage your patient and their potential close contacts.

For patients with a trauma or custodial history, the need to isolate could trigger significant mental distress. A trusted therapeutic relationship and a sensitive explanation of the reasons behind isolation are important when engaging with these patients.<sup>4</sup>

Mental health support is available through the [National Coronavirus Helpline \(https://www.health.gov.au/contacts/national-coronavirus-helpline\)](https://www.health.gov.au/contacts/national-coronavirus-helpline) (1800 020 080), [Head to Health \(https://www.headtohealth.gov.au/covid-19-support/covid-19-support\)](https://www.headtohealth.gov.au/covid-19-support/covid-19-support) and local channels.

If an interpreter is required for consultations, practices can use the Australian Government's Translating and Interpreting Service (TIS) Doctors Priority Line. GPs are eligible for a free TIS code. If not already registered, call 1300 131 450 or visit the [TIS website \(https://tisonline.tisnational.gov.au/RegisterAgency\)](https://tisonline.tisnational.gov.au/RegisterAgency). The Royal Australian College of General Practitioners (RACGP) has developed a [fact sheet \(https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/telehealth-consultations-using-an-interpreter\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/telehealth-consultations-using-an-interpreter) to provide guidance on, and support with, providing telehealth consultations with patients who require an interpreter.

# Patient triage and clinical care overview

If a patient tests positive for COVID-19, the severity of their illness (refer to boxes 1 and 2) will need to be determined to ensure appropriate care is provided in the appropriate location. Local factors, such as remoteness, resources, escalation pathways, local clinician expertise and workload, and access to health services, will influence this decision, as will social factors, such as appropriateness of housing, ability to self-isolate, access to a carer and patient preference. Many regions will have local processes documented on their [HealthPathways website \(https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways\)](https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways).

Patients should only be referred to GPs from hospitals, triage services or other care providers after the GP has accepted care for the patient. Patients should only be given general advice to see their GP for ongoing care during their acute infectious period, if the GP has been consulted and accepted care, and a handover of that patient is provided. Patients might present to a GP following a positive home RAT.

Most patients with mild COVID-19 will not require additional support while recovering at home. Options for the location of care for patients with mild and moderate COVID-19, who require additional support or who are at risk of disease progression can include:

- care in a private home, residential facility or temporary accommodation – using telehealth and remote monitoring, and face-to-face clinical contact, if required by their GP, a commissioned health service or a hospital-led service
- admission into an in-home hospital-led program, such as Hospital in the Home (HITH) or 'virtual' HITH
- admission to hospital (for those at higher risk, including the elderly and those with chronic disease or compromised immunity).

A decision regarding home care will be based on the processes of the local public health unit, local hospital service or other jurisdictional agency, as well as the patient's symptom severity, risk factors and home situation, and a GP's ability to provide the necessary care.

GPs who are not involved in COVID-19 management processes should still manage the patient's usual healthcare. It is important to confirm who is clinically responsible for the patient in such circumstances. It is also important for the GP to be aware of the jurisdictional arrangements regarding whether a patient being managed through the hospital-led service is classified as an inpatient or outpatient. If classified as an inpatient, the GP is not able to provide Medicare Benefits Schedule (MBS)-funded services related to COVID-19 management during that admission, and could face some challenges proving that any care provided is unrelated to their admission. For this reason, many hospital-led services are using an outpatient model, which enables ongoing GP support. Arrangements might differ across jurisdictions or change as COVID-19 community care evolves. Depending on where your practice is, there could be scope for MBS services to be provided for non-COVID-19-related services for admitted patients.

Before providing care to patients admitted to hospital (whether physically or under virtual care models), or as part of hospital-led programs, GPs should check with the hospital and their local primary health network (PHN) about any specific local arrangements for MBS billing involving these patients, both for

COVID-19- and non-COVID-19-related issues. Information is also available from the Australian Government Department of Health via its AskMBS service, accessible via [askMBS@health.gov.au](mailto:askMBS@health.gov.au) (<mailto:askMBS@health.gov.au>)

# Home-care suitability assessment

Currently, in the majority of Australian regions, home-care suitability is determined by public health units/state or territory health services or commissioned providers and the local hospital-supported community care processes. GPs, local hospital services, PHNs, public health units and commissioned health services should collaborate in determining an individual's home-care suitability. GPs can seek advice and support from these services, as required. See - [Determining the appropriate monitoring protocol \(https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/home-care-guidelines-for-patients-with-covid-19-1/determining-the-appropriate-monitoring-protocol\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/home-care-guidelines-for-patients-with-covid-19-1/determining-the-appropriate-monitoring-protocol).

Models of care might include GP shared care for patients being supported in a hospital-led program, or full GP management without hospital involvement. Both models provide an important measure to ease pressure on the hospital system. The principles remain the same, irrespective of the model.

The following factors are currently used to determine location of care and care protocol and align with the [National COVID-19 Clinical Evidence Taskforce guidance on Pathways to Care \(https://covid19evidence.net.au/#clinical-flowcharts\)](https://covid19evidence.net.au/#clinical-flowcharts).

## Disease severity

Refer to boxes 1 and 2 for the current disease severity definitions.\*

Currently, the majority of patients cared for in the community have mild illness and most will not require additional support. GPs are increasingly caring for people with mild-moderate symptoms who are at risk of more severe illness. The ability for general practices to provide care for moderately ill patients will depend on access to, and availability of, tertiary health services, clinician's own abilities and capabilities and the patient's willingness to be cared for in hospital.

There might be circumstances where, by choice of the patient or where access to hospital services is limited, GPs could be caring for severely ill people in the community. This guide does not provide guidance for care of severely ill patients in the community. Care of severely ill patients should be in collaboration with a hospital-led service.

\*Local [HealthPathways \(https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways\)](https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways) might use different criteria to define disease severity.

### Box 1. Definition of disease severity for adults

---

<b>Mild illness</b>	<p>An individual with no clinical features suggestive of moderate or more severe disease:</p> <ul style="list-style-type: none"><li>• no OR mild symptoms and signs (fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhoea, loss of taste and smell)</li><li>• no new shortness of breath or difficulty breathing on exertion</li><li>• no evidence of lower respiratory tract disease during clinical assessment or on imaging (if performed)</li></ul>
<b>Moderate illness</b>	<p>A stable patient with evidence of lower respiratory tract disease:</p> <ul style="list-style-type: none"><li>• during clinical assessment, such as<ul style="list-style-type: none"><li>◦ oxygen saturation 92–94% on room air at rest</li><li>◦ desaturation or breathlessness with mild exertion</li></ul></li><li>• or on imaging</li></ul>
<b>Severe illness</b>	<p>A patient with signs of moderate disease who is deteriorating OR A patient meeting any of the following criteria:</p> <ul style="list-style-type: none"><li>• respiratory rate <math>\geq</math> 30 breaths/min</li><li>• oxygen saturation <math>&lt;</math> 92% on room air at rest or requiring oxygen</li><li>• lung infiltrates <math>&gt;</math> 50%</li></ul>

**Critical illness**

A patient meeting any of the following criteria:

- Respiratory failure (defined as any of)
  - severe respiratory failure ( $\text{PaO}_2/\text{FiO}_2 < 200$ )
  - respiratory distress or acute respiratory distress syndrome (ARDS)
  - deteriorating despite non-invasive forms of respiratory support (i.e. non-invasive ventilation [NIV], or high-flow nasal oxygen [HFNO])
  - requiring mechanical ventilation
- hypotension or shock
- impairment of consciousness
- other organ failure

Reproduced with permission from National COVID-19 Clinical Evidence Taskforce. [Australian guidelines for the clinical care of people with COVID-19. 2022 \(https://covid19evidence.net.au/\)](https://covid19evidence.net.au/) (version 57.1). Check for updates in the Taskforce's [Living Guidelines \(https://covid19evidence.net.au/#living-guidelines\)](https://covid19evidence.net.au/#living-guidelines).

---

**Box 2. Definition of disease severity for children and adolescents**


---

	<b>Feeding/ hydration/conscious state</b>	<b>Respiratory/vital signs</b>	<b>Oxygen requirement</b>
<b>Mild illness</b>	Normal or mildly reduced feeding	No or mild upper respiratory tract symptoms OR No or mild work of breathing	
<b>Moderate illness</b>	Poor feeding, unable to maintain hydration without nasogastric or IV fluids AND Normal conscious state	Moderate work of breathing OR Abnormal vital signs for age (tachycardia, tachypnoea), but does not persistently breach early warning criteria (eg medical emergency team [MET]) OR Brief self-resolving apnoea (infants)	

<b>Severe illness</b>	Poor feeding, unable to maintain hydration without nasogastric or IV fluids OR Drowsy/tired, but easily rousable	Moderate–severe work of breathing OR Abnormal vital signs for age (tachycardia, tachypnoea) with breaches of early warning criteria (eg MET) OR Apnoea needing support/ stimulation (infants)	Requires low (nasal prong or mask) or high-flow oxygen or non-invasive ventilation
<b>Critical illness</b>	Poor feeding, unable to maintain hydration without nasogastric or IV fluids OR Altered conscious state/ unconscious	Unable to maintain breathing or prevent apnoea without advanced modes of support OR Abnormal vital signs for age with persistent breaches of early warning criteria (eg MET) OR Haemodynamically unstable without inotropic or vasopressor support OR Other organ failure	Requires advanced modes of support to maintain oxygenation  Intubation and mechanical ventilation OR Extracorporeal membrane oxygenation

Reproduced with permission from National COVID-19 Clinical Evidence Taskforce. Australian guidelines for the clinical care of people with COVID-19. 2022 (<https://covid19evidence.net.au/>) (version 57.1). Check for updates in the Taskforce's [Living Guidelines \(https://covid19evidence.net.au/#living-guidelines\)](https://covid19evidence.net.au/#living-guidelines).



## Patient health factors

- Is the patient up-to-date with their COVID-19 vaccinations (therefore less likely to develop severe disease) or recent confirmed infection with SARS-CoV-2?
- Does the patient have any risk factors for adverse outcomes or severe COVID-19? (Refer to Box 4.)
- What other health conditions need to be monitored and managed?
- Are there any cultural or social factors that might affect help-seeking, treatment and the ability to isolate?
- Does the patient have any drug or alcohol dependencies that need management so they can effectively isolate?
- Does the patient have any mental health issues that might affect their ability to isolate or be significantly worsened by isolation?
- Does the patient or their carer have an adequate understanding of their illness and the risk of deterioration (health literacy)?
- How easily can the patient be moved if their condition deteriorates?
- Does the patient have a preference for home or hospital-based care?

## Accommodation/household factors

- Are other members of the household vaccinated against COVID-19?
- Does the patient have suitable accommodation and access to food, medicines and essential supplies?
- If needed, is there a caregiver (who is not at high risk of severe COVID-19 infection) who can provide support and help cover the patient's basic needs?
- Does the patient feel safe in their home?
  - Is there a history of family violence?
- Who else lives in the house with the patient?
  - Are any household members at greater risk of contracting or of developing severe disease from COVID-19 (e.g. with consideration of age, presence of multiple risk factors, COVID-19 vaccination status, immunocompromised status)?
  - Is there space in the house for the patient to effectively isolate?
  - Is it safe for other household members to be in the household?
  - Do other household members understand the precautions they will need to take while the patient is isolating?
- Does the patient understand the isolation requirements while they are at home?
- Does the patient have care responsibilities, including caring for children, that might be affected by their diagnosis?

## Monitoring/communication factors

- Will the patient be able to undertake telehealth consultations? Do they have access to a telephone, tablet, computer or other device that supports video consultations? Are they able to use the technology?

- Will the patient be able to use technologies that may support care (ie pulse oximeter)?
- Will the patient be able to self-monitor and communicate deterioration of symptoms?
  - Is the patient from a culturally and linguistically diverse (CALD) community?
  - If the patient is not fluent in English, do they or their caregiver know how to, and are they able to, contact their GP in the event of deteriorating symptoms, or contact 000 if emergency care is not required? Do they know how to use TIS?
  - Are there potential communication considerations for patients with hearing or visual impairment?
- Is tertiary care support available for increased home surveillance requirements?

## **Geographical/transport factors**

- Where is the closest emergency medical care, if needed?
- Where is the nearest COVID-19-equipped care environment?
- Does the patient have access to private transport?

# Determining the appropriate monitoring protocol

Once a person has been deemed in need of – and appropriate for - home care, to determine the most appropriate home monitoring protocol, including frequency of review:

- assess – Does the patient have any red flag symptoms? Red flag symptoms and vital signs are suggestive of severe disease, and these patients should be immediately escalated to the jurisdictional hospital-led COVID-19 service for management
- assess – What are the patient’s medical and social risk factors?
- determine the patient’s current symptom severity and clinical observations. You will then need to develop and implement a customised management plan.

### Box 3. Red flag symptoms<sup>5-7,9</sup>

---

#### Vital signs of concern:

- Persistent tachycardia >120 bpm, or in the red zone of a [standard paediatric observation chart for children \(https://www.cec.health.nsw.gov.au/keep-patients-safe/deteriorating-patient-program/between-the-flags/observation-charts\)](https://www.cec.health.nsw.gov.au/keep-patients-safe/deteriorating-patient-program/between-the-flags/observation-charts) \*
- Respiratory rate >24 breaths/min, or in the red zone of a [standard paediatric observation chart for children \(https://www.cec.health.nsw.gov.au/keep-patients-safe/deteriorating-patient-program/between-the-flags/observation-charts\)](https://www.cec.health.nsw.gov.au/keep-patients-safe/deteriorating-patient-program/between-the-flags/observation-charts)
- Pulse oximetry oxygen saturation <92% on room air or 3% lower than baseline
- Fever >38°C in children
- Fever >39°C lasting >5 days in adults

#### Vital symptoms of concern:

- New or worsening breathlessness
- Syncope or light-headedness
- Chest pain or tightness
- Blue lips or face
- Cold and clammy, or pale and mottled skin
- Vomiting, significant abdominal pain, or diarrhoea >4 times a day
- Poor oral intake with significant drop in urine output
- New onset confusion or carer concern
- Haemoptysis
- Severe headache, particularly in children

\*Each state and territory Department of Health might have their own acceptable paediatric observation range.

**Box 4. Risk factors<sup>7-9</sup>**

---

**Medical risk factors**

- Unvaccinated or only partially (not up-to-date) vaccinated against COVID-19
- Age <1 month or ≥65 years
- Pregnant
- Comorbidities:
  - lung disease, including COPD, asthma or bronchiectasis
  - cardiovascular disease, including hypertension
  - obesity (body mass index >30 kg/m<sup>2</sup>) (or BMI >95<sup>th</sup> percentile)
  - immunocompromising conditions\*
- Chronic kidney disease
- Diabetes (type 1 or 2)
- Liver disease
- Significant neurological disorders, such as stroke or dementia
- Some chronic inflammatory conditions and therapies
- Significant frailty or disability
- Severe mental health conditions

**Social risk factors**

- Low health literacy
- Low digital literacy or access to technology
- Social isolation
- Large household or other members at risk (including carers or children)
- Homelessness
- Substance use
- Risk of violence or neglect
- Geographical difficulty in accessing rapid medical support
- Specific communities and groups:
  - people living in aged care facilities
  - people with a disability
  - people from culturally and linguistically diverse communities, or with language barriers
  - Aboriginal and/or Torres Strait Islander people

#### **Immunocompromising conditions\***

- Primary or acquired immunodeficiency:
  - haematologic neoplasms: leukaemia, lymphoma, myelodysplastic syndromes
  - post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
  - immunocompromised due to primary or acquired (AIDS) immunodeficiency or Down Syndrome
- Immunosuppressive therapy (current or recent)
  - Chemotherapy, whole body radiotherapy or total lymphoid irradiation
  - High-dose corticosteroids ( $\geq 20$  mg of prednisone per day, or equivalent) for  $\geq 14$  days
  - Selected other potent immunosuppressive therapies (refer to ATAGI advice)

\*Modified with permission from National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 (<https://covid19evidence.net.au/#clinical-flowcharts>) (version 4.2). Check for updates in the Taskforce's [Living Guidelines](https://covid19evidence.net.au/#living-guidelines) (<https://covid19evidence.net.au/#living-guidelines>).

## **Symptom severity and clinical observations**

Refer to boxes 1 and 2 in 'Home-care suitability assessment' section.

**Box 5. Monitoring protocol<sup>7,9</sup>**

---

Risk

Definition

Monitoring protocol

Low

- Patient aged from 1 month to <65 years who is up-to-date with COVID-19 vaccination, has no medical or social risk factors and is asymptomatic or has mild disease
- OR
- Patient aged from 1 month years to <50 years if Aboriginal and/ or Torres Strait Islander who is up-to-date with COVID-19 vaccination, has no other medical or social risk factors and is asymptomatic or has mild disease
- In most cases, patients deemed to be at low risk will not need support from their GP to manage their symptoms.
- If GP involvement is requested by the patient or their carer, or via a triage service, a management plan may be developed in partnership with the patient and carer and could include the following:
- Activating supports for people in isolation, including medicines, food, mental health services and financial aid – local councils could be engaged to provide these services
  - Providing information to enable the patient to:
    - monitor symptoms with daily symptom diary (<https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home>)
    - confirm that a support person or carer will be checking on them at least twice a day
    - request telehealth review if symptoms worsen or if the patient or their carer is concerned
  - Telehealth consultation frequency will depend on:
    - symptoms
    - patient confidence
    - clinical judgement



- Consider a brief wellbeing check from the practice every three days if the patient remains and more frequently if symptoms progress. This could be carried out by nursing staff and include questions, such as 'Are you okay, better or worse? Would you like a check with the doctor?' – If the patient is feeling worse, or is not improving, a clinical review should be undertaken by the GP
- Provide education regarding re-exposure, post-COVID-19 symptoms and the importance of ongoing preventative hygiene measures such as hand hygiene/mask use

Medium

- Patient aged from 1 month to <65 years (or aged <50 years if Aboriginal or Torres Strait Islander), is up-to-date with COVID-19 vaccination, asymptomatic or mild symptoms, but has one medical or social risk factor
- Patient aged from 1 month to <50 years, is not up-to-date with COVID-19 vaccination, but has no risk factors and is asymptomatic or has mild symptoms
- Patient aged >65 years (or aged >50 years if Aboriginal and/or Torres Strait Islander), is up-to-date with COVID-19 vaccination, with no risk factors and is asymptomatic or has mild

This could be developed in partnership with the patient and carer and could include the following:

- Activating supports for people in isolation, including medicines, food, mental health services and financial aid – local councils could be engaged to provide these services
- Consider arranging for patient to have access to a pulse oximeter, and provide education on how to use, and what value to look for, and how and when to report
- Ensure patient has written instructions for self-monitoring and symptom reporting
- Advise the patient to:
  - monitor symptoms twice daily using a [daily symptom diary \(https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home) and pulse oximeter (if appropriate)
  - have a carer phone to check on them twice daily
  - request telehealth review if self-monitoring suggests deterioration
- Arrange daily brief wellbeing checks from the practice. This could be carried out by nursing

	symptoms	<p>staff and include questions, such as 'Are you okay, better or worse? Would you like a check with the doctor?' – If the patient is feeling worse, or is not improving, a clinical review should be undertaken by the GP</p> <ul style="list-style-type: none"> <li>• Arrange telehealth video consultation every 2–3 days or as determined to be clinically necessary</li> <li>• Provide education regarding re-exposure, post-COVID-19 symptoms and the importance of ongoing preventative hygiene measures such as hand hygiene/mask use</li> </ul>
High	<ul style="list-style-type: none"> <li>• If the patient does not meet the criteria for either low or medium risk</li> </ul>	<ul style="list-style-type: none"> <li>• Escalate to the jurisdictional hospital-led COVID-19 service</li> </ul>

## Developing and implementing a management plan

If a patient has been assessed as requiring and suitable for home care, a management plan will need to be put in place to ensure the safety of the patient and other household members. This might (but not always) include a formal collaboration between the GP and a hospital-led service,\* and should include the following:

- Establishing the date of symptom onset as day zero (or the date of testing, if asymptomatic)
- Educating the patient about indicators for disease progression; in particular, discussing the risk of deterioration in the second week after symptom onset
  - The use of a TGA approved pulse oximeter may be considered in patients with risk factors for deterioration and, if utilised, are of most benefit where there is regular

clinician check-in with the patient and as part of broader symptom monitoring

- [Educating the patient and other household members \(https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home) about infection prevention and control procedures to stop the spread of COVID-19
- Determining the frequency of contact and follow up required, as determined by the monitoring protocol and as per changes in symptoms, the stage of the illness, and individual patient characteristics and concerns
- Providing information on where, when and how to seek emergency medical assistance (refer to [‘Escalating care \(https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/home-care-guidelines-for-patients-with-covid-19-1/escalating-care\)’](https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/home-care-guidelines-for-patients-with-covid-19-1/escalating-care)) to the patient, their caregivers and/or other household members
- Establishing who will manage the patient if the treating GP is not available
  - Consider the availability of other GPs/nurses in the practice
  - Provide contact details for after-hours/medical deputising services or other after-hours services formed in collaboration with the local health district/network
- Provide details of the National Coronavirus Helpline (1800 020 080) or service engaged for additional care of COVID-19 patients in your jurisdiction, and refer to the online [healthdirect COVID-19 symptom checker \(http://www.healthdirect.gov.au/symptom-checker/tool/basic-details\)](http://www.healthdirect.gov.au/symptom-checker/tool/basic-details)
- If the patient has low English literacy, they can access in-language assistance by calling the National Coronavirus Helpline on 1800 020 080 and selecting the option for interpreter services.
- Creating an [action plan \(https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home) for the patient and their carers to monitor their symptoms and know when and how to escalate support
- Discussing the care arrangement for other household members and extended family/community members, if the entire household test positive
- Determining if the patient has an advance care directive/plan and/or enduring power of attorney in the event the patient becomes unwell and cannot express their care wishes
- Uploading a shared health summary and sending a medical summary to the hospital- led COVID-19 service (if admitted to such) if the patient has a My Health Record
- Providing the patient written materials reinforcing matters discussed, including monitoring and managing symptoms, medicine management, infection prevention and control procedures, contact details for the practice and contact details for if the treating GP is not available and how and when to seek emergency assistance. The relevant hospital or commissioned health service might already have appropriate material to provide to patients, or you can use the [RACGP’s guide, action plan and \(https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home\) symptom diary for patients \(https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home). This can be emailed or printed and picked up by a support person for delivery to the patient’s home

\*In a rural or remote setting, it might be appropriate to collaborate with all local health service providers (with the patient’s consent), including the local hospital, ambulance service and community nurses, in managing COVID-19- positive patients in the community. This ensures all service providers are aware of the patients under surveillance and are part of the support structure.

## Additional considerations when providing GP shared care for patients admitted to a hospital-led program

Additional considerations when developing a management plan:

- The patient should be informed that, as the GP, you are providing care for their pre-existing conditions and mental health – all COVID-19-related issues are managed by the hospital-led program team.
- The patient should have the contact details of the hospital-led program and know how to contact them, if needed.
- The patient should be educated that, if their COVID-19 symptoms worsen, they need to contact the hospital-led program (or 000, if necessary).
- The patient may have access to self-monitoring devices, such as pulse oximeters, through the hospital-led program. The patient should be educated by the program on how to use these devices and demonstrate an understanding of what results should be reported and to who.

## Additional considerations when caring for patients from CALD communities

If the patient has low English literacy, they can access in-language assistance from the National Coronavirus Helpline by calling 1800 020 080 and selecting the option for interpreter services.

Patients, including those from CALD communities, might be fearful of going to hospital (if escalation is required) without the presence of other family members if COVID-19 restrictions are in place.

Encourage patients and their families to ask questions about potential outcomes of COVID-19 early in the diagnosis so that they are fully informed prior to making decisions about their care.

## Prescription management

Make sure the patient has access to their regular medicines.

Prescriptions can now be sent directly to patients via SMS or email using electronic prescribing (or uploaded to their Active Script List if they are enrolled). Read more about electronic prescribing and access fact sheets for GPs and patients on the [RACGP \(https://www.racgp.org.au/running-a-practice/technology/clinical-technology/electronic-records/erequesting-and-my-health-record\)](https://www.racgp.org.au/running-a-practice/technology/clinical-technology/electronic-records/erequesting-and-my-health-record) website (<https://www.racgp.org.au/running-a-practice/technology/clinical-technology/electronic-records/erequesting-and-my-health-record>). Patients can forward their electronic prescription to their local pharmacy for dispensing and request the medicine is delivered, or forward to a family member or carer to pick up.

Patients can also arrange for a family member or carer to pick up a paper prescription from the practice and have it delivered (ensuring isolation requirements are maintained).

## Mental health support

- Assess the patient's mental health and general wellbeing and facilitate additional [COVID-19 support \(https://www.headtohealth.gov.au/covid-19-support/covid-19-support\)](https://www.headtohealth.gov.au/covid-19-support/covid-19-support) if needed:

- [In your language \(https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/community/in-your-language\)](https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/community/in-your-language) resources to provide support for people from CALD communities have been developed by the Transcultural Mental Health Centre
- Patients from CALD communities can also access language support through the National Coronavirus Helpline by calling 1800 020 080 and selecting the option for interpreter services.
- Encourage patients to remain physically active within their homes during isolation (and within the limitations of their symptoms and disease severity).
- Encourage patients to maintain social contact through phone or video calls. Virtual and phone-based support might be available through local community groups for isolated patients.
- Provide culturally appropriate care.

## Using apps and digital tools to support patient care

A number of apps have been developed to support the care of patients with COVID-19, including remote monitoring.

These apps could be used by hospital-led programs or public health units. Speak with your local public health unit to see if apps are being used to support patients in your area.

If your practice is participating in remote monitoring of patients using digital tools, see the RACGP's [mHealth in general practice \(https://www.racgp.org.au/FSDEDEV/media/documents/Running\\_a\\_practice/Practice\\_resources/mHealth-in-general-practice-toolkit.pdf\)](https://www.racgp.org.au/FSDEDEV/media/documents/Running_a_practice/Practice_resources/mHealth-in-general-practice-toolkit.pdf) resource to ensure effective and secure use of mobile devices.

## Tracking spreadsheet for COVID-19 patient cohort

You or your practice might consider using a patient tracking spreadsheet to give visibility over your COVID-19 patient cohort and tracking their progress.

An example template is [available here \(https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Coronavirus/COVID-19-Patient-tracker.xlsx\)](https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Coronavirus/COVID-19-Patient-tracker.xlsx), and can be adapted for your use.

## Record-keeping

In addition to all clinical consultations, assessments and investigations, GPs should keep a record of all communications with patients and other parties.

## Box 6. COVID-19 symptoms<sup>1</sup>

### The most commonly reported symptoms of COVID-19

- Cough
- Dyspnoea
- Malaise
- Fatigue
- Loss of taste and/or smell
- Sputum/respiratory secretions

### Other symptoms

- Headache
- Sore throat
- Shortness of breath
- Myalgia
- Rhinorrhoea
- Chills
- Nausea/vomiting
- Diarrhoea

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm \(http://www1.health.gov.au/internet/main/publicating.nsf/\)](#) [Accessed 13 May 2022].
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra: ATAGI, 2022 \(http://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination\)](#) [Accessed 13 May 2022].
3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work \(http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-\)](#) [Accessed 19 May 2022].
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].
5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 4.2.1\). Melbourne, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V4.2.1.pdf?220509-13954\)](#) [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?220405-35725\)](#) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022 \(https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf\)](#) [Accessed 19 May 2022].
9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?220304-50902\)](#) [Accessed 19 May 2022].
10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn\)](#) [Accessed 19 May 2022].

11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].
12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n\)](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].
14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022]
15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022]
16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj) [Accessed 19 May 2022].
17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf) [Accessed 19 May 2022].
19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022]
20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(http://www.rch.gov.au\)](http://www.rch.gov.au) [Accessed 19 May 2022].
22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].



# Managing symptoms and medicines

Refer to the latest National COVID-19 Clinical Evidence Taskforce [living guidelines \(https://covid19evidence.net.au/#living-guidelines\)](https://covid19evidence.net.au/#living-guidelines) and [clinical flowcharts \(https://covid19evidence.net.au/#clinical-flowcharts\)](https://covid19evidence.net.au/#clinical-flowcharts) for the management of adults with mild and moderate–severe COVID-19.

- Make sure the patient continues to receive care for pre-existing conditions:
  - Use inhaled or oral steroids for the management of people with co-existing asthma or chronic obstructive pulmonary disease (COPD) and COVID-19 as you would normally for viral exacerbation of asthma or COPD. Do not use a nebuliser<sup>10</sup>
  - Do not discontinue angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers in patients already receiving these medications unless contraindicated<sup>11</sup>
  - In people with suspected or confirmed COVID-19, the use of other treatments such as insulin, other diabetes medications, or statins should continue as usual<sup>5</sup>
  - In patients with suspected or confirmed COVID-19, only cease or change the dose of long-term immunosuppressants, such as high-dose corticosteroids, chemotherapy, biologics or disease-modifying antirheumatic drugs, on the advice of the treating specialist<sup>5</sup>
  - In patients who have COVID-19 and who are taking oestrogen-containing contraception or who are taking oral menopausal hormone therapy (MHT), manage these medications as per usual care<sup>12</sup>. Patients should not need to stop their gender-affirming hormone therapy<sup>13</sup>

Determine the patient's eligibility for oral antiviral COVID-19 treatments (Lagevrio (molnupiravir) and Paxlovid (nirmatrelvir with ritonavir)) or other treatments that are recommended by the National COVID-19 Clinical Evidence Taskforce for patients who have mild-moderate illness and who do not require oxygen.

The initiation of these medicines is time-critical. Lagevrio (molnupiravir) and Paxlovid (nirmatrelvir with ritonavir) must be commenced within five days of symptom onset, so early assessment and intervention are vital. This could be done in collaboration with the commissioned triaging health service, hospital or infectious disease specialists.

Adults who have mild to moderate COVID-19 confirmed by a PCR or medically verified RAT and who can start treatment within five days of symptom onset, can be prescribed PBS-subsidised Lagevrio (molnupiravir) or Paxlovid (nirmatrelvir with ritonavir) if (excluding contraindications):

- they are 70 years of age or older
- they are 50 years of age or older with two other risk factors for severe disease
- they identify as Aboriginal or Torres Strait Islander origin, and are 30 years of age or older with two other risk factors for severe disease; or
- they are 18 years of age or older and moderately to severely immunocompromised.<sup>14,15</sup>

More information on Lagevrio (molnupiravir) and Paxlovid (nirmatrelvir with ritonavir) is available on the [RACGP website \(https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/oral-antiviral-treatments-for-covid-19-br-prescrib/introduction\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/oral-antiviral-treatments-for-covid-19-br-prescrib/introduction).

An antipyretic is generally not required for mild COVID-19, but paracetamol or ibuprofen, as appropriate, can be considered for symptomatic relief. If a patient takes non-steroidal anti-inflammatory drugs for a chronic condition, they should continue taking these.<sup>5</sup>

- When appropriate, consider simple interventions for mild symptoms according to clinical judgement:
  - intranasal decongestants, isotonic nasal/sinus rinse or intranasal ipratropium for rhinosinusitis
  - keep air warm and humid
  - manage hydration carefully through small regular sips of fluid, and consider oral rehydration salts

- Do not prescribe treatments that are not recommended by the [National COVID-19 Clinical Evidence Taskforce \(https://covid19evidence.net.au/\)](https://covid19evidence.net.au/), including ivermectin.
- Do not routinely use dexamethasone (or other systemic corticosteroids) to treat COVID-19 in adults who do not require oxygen. However, patients can be discharged from hospital on these, and the GP might need to manage the weaning of such medications, as per the discharge instructions/summary.

- Patients with asthma or COPD should refer to their action plan to guide the use of relievers and when to escalate.<sup>16</sup>
- Patients with diabetes should follow their sick day plans (or have a sick day plan developed), check blood glucose levels (BGLs) more frequently and call for medical advice if BGLs are unstable (noting some patients might be discharged from hospital on oral steroids post-admission for COVID-19).
- Consider pharmacological management of drug or alcohol dependencies if withdrawal is likely during isolation.

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm \(http://www1.health.gov.au/internet/main/publishing.nsf/\)](http://www1.health.gov.au/internet/main/publishing.nsf/) [Accessed 13 May 2022].
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra; ATAGI, 2022 \(https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination\)](https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination) [Accessed 13 May 2022].
3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work \(http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved\)](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved) [Accessed 19 May 2022].
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].
5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 4.2.1\). Melbourne, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHAR-T-2-MANAGEMENT-OF-MILD-V42.1.pdf?\\_id=220509-13954\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHAR-T-2-MANAGEMENT-OF-MILD-V42.1.pdf?_id=220509-13954) [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?\\_id=220405-35725\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?_id=220405-35725) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022 \(https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf\)](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf) [Accessed 19 May 2022].

9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?e=220304-50902\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?e=220304-50902) [Accessed 19 May 2022].
10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn) [Accessed 19 May 2022].
11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].
12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n\)](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].
14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022]
15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022]
16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj) [Accessed 19 May 2022].
17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/) [Accessed 19 May 2022].
19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022]
20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(http://www.rch.\)](http://www.rch.) [Accessed 19 May 2022].
22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].

# Ongoing patient symptom monitoring

The [National COVID-19 Clinical Evidence Taskforce \(https://covid19evidence.net.au/\)](https://covid19evidence.net.au/) advises patients with COVID-19 and their caregivers or family members to look out for the development of new or worsening symptoms.<sup>5</sup>

GPs can provide reassurance that four out of five people with COVID-19 will have a mild illness, and will usually recover 2–3 weeks after the initial onset of symptoms.<sup>5</sup>

If symptoms do worsen, this is most likely to occur in the second or third week of illness.<sup>5</sup> A checklist to monitor symptoms during follow-up consultations could include the following:

- General observation
  - What is their general appearance?
  - What is their colour?
  - What is their level of comfort or distress?
- Shortness of breath
  - What is the observed respiratory rate?
  - What is the SpO<sub>2</sub>?
  - Does the patient have any shortness of breath?
  - Is the patient able to speak in full sentences or are they pausing to catch their breath?
  - Has the patient's breathing changed since yesterday?
  - Can they walk the same distance as yesterday?
  - Can they lie flat at night and sleep without any breathlessness?
  - Does the patient have any cough? Haemoptysis?
- Fever, myalgia and lethargy
  - Does the patient have a fever?
  - Does the patient have myalgia?
  - Does the patient have any tiredness or lethargy?
  - Is the patient light-headed?
  - Is the patient well hydrated (drinking with clear urine output)?
  - Is the patient experiencing diarrhea, vomiting or loss of appetite?
- Chest pain
  - Does the patient have any chest pain?
  - Can the patient breathe without chest pain?
- New symptoms
  - Is the patient displaying/reporting new symptoms? (Refer to Box 6)
  - Is there any calf pain or swelling suggestive of deep vein thrombosis?
- Confusion
  - Does the patient appear confused or have their caregivers observed any confusion?
- Daily living
  - Is the patient eating, drinking and sleeping well?
  - Is the patient having increased difficulty with their activities of daily living?
- Mental health
  - Is there evidence of
    - anxiety?

- changes in mood or affect (eg depression)?
- lethargy?
- suicidal ideation?
- Deterioration
  - Has the patient deteriorated in any way since the last review? How?
  - Does patient care need to be escalated/de-escalated or continued as is? – Refer to the Taskforce’s flowcharts on Pathways to care, [available here \(https://covid19evidence.net.au/#clinical-flowcharts\)](https://covid19evidence.net.au/#clinical-flowcharts).
- Patients can record and track their symptoms using a symptom diary, and escalate care according to their action plan – [available here \(https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home).

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm \(http://www1.health.gov.au/internet/main/publications.nsf/\)](http://www1.health.gov.au/internet/main/publications.nsf/) [Accessed 13 May 2022].
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra; ATAGI, 2022 \(https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination\)](https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination) [Accessed 13 May 2022].
3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work \(http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-\)](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-) [Accessed 19 May 2022].
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].
5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 4.2.1\). Melbourne, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?220509-13954\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?220509-13954) [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?220405-35725\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?220405-35725) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022 \(https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf\)](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf) [Accessed 19 May 2022].
9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?220304-50902\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?220304-50902) [Accessed 19 May 2022].
10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn) [Accessed 19 May 2022].
11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].

12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n\)](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].
14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022]
15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022]
16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPIbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPIbj) [Accessed 19 May 2022].
17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf) [Accessed 19 May 2022].
19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022]
20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(http://www.rch.gov.au\)](http://www.rch.gov.au) [Accessed 19 May 2022].
22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].

# Escalating care

Patients, other household members and caregivers should be advised to contact the patient's GP or hospital-led service via telephone for advice if symptoms worsen or there are any red flag symptoms (refer to [Box 3 \(#\\_bookmark7\)](#)). It would be helpful to give patients written information about symptoms to watch out for. If the GP is not immediately available, they must call emergency services on 000 and clearly communicate the patient's COVID-19 status to the phone operator. The ambulance crew must be aware of the patient's COVID-19 status and will relay this to the receiving emergency department.

Transfer to hospital is recommended if the patient develops symptoms or signs suggestive of moderate or severe COVID-19, such as:

- SpO<sub>2</sub> less than or equal to 92%, even if feeling well
- worsening shortness of breath or difficulty breathing
- blue lips or face
- pain or pressure in the chest
- cold and clammy, or pale and mottled skin
- confusion or fainting
- becoming difficult to rouse
- little or no urine output
- coughing up blood.<sup>5</sup>

If a patient with minimal or mild symptoms shows signs of deterioration, particularly breathlessness, without the above signs:

- ensure they have an [action plan \(https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home) in case of rapid deterioration
- increase the frequency of surveillance
- consider referral to a hospital-led COVID-19 service.

When patients are being cared for in the community by GPs, GPs, the patient and the patient's family/supports can escalate care to ambulance or hospital if they have any concerns, regardless of whether they meet the criteria outlined above.

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm \(http://www1.health.gov.au/internet/main/publicing.nsf/\)](#) [Accessed 13 May 2022].
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra, ATAGI, 2022 \(https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination\)](#) [Accessed 13 May 2022].



3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work \(https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-\)](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-) [Accessed 19 May 2022].
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].
5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 4.2.1\). Melbourne, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?220509-13954\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?220509-13954) [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?220405-35725\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?220405-35725) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022 \(https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf\)](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf) [Accessed 19 May 2022].
9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?220304-50902\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?220304-50902) [Accessed 19 May 2022].
10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn) [Accessed 19 May 2022].
11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].
12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n\)](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].
14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022].
15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022].
16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj) [Accessed 19 May 2022].
17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/) [Accessed 19 May 2022].
19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022].

20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(http://www.rch.edu.au\)](http://www.rch.edu.au) [Accessed 19 May 2022].
22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].

# Conducting telehealth consultations

Telehealth consultations between the patient and their usual GP can be used for the following purposes:

- Assessment of disease status
- Identification of risk factors for severe disease
- Management of associated symptoms
- Management of pre-existing illnesses
- Education and health promotion, including the use of pulse oximetry
- Capturing changes in symptoms of, and trends in, SpO<sub>2</sub>
- Early detection of deterioration requiring hospital admission
- Referral for investigations and surveillance testing
- Screening for the need for an in-home assessment
- Assessment of adequacy of in-home support
- Review of the patient symptom diary
- Provision of mental health support
- Welfare check in the home
- Provision of an updated action plan

Frequency and mode of telehealth consultation (phone or video) will be determined by the management protocol selected based on the patient's identified risk using clinician discretion. It might be appropriate for a nurse to conduct welfare checks and telehealth consultations depending on the severity of illness, the patient's risk factors for deterioration and the practice's business model. Care should be escalated and a clinical review be conducted by the GP if the patient shows any signs of deterioration or if they are not improving.

Additional MBS items are available for services provided for people required to isolate because of a state or territory public health order, [including longer telephone \(http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-COVID-Temp-Tele\)](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-COVID-Temp-Tele) consultations (<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-COVID-Temp-Tele>), and an [exemption from the 12-month face-to-face rule \(https://www.racgp.org.au/running-a-practice/practice-resources/medicare/medicare-benefits-schedule/requirement-for-medicare-subsidised-telehealth\)](https://www.racgp.org.au/running-a-practice/practice-resources/medicare/medicare-benefits-schedule/requirement-for-medicare-subsidised-telehealth). GPs should be familiar with the MBS requirements for these items – refer to COVID-19 Temporary MBS Telehealth Services information, available at [www.mbsonline.gov.au](http://www.mbsonline.gov.au) (<http://www.mbsonline.gov.au/>).

Refer to the RACGP's [Guide to providing telehealth and video consultations in general \(https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/guide-to-provide-phone-and-video-consultation\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/guide-to-provide-phone-and-video-consultation) [practice \(https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/guide-to-provide-phone-and-video-consultation\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/guide-to-provide-phone-and-video-consultation) for more information. For patients requiring an interpreter, refer to the RACGP's [Telehealth consultations using an interpreter \(https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/telehealth-consultations-using-an-interpreter\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/telehealth-consultations-using-an-interpreter).

Patients undertaking telehealth consultations should be afforded the same privacy as if they had presented to a general practice. Therefore, the patient should be directed to undertake the consultation in a private space, away from other household members. This will give them the opportunity to raise any concerns with the GP regarding their welfare at home.

# Conducting face-to-face consultations

Patients receiving home-based care might need a face-to-face consultation. Face-to-face consultation should be limited to when absolutely necessary, to reduce the risk of transmission, and can be conducted at the patient's home, a general practice or a [general practice respiratory clinic \(https://www.health.gov.au/initiatives-and-programs/coronavirus-covid-19-gp-respiratory-clinics\)](https://www.health.gov.au/initiatives-and-programs/coronavirus-covid-19-gp-respiratory-clinics).

Practices should only consider face-to-face consultation with COVID-19-positive patients if the practices have appropriate facilities to enable patient and staff streaming, so as to avoid any direct contact and contamination of areas of usual patient assessment. Clear training and procedures should be in place to avoid any breach of PPE.

GPs and other healthcare workers who have risk factors for severe COVID-19 should not conduct face-to-face consultations with patients with suspected or confirmed COVID-19. These consultations should only be conducted by healthcare workers who are up-to-date with their COVID-19 vaccinations.

Prior to conducting face-to-face consultations with COVID-19-positive patients in the practice, the practice should update their risk assessment, taking into consideration the potential impacts of transmission within the practice to staff or other patients.

An [MBS item number \(http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-COVID-Support\)](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-COVID-Support) has been introduced to support GPs in providing safe face-to-face consultations for COVID-19-positive patients where necessary in the practice, and during home visits and aged care visits.

## Infection prevention and control

The following steps should be taken to minimise spread of COVID-19:

- Consider whether a consultation outside might be practicable. If not practicable:
  - enhance air flow by opening windows and doors (where and when appropriate), and optimising fresh air flow by reducing or avoiding air recirculation
  - consider possible ways to avoid patient contact with staff and other non-COVID-19 patients – this could include having the patient use an allocated entry, waiting in the car until the GP is ready to consult and clearing corridors prior to patient entry
- Prior to seeing a patient with COVID-19, the GP must don appropriate PPE, which must include:
  - gloves
  - P2/N95 mask (ideally fit tested, and fit checked)
  - gown
  - eye protection (goggles or a face shield)<sup>17</sup>
- Consider:
  - the most appropriate location to don and remove PPE
  - how to safely dispose of PPE after the consultation.
- Ensure the patient is wearing a surgical mask, at a minimum.
- Conduct as much of the assessment as possible remotely, and spend only the minimum

amount of time as possible in the assessment area with the patient. Maintain physical distancing of at least 1.5 m when possible.

- If the necessary PPE is not available, do not undertake a face-to-face consultation. Instead, contact your local public health unit or hospital for advice on where to direct the patient.

Refer to the Department of Health's [Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) (<https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19>) for detailed advice on PPE selection.

## Additional considerations for face-to-face consultations at a general practice

If an in-practice consultation is deemed necessary, contact with the patient should be limited only to essential clinicians who have donned [appropriate PPE](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) (<https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19>).

Staff should prepare the space for face-to-face consultations in a general practice. Before seeing any patients:

- remove all non-essential items from exposed surfaces
- remove all soft furnishings (if possible)
- tape a line on the floor 1.5 m from the doctor's/nurse's chair/desk as a physical indicator to maintain social distancing when possible
- ensure PPE is available, including spare items
- check the room has handwashing facilities/hand sanitiser
- place a clinical waste disposal bin in a location appropriate for PPE removal (i.e. near an exit)
- ensure all relevant pathology forms, examination tools and other necessary items are available in the consultation room to avoid exiting and entering the room during the consultation
- have the following health and follow-up information ready to give the patient:
  - COVID-19 information
  - isolation guidance
  - referral information
  - any follow-up details that might be required.

Cleaning the consultation room after seeing a COVID-19-positive patient should include:

- general practice staff removing PPE immediately to avoid cross-contamination
- donning new PPE, including non-contaminated gloves, a surgical mask and eye protection, before cleaning the consultation room
- removing and disposing of, or laundering, removable fabric items, such as curtains
- wiping down surfaces with both a detergent and a disinfectant – use a cleaning detergent followed by a disinfectant, or use a two-in-one product with both cleaning and disinfecting properties, and allowing to dry
- wiping down any touched surfaces (including door handles, desktops, stethoscopes and

otoscopes)

- mopping the floor
- steam cleaning soft furnishings
- disposing of contaminated waste appropriately in contamination bins
- removing PPE, performing hand hygiene and reapplying PPE to clean reusable cleaning equipment, such as mop handles
- removing PPE and performing hand hygiene<sup>18</sup>

## De-escalating care

- The monitoring protocol and frequency of review can be modified as the patient's condition improves.
- Continue to monitor the patient until they have completed their isolation period and their symptoms have resolved or are mild.
- Arrange follow up with the patient to assess for ongoing symptoms and the need for additional support. This is also an opportunity to update management of pre-existing conditions or screening, which might have been impacted by their illness.



# Vaccination following infection

- [ATAGI \(https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021\)](https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021) advises that people with SARS-CoV-2 should defer COVID-19 vaccination for three months after infection to optimise protection for that person. The next scheduled dose should then be given as soon as possible. All recommended doses should still be received, and no doses should be omitted from the schedule.
- During recovery, patients might require temporary exemption from COVID-19 vaccination – you can record a patient’s temporary vaccination exemption to the Australian Immunisation Register using the [immunisation medical exemption \(https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/im011\)](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/im011) form (IM011) (<https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/im011>). Refer to the [ATAGI Expanded Guidance on temporary medical \(https://www.health.gov.au/resources/publications/atagi-expanded-guidance-on-temporary-medical-exemptions-for-covid-19-vaccines\)](https://www.health.gov.au/resources/publications/atagi-expanded-guidance-on-temporary-medical-exemptions-for-covid-19-vaccines) exemptions for COVID-19 vaccines (<https://www.health.gov.au/resources/publications/atagi-expanded-guidance-on-temporary-medical-exemptions-for-covid-19-vaccines>) for further information on appropriately recording exemptions.

# Handover to a patient's usual GP

If you have provided care for a COVID-19 patient and you are not their usual GP, provide handover back to their usual GP.

# General advice for the care of pregnant or breastfeeding patients

The [Royal Australasian and New Zealand College of Obstetricians and Gynaecologists](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/information-for-pregnant-women) (<https://ranzocg.edu.au/statements-guidelines/covid-19-statement/information-for-pregnant-women>) notes:

- pregnant patients with COVID-19 have a higher risk of morbidity and mortality compared with non-pregnant patients with COVID-19 of the same age, and are more likely to be hospitalised, be admitted to an intensive care unit (ICU) and to require invasive ventilation
- pregnant patients who are overweight or obese (body mass index >30 kg/m<sup>2</sup>), have pre-existing hypertension or diabetes (type 1 or 2) are more likely to suffer severe COVID-19 than women without these conditions
- an increased risk of miscarriage has not been identified for women trying to conceive or those in early pregnancy.<sup>19</sup>

The current recommendations for pregnancy and perinatal care from the [National COVID-19 Clinical Evidence Taskforce](https://app.magicapp.org/%23/guideline/5789/section/88978) (<https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn>) (noting these would be considered in collaboration with obstetrics) include the following:

- The use of antenatal corticosteroids for women at risk of preterm birth is supported as part of standard care, independent of the presence of COVID-19.
- The use of magnesium sulfate in pregnancy for fetal neuroprotection for women at risk of preterm birth is supported as part of standard care, independent of the presence of COVID-19.
- The use of magnesium sulfate in pregnancy for the management of severe pre-eclampsia or eclampsia is supported as part of standard care, independent of the presence of COVID-19.
- The mode of birth should remain as per usual care, and currently no evidence supports that a caesarean section for women with COVID-19 reduces the risk of vertical transmission to the newborn. Respiratory deterioration due to COVID-19 might prompt urgent delivery on an individual basis.
- Delayed umbilical cord clamping is supported as part of standard care, independent of the presence of COVID-19.
- Early skin-to-skin contact after birth and during the postnatal period is supported, independent of the presence of COVID-19. However, parents with COVID-19 should use infection prevention and control measures (mask and hand hygiene).
- Breastfeeding is supported, irrespective of the presence of COVID-19. However, women with COVID-19 who are breastfeeding should use infection prevention and control measures (mask and hand hygiene) while infectious.
- For women with COVID-19 who have given birth, support rooming-in of mother and newborn in the birth suite and on the postnatal ward when both mother and baby are well. However, women with COVID-19 should use infection prevention and control measures (mask and hand hygiene).<sup>20</sup>

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm \(http://www1.health.gov.au/internet/main/publishing.nsf/\)](https://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm) [Accessed 13 May 2022].
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra; ATAGI, 2022 \(https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination\)](https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination) [Accessed 13 May 2022].
3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work \(https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines-approved-\)](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines-approved) [Accessed 19 May 2022].
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].
5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 42.1\). Melbourne, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?220509-13954\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?220509-13954) [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?220405-35725\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?220405-35725) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022 \(https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf\)](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf) [Accessed 19 May 2022].
9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?220304-50902\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?220304-50902) [Accessed 19 May 2022].
10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn) [Accessed 19 May 2022].
11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].
12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n\)](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].
14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022].
15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022].
16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPIbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPIbj) [Accessed 19 May 2022].

17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(http://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](http://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/) [Accessed 19 May 2022].
19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022]
20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(http://www.rch.\)](http://www.rch.) [Accessed 19 May 2022].
22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].

# General advice for the care of children with COVID-19

In Australia, to date, there have been very few hospital admissions required for children due to COVID-19 illness severity. Children are significantly less likely to suffer severe COVID-19 than adults and many children with COVID-19 will be asymptomatic. Common symptoms are similar to those of adults, including rhinorrhoea, cough, sore throat, fever and gastrointestinal symptoms. They might also suffer headaches, myalgia, or loss of taste or smell. They are much less likely to suffer breathlessness, and this symptom should escalate clinical assessment.

The [National COVID-19 Clinical Evidence Taskforce \(https://app.magicapp.org/#/guideline/L4Q5An/section/nYDPgL\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nYDPgL) provides recommendations for children and adolescents in regard to disease-modifying treatments, chemoprophylaxis and respiratory support for the management of COVID-19.

In most cases, only children meeting criteria for the low-risk monitoring protocol (refer to [Box 5 \(#\\_book mark9\)](#).) should be managed in the community. It might be appropriate for GPs to care for children with moderate risk factors depending on local requirements, resources and escalation pathways.

Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2' (PIMS-TS A inflammatory condition has been described in children and adolescents settings with significant COVID-19 community transmission, known as '[Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2' \(PIMS-TS\) \(https://ncirs.org.au/advice-for-clinicians-PIMS-TS\)](#) or 'Multisystem Inflammatory Syndrome in Children [MIS-C]' as it is referred to in the United States of America. PIMS-TS usually presents 2–6 weeks after the acute infection, which may be asymptomatic. PIMS-TS should be considered in an unwell child or adolescent with persistent fever (lasting more than 72 hours), signs of shock, rash and abdominal pain, and there may be several features overlapping with Kawasaki disease and toxic shock syndrome. <sup>21</sup>

If PIMS-TS is suspected, early transfer to a paediatric hospital with ICU facilities should be considered due to potential for rapid deterioration.

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm \(http://www1.health.gov.au/internet/main/publishing.nsf/\) \[Accessed 13 May 2022\].](#)
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra: ATAGI, 2022 \(http://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination\) \[Accessed 13 May 2022\].](#)
3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work \(http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-\) \[Accessed 19 May 2022\].](#)
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].

5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 4.2.1\). Melbourne, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?e=220509-13954\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?e=220509-13954). [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?e=220405-35725\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?e=220405-35725) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022 \(https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf\)](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf) [Accessed 19 May 2022].
9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?e=220304-50902\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?e=220304-50902) [Accessed 19 May 2022].
10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYvn) [Accessed 19 May 2022].
11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].
12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n\)](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].
14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022]
15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022]
16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj) [Accessed 19 May 2022].
17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/) [Accessed 19 May 2022].
19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022]
20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(https://www.rch.org.au\)](https://www.rch.org.au) [Accessed 19 May 2022].

22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(http://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](http://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].



# General advice for the care of patients in residential aged care facilities

COVID-19 is acknowledged as a significant health risk for older adults. RACFs are high-risk settings for infection outbreak due to a number of factors such as the number of residents, shared living environments and workforce mobility. Residents, by nature of their age and likelihood of having comorbidities, are at high-risk of more severe illness if they contract COVID-19. With the current pressures on the healthcare system, many RACF residents who test positive to COVID-19 will continue to be cared for at the RACF.

Patients' suitability for care at a RACF should be guided by the National COVID-19 Clinical Evidence Taskforce's [pathways to care for adults with COVID-19 \(https://covid19evidence.net.au/#clinical-flowcharts\)](https://covid19evidence.net.au/#clinical-flowcharts) to assess risk factors for severe disease and the need for transfer to hospital.

All RACFs should have a response plan in place to manage COVID-19 outbreaks. If you or your practice provide services to residents of a facility, you should ensure your practice contact details and a list of your specific patients are included as part of this plan.

If you are providing care for patients in RACFs, you can do this via telehealth in collaboration with a facility nurse or carer where it is safe and clinically appropriate. If you need to assess a patient face-to-face, ensure you have access to the appropriate personal protective equipment (PPE). You may need to provide care for other illnesses as well as for COVID-19.

The current recommendations from the National COVID-19 Clinical Evidence Taskforce for managing people with COVID-19 who are older and living with frailty and cognitive impairment include:

- identifying and confirming advance care directives and plans
- discussing and agreeing goals of care with the patient or medical decision maker
- providing [respiratory support \(https://app.magicapp.org/%23/guideline/L4Q5An/section/jOoM9j\)](https://app.magicapp.org/%23/guideline/L4Q5An/section/jOoM9j) and other [disease modifying treatments \(https://app.magicapp.org/%23/guideline/L4Q5An/section/LOOPkj\)](https://app.magicapp.org/%23/guideline/L4Q5An/section/LOOPkj) if goals of care include active disease management
- undertaking a clinical assessment to determine the expected prognosis
- establishing ongoing communications with a carer or family member
- managing breathlessness or cough and avoiding fans and nebulised medications due to potential for aerosol generation
- organising support for patient mental wellbeing
- when considering treatment options, taking individual decision-making around goals of care into account
- discussing decisions around proceeding to more invasive forms of ventilation with the patient or their substitute/medical treatment decision-maker
- seeking specialist palliative care support and advice if a person has symptoms such as breathlessness or delirium which are difficult to manage, and/or is imminently dying.<sup>22</sup>

## General principles

Many residents in RACFs will meet the eligibility criteria for antiviral treatments in the event they test positive to COVID-19. As with all medicines, patients or carers will need to provide informed consent for these medicines to be prescribed. GPs working with patients in RACFs may find it helpful to pre-emptively discuss these medicines with their patients, even if they do not have COVID-19, to determine eligibility criteria and obtain pre-consent for these medicines to be prescribed in the event they test positive for COVID-19. A subsequent discussion is advised at the point at which the patient requires the medicine to confirm the pre-consent is still applicable.

## References

1. [Communicable Diseases Network Australia. Coronavirus Disease 2019 \(COVID-19\): CDNA National guidelines for public health units. Version 6.7. Canberra: Department of Health, 2022 Content/cdna-song-novel-coronavirus.htm](http://www1.health.gov.au/internet/main/publicising.nsf/) [Accessed 13 May 2022].
2. [Australian Technical Advisory Group on Immunisation. Clinical guidance for COVID-19 vaccine providers. Canberra: ATAGI, 2022](http://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination) [Accessed 13 May 2022].
3. [Department of Health. How COVID-19 vaccines work. Canberra, 2022 vaccines/how-they-work](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-) [Accessed 19 May 2022].
4. Rees S, Fisher J. COVID-19 and the mental health of people from refugee backgrounds. *Int J Health Serv* 2021;50(4):415–17. doi: 10.1177/0020731420942475. [Accessed 19 May 2022].
5. [National COVID-19 Clinical Evidence Taskforce. Management of adults with mild COVID-19 \(version 4.2.1\). Melbourne, 2022](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-2-MANAGEMENT-OF-MILD-V42.1.pdf?_=220509-13954) [Accessed 19 May 2022].
6. Community Health Pathways – NSW Collaboration. COVID-19 Active Case Management, 2022. [Accessed 19 May 2022].
7. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for adults with COVID-19 \(version 4.2\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-1-PATHWAYS-TO-CARE-V4.2.pdf?_=220405-35725) [Accessed 19 May 2022].
8. [Agency for Clinical Innovation. Caring for adults and children in the community with COVID-19. Sydney: NSW Health, 2022](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/697525/ACI-Caring-for-adults-and-children-in-community-with-COVID-clinical-and-risk-assessment.pdf) [Accessed 19 May 2022].
9. [National COVID-19 Clinical Evidence Taskforce. Pathways to care for children and adolescents with COVID-19 \(version 2.1\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-13-PTC-FOR-CHILDREN-AND-ADOLESCENTS.pdf?_=220304-50902) [Accessed 19 May 2022].
10. [National COVID-19 Clinical Evidence Taskforce. Steroids for people with asthma or COPD and COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022](https://app.magicapp.org/#/guideline/L4Q5An/section/nyeYyn) [Accessed 19 May 2022].
11. [National COVID-19 Clinical Evidence Taskforce. ACEIs/ARBs in patients with COVID-19. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022](https://app.magicapp.org/#/guideline/L4Q5An/section/LGr8Jj) [Accessed 19 May 2022].
12. [National COVID-19 Clinical Evidence Taskforce. Oestrogen-containing therapies. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022](https://app.magicapp.org/#/guideline/L4Q5An/section/jMOV3n) [Accessed 10 June 2022].
13. Cagnacci A, Bonaccorsi G, Gambacciani M, Board of the Italian Menopause Society Collaborators. Reflections and recommendations on the COVID-19 pandemic: Should hormone therapy be discontinued? *Maturitas*, 2020;138:76–77. doi: 10.1016/j.maturitas.2020.05.022. [Accessed 10 June 2022].

14. [Australian Government Department of Health. Lagevrio \(molnupiravir\) PBS Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf\)](https://www.pbs.gov.au/publication/factsheets/molnupiravir/Factsheet-Molnupiravir-PBS.pdf) [Accessed 11 July 2022]
15. [Australian Government Department of Health. Paxlovid® \(nirmatrelvir and ritonavir\) Pharmaceutical Benefits Scheme Factsheet. Canberra: DoH, 2022 \(https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf\)](https://www.pbs.gov.au/news/2022/04/files/Factsheet%20Paxlovid.pdf) [Accessed 11 July 2022]
16. [National COVID-19 Clinical Evidence Taskforce. Corticosteroids \(systemic\) for adults. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj\)](https://app.magicapp.org/#/guideline/L4Q5An/section/nJPlbj) [Accessed 19 May 2022].
17. [Australian Government Department of Health. Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19. Canberra: DoH, 2021 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) [Accessed 19 May 2022].
18. [Infection Control Expert Group. Information about cleaning and disinfection for health and residential care facilities. Canberra: Australian Government, 2020 coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf \(https://www.health.gov.au/sites/default/files/documents/2020/12/\)](https://www.health.gov.au/sites/default/files/documents/2020/12/) [Accessed 19 May 2022].
19. [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Melbourne: RACGP, 2021. A message for pregnant women and their families information-for-pregnant-women \(https://ranzocg.edu.au/statements-guidelines/covid-19-statement/\)](https://ranzocg.edu.au/statements-guidelines/covid-19-statement/) [Accessed 19 May 2022]
20. [National COVID-19 Clinical Evidence Taskforce. Pregnancy and Perinatal care. Melbourne: National COVID-19 Clinical Evidence Taskforce, 2022 \(https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn\)](https://app.magicapp.org/#/guideline/L4Q5An/section/Lrkkgn) [Accessed 19 May 2022].
21. [The Royal Children's Hospital Melbourne. Clinical Practice Guidelines – COVID-19. Melbourne: The Royal Children's Hospital Melbourne, 2021 \(http://www.rch.edu.au\)](http://www.rch.edu.au) [Accessed 19 May 2022].
22. [National COVID-19 Clinical Evidence Taskforce. Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment \(version 5.0\). Melbourne: National COVID-19 Clinical Evidence Taskforce, 2021 \(https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-\)](https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-OLDER-) [Accessed 18 May 2022].

# Issuing death certificates for patients with COVID-19

If you are required to issue a death certificate for your patient, COVID-19 should be recorded as the cause of death where the disease caused, is assumed to have caused, or contributed to death. Existing conditions, especially those which are chronic in nature, that may have contributed to death should also be included.

Guidance for certifying deaths due to COVID-19 can be found on the [Australian Bureau of Statistics website \(https://www.abs.gov.au/ausstats/abs@.nsf/mf/1205.0.55.001\)](https://www.abs.gov.au/ausstats/abs@.nsf/mf/1205.0.55.001).

# Additional resources

## RACGP resources

- [Oral antiviral treatments for COVID-19 – Prescribing information for GPs \(https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/oral-antiviral-treatments-for-covid-19-br-prescrib/introduction\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/oral-antiviral-treatments-for-covid-19-br-prescrib/introduction)
- [Caring for patients with post-COVID-19 conditions \(https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/caring-for-patients-with-post-covid-19-conditions\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/caring-for-patients-with-post-covid-19-conditions)
- [COVID-19 infection control principles \(https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics/covid-19-infection-control-principles\)](https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics/covid-19-infection-control-principles)
- [Infection prevention and control standards \(5th edition\) \(https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics/covid-19-infection-control-principles\)](https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics/covid-19-infection-control-principles)
- [Patient resource – Managing COVID-19 at home \(https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/managing-mild-covid-19-at-home)
- [Telehealth resource suite \(https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth\)](https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth)

## Australian Government Department of Health resources

- [COVID-19 infection control training \(https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training\)](https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training)
- [CDNA National guidelines for public health units \(https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm\)](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)
- [Coronavirus \(COVID-19\) environmental cleaning and disinfection principles for health and residential care facilities \(https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities\)](https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities)
- [Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19 \(https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19\)](https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19)

## Healthdirect

- [COVID clarity – in-language COVID-19 information \(https://www.healthdirect.gov.au/covid-clarity\)](https://www.healthdirect.gov.au/covid-clarity)

### Other resources

- [National COVID-19 Clinical Evidence Taskforce living guidelines and clinical flowcharts \(https://covid19evidence.net.au/\)](https://covid19evidence.net.au/)
- [General Practice Mental Health Standards Collaboration \(GPMHSC\) \(https://gpmhsc.org.au/info/detail/b64772fc-1099-4b38-8d90-721540e78d0c/resources\)](https://gpmhsc.org.au/info/detail/b64772fc-1099-4b38-8d90-721540e78d0c/resources) [COVID-19 resources \(https://gpmhsc.org.au/info/detail/b64772fc-1099-4b38-8d90-721540e78d0c/resources\)](https://gpmhsc.org.au/info/detail/b64772fc-1099-4b38-8d90-721540e78d0c/resources)
- [ATAGI clinical guidance for COVID-19 vaccine providers \(https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021\)](https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021)
- [Australian Government's Translating and Interpreting Service \(TIS\) \(https://tisonline.tisnational.gov.au/RegisterAgency\)](https://tisonline.tisnational.gov.au/RegisterAgency)
- [National Aboriginal Community Controlled Health Organisation \(NACCHO\), \(https://www.naccho.org.au/covid19-primary-healthcare-guidance/\)](https://www.naccho.org.au/covid19-primary-healthcare-guidance/) the RACGP, Lowitja Institute and the Australian National University – [\(https://www.naccho.org.au/covid19-primary-healthcare-guidance/\)](https://www.naccho.org.au/covid19-primary-healthcare-guidance/) [COVID-19 primary healthcare guidance \(https://www.naccho.org.au/covid19-primary-healthcare-guidance/\)](https://www.naccho.org.au/covid19-primary-healthcare-guidance/)

# Acknowledgements

The update of these guidelines has been undertaken by The Royal Australian College of General Practitioners (RACGP) in collaboration with the [HealthPathways Community \(https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways\)](https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways).

A clinical pathway has been written alongside this guidance to reflect local environments and services, and is published on local [HealthPathways sites \(https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways\)](https://www.healthpathwayscommunity.org/Home/Access-to-HealthPathways). This collaboration aims to support general practice teams to collaborate with local hospital services in the care of patients with COVID-19.

The RACGP acknowledges the work of the National COVID-19 Clinical Evidence Taskforce (of which the RACGP is a member) in developing [living guidelines \(https://covid19evidence.net.au/#living-guidelines\)](https://covid19evidence.net.au/#living-guidelines) and [clinical flowcharts \(https://covid19evidence.net.au/#clinical-flowcharts\)](https://covid19evidence.net.au/#clinical-flowcharts) for the assessment and management of COVID-19.

# Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.