

# COVID-19:

Identifying and managing COVID-19 in the community



SNOMED  
International

## SNOMED Codes

SNOMED and EMIS/System 1 codes are available:

- Acute COVID-19 Infection (up to 4 weeks) - 1325171000000109
- Ongoing symptomatic COVID-19 (4-12 weeks) - 1325181000000106
- Post-COVID-19 syndrome (>12 weeks and not explained by an alternative diagnosis) - 1325161000000102

"Long COVID" is commonly used to describe signs and symptoms that continue or develop after acute COVID-19 and includes both ongoing symptomatic COVID-19 and post-COVID-19 syndrome

## Key signs and symptoms of acute severe COVID-19

- Severe dyspnoea
- Reduced oxygen saturation levels measured by pulse oximetry where O2 saturation is <94% at rest
- Haemoptysis
- Cyanosis
- Cold and clammy with pale or mottled skin
- Collapse or syncope
- New confusion
- Difficult to rouse
- Reduced urine output



## Assessing people with new or ongoing post-COVID-19 symptoms

- Use a holistic, person-centred approach to evaluate physical, cognitive, psychological and psychiatric symptoms as well as functional ability
- Include a comprehensive clinical history including history of confirmed/suspected SARS-CoV-2 infection, nature and severity of symptoms, timing and duration since start of COVID-19, other concomitant conditions and previous medical history
- When investigating possible causes of gradual decline/deconditioning in frail/vulnerable patients consider that these could be signs of ongoing SARS-CoV-2 infection
- Assess for cognitive impairment if patients report cognitive symptoms
- Ensure urgent referral or hospital admission for patients with ongoing or post-COVID syndrome if they have symptoms that could be caused by acute life-threatening complications such as hypoxaemia, signs of severe lung disease, cardiac chest pain or multisystem inflammatory syndrome (in children)
- Use selective tests and investigations based on history and appropriate examinations to rule out acute/life-threatening complications or other new diagnoses
- Offer blood tests which may include FBC, LFTs, U&Es, CRP, ferritin, D-dimer, BNP and TFTs
- Assess level of breathlessness by undertaking exercise tolerance test (which may indicate 'silent hypoxia) and record heart rate, oxygen saturation and level of breathlessness
- Assess for worsening fatigue which may indicate 'silent hypoxia'. If evident, assess oxygen saturation
- For people with postural symptoms, carry out lying and standing BP and heart rate
- Offer a CXR if symptoms are caused by suspected COVID-19 or to exclude other causes.
- If the patient has ongoing symptoms at 12 weeks a further CXR would be suggested (NOTE: a plain CXR may not be sufficient to rule out lung disease)
- Patients with acute or severe psychiatric symptoms should be referred for urgent psychiatric assessment
- Follow local/national guidelines for those experiencing anxiety or mood disorders
- Consider referral to more specialist care if symptoms persist after four weeks from infection even if SARS-CoV-2 infection was not confirmed with a positive test - see PCRS referral guidelines by Dr Vince Mak (<https://bit.ly/2Y7R8Qy>)



## Assessing breathlessness by telephone or video

The Centre for Evidence-Based Medicine found no validated test for assessing breathlessness remotely. They recommend the following:

1. Ask the patient to describe the problem with their breathing in their own words and assess the ease and comfort of their speech. Ask open-ended questions and listen to whether the patient can complete their sentences.
  - "How is your breathing today?"
2. Align with NHS111 symptom checker, which asks three questions:
  - "Are you so breathless that you are unable to speak more than a few words?"
  - "Are you breathing harder or faster than usual when doing nothing at all?"
  - "Are you so ill you've stopped doing all your usual daily activities?"
3. Focus on change. A clear story of deterioration is more important than whether the patient is currently short of breath. Ask questions like:
  - "Is your breathing faster, slower, or the same as normal?"
  - "What could you do yesterday that you can't do today?"
  - "What makes you breathless now that didn't make you breathless yesterday?"
4. Interpret the breathlessness in the context of the wider history and physical signs. For example, a new, audible wheeze and a verbal report of blueness of the lips in a breathless patient are concerning

<https://www.cebm.net/covid-19/are-there-any-evidence-based-ways-of-assessing-dyspnoea-breathlessness-by-telephone-or-video/>

Adapted from

National Institute for Health and Care Excellence Guideline NG188, COVID-19 rapid guideline: managing the long term effects of COVID-19. December 2020 and National Institute for Health and Care Excellence. COVID-19 rapid guideline: managing COVID-19. 2021.

# COVID-19:

## Identifying acute severe COVID-19 Managing long term effects of COVID-19



### NEWS2 Tool – An assessment tool to determine how to better identify patients who are at immediate risk of serious clinical deterioration

The [NEWS2 tool](#) may be used in adults in addition to clinical judgment to assess a person's risk of deterioration. Note that use of NEWS2 is not advised for children or pregnant women. Although the NEWS2 tool is not validated for predicting the risk of clinical deterioration in prehospital settings, it may be a helpful adjunct to clinical judgement in adults. A face-to-face consultation should not be arranged solely to calculate a NEWS2 score. Find out more about [NEWS2](#) where you can sign up for free to undertake the NEWS2 training online training



### Common symptoms of ongoing COVID-19 and post-COVID-19 syndrome

Symptoms will differ between patients and may change over time to include:

Breathlessness	Fever	Dizziness	Reduced appetite	Earache
Cough	Pain	Delirium	Joint pain	Sore throat
Chest tightness	Cognitive impairment	Abdominal pain	Muscle pain	Loss of taste/smell
Chest pain	Headache	Nausea	Depression	Skin rashes
Palpitations	Sleep disturbance	Diarrhoea	Anxiety	
Fatigue	Peripheral neuropathy	Anorexia	Tinnitus	

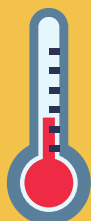
### COVID-19 management in the community



For patients with acute COVID-19 illness, put treatment escalation plans in place in the community after sensitively discussing treatment expectations and care goals with people with COVID-19, and their carers and families



Encourage people with cough to avoid lying on their backs if possible, because this may make coughing less effective. Use simple measures first, including advising people over 1 year old with cough to take honey (1 tsp). Consider short-term use of codeine linctus or codeine phosphate tablets in people 18 years and over to suppress coughing if it is distressing. Seek specialist advice for people under 18 years of age.



Advise people with COVID-19 and fever to drink fluids regularly to avoid dehydration. Support their families and carers to help when appropriate. Communicate that fluid intake needs can be higher than usual because of fever.

Advise people to take paracetamol (for people 18 years and over, the paracetamol dosage is 1g orally every 4 to 6 hours [maximum 4 g per day]) or ibuprofen if they have fever and other symptoms that antipyretics would help treat. Tell them to continue only while both the symptoms of fever and the other symptoms are present.

Identify and treat reversible causes of breathlessness, for example, pulmonary oedema, pulmonary embolism, chronic obstructive pulmonary disease and asthma.



- When significant medical pathology has been excluded or further investigation is inappropriate, the following may help to manage breathlessness as part of supportive care:
  - keep the room cool
  - encourage relaxation and breathing techniques, and changing body position
  - encourage people who are self-isolating alone to improve air circulation by opening a window or door
- If hypoxia is the likely cause of breathlessness consider a trial of oxygen therapy; discuss with the person, their family or carer possible transfer to and evaluation in secondary care



- Address reversible causes of anxiety by exploring the person's concerns and anxieties and explaining to carers how they can help
- Assess reversible causes of delirium - see the [NICE guidance on delirium: prevention, diagnosis and management](#)
- Consider trying a benzodiazepine to manage anxiety or agitation



- When supporting people with symptoms of COVID-19 who are having care in the community delivered by social care, follow the [NICE guideline on managing medicines for adults receiving social care in the community](#). This includes processes for ordering and supplying medicines, and transporting, storing and disposing of medicines

### Provide advice to patients on what they might expect following COVID-19 illness

Provide advice on common new or ongoing symptoms after suspected or confirmed SARS-CoV-2 infection including:

- Direct the patient to the [NHS Your COVID Recovery website](#)
- Recovery time is different for everyone but for most people symptoms will resolve within 12 weeks
- Likelihood of ongoing symptoms of developing post-COVID-19 syndrome is not thought to be linked to severity of their acute episode of COVID-19 illness
- New symptoms can occur and may change unpredictably affecting people in different ways
- Provide information on how to self-manage symptoms including setting realistic targets, appropriate sources of advice and information, who to go to if they are worried about symptoms, other social support such as housing, support with managing employer expectations, financial support etc.
- Provide information on symptoms to look out for and which should prompt them to alert their healthcare professional and also provide information on who to contact if they are worried
- Use shared decision making to discuss if further assessment is required
- Patients who have been hospitalised with COVID-19 should be offered a secondary care follow-up consultation at six weeks after discharge to check for new symptoms/complications

