



Scottish Government
Riaghaltas na h-Alba
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COVID-19

Clinical Advice

Community assessment of acute COVID-19 and
referral to secondary care

18 November 2020

1 | Guidance

A clinical assessment tool has been developed to support clinicians in selecting patients for assessment at hospital or management in the community. This can be printed off for use separately ([Appendix 1](#)).

Health boards have established a network of COVID-19 Community Hubs and Assessment Centres across Scotland, which aim to provide a comprehensive and expansive frontline community response to enable rapid pathways for those affected by COVID-19. The Hubs are not for direct face-to-face care, instead accepting calls from NHS 24 and other primary care providers. They are staffed by senior clinical decision makers who can triage incoming enquiries and work with patients and those that they care about to decide on appropriate onward management. Some people will require clinical assessment at COVID-19 assessment centres. These are staffed by nurses and a senior clinical decision maker. They are able to take context-appropriate clinical observations, and then can refer on to secondary care or discharge patients back into the community. **Patients and those that they chose to involve should be supported in making shared decisions about their health and wellbeing, helped to understand the treatment options available to them, and their views and wishes must be respected.** It is important that healthcare professionals are aware of and are able to signpost patients with protected characteristics to community organisations that will be able to provide them with further advice and support should they require it.

The Community Hubs and Assessment Centres will continue to triage and assess, where clinically appropriate, patients presenting with suspected COVID-19 in the community to ensure that the best possible location of care is identified for and with these patients. In addition, the Hubs and Assessment centres will continue to work collaboratively with local teams to ensure that, where appropriate, people are well cared for in the community.

It is recommended that all patients over the age of 65 be assessed for frailty, using the Clinical Frailty Score (CFS) where appropriate, during the triage process by the Community Hubs and Assessment Centres.

The CFS **must not** be used in:

- anyone under the age of 65 or,
- anyone over the age of 65 with long-term disabilities, for example cerebral palsy, learning disability or autism.

For those in whom a CFS assessment is not appropriate, a personalised, holistic and non-discriminatory assessment of their frailty status should be carried out.

The CFS **must** be based on functional status 2 weeks before illness onset. Even where it is appropriate to use the CFS, it **should not** be used in isolation to direct clinical decision making. While it will sensitise clinicians to the likely outcomes in groups of patients, clinical decision making with individual patients should be carried out through a holistic assessment, using the principles of shared decision making and non-discrimination. For more information on the use of CFS, please see [Appendix 2](#).

Older adults and those living with pre-existing health conditions, such as diabetes, heart and lung disease, people from a black or minority ethnic background, and those severe frailty (e.g. CFS>7) are at higher risk of dying from infections and are particularly vulnerable to becoming seriously unwell from COVID-19. If an individual is assessed to have severe frailty (using the CFS, where the CFS is >7, or an individualised assessment of frailty) it may be best to assess them in their own environment, if possible.

This Guidance has been produced on behalf of the Scottish Government's Chief Medical Officer

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Appendix 1: Acute COVID-19 Scottish Primary Care Hub Triage Guide

Version 2.1
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Acute COVID-19 Scottish Primary Care Hub Triage Guide
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Clinical Course

At risk of deterioration:

- Increasing age over 50
- Male sex
- Black, Asian or ethnic minority
- Obesity
- Diabetes
- Chronic cardiac disease
- Chronic non-asthmatic respiratory disease
- Chronic kidney / liver disease
- Chronic neurological disease
- Dementia
- Malignancy

1 Connect

Get prepared

VC possible?

Confirm patient ID

Location

Where are you?

Contact Number

Clinical Symptoms:

- Fever**
- Cough (+/-sputum)**
- Anosmia/Dysgeusia**
- Dyspnoea**
- Fatigue**
- Confusion**
- Diarrhoea**
- Vomiting/Nausea**
- Myalgia**
- Chest pain
- Headache
- Abdominal pain
- Sore throat

Atypical symptoms can be more common in the elderly

2 Clinical triage

! If they sound or look very sick-such as shortness of breath -go direct to red flags

Establish what the patient wants out of the consultation

Clinical assessment
Referral
Certificate
Reassurance
Advice

3 Clinical assessment

Over phone, ask carer/patient

- State of breathing?
- Colour of face/lips?

Over video

- General demeanor?
- Skin colour?
- Respiratory rate?

Respiratory function (especially inability to talk in full sentences)

- How is your breathing?
- Is it worse than yesterday?
- What does it stop you doing?

Patient may be able to take their own measurements if they have instruments at home (temperature, pulse, peak flow, BP, O₂ saturation) Interpret self monitoring results with caution and in the context of your wider assessment

4 COVID most likely diagnosis?

No?

Refer GP/OOH

Yes?

Patient pathway

NH?

CFS 7+?

ACP/DNACPR?

5 Clinical Frailty Score

Priority is not to move patient but assess in place. See local protocols for services

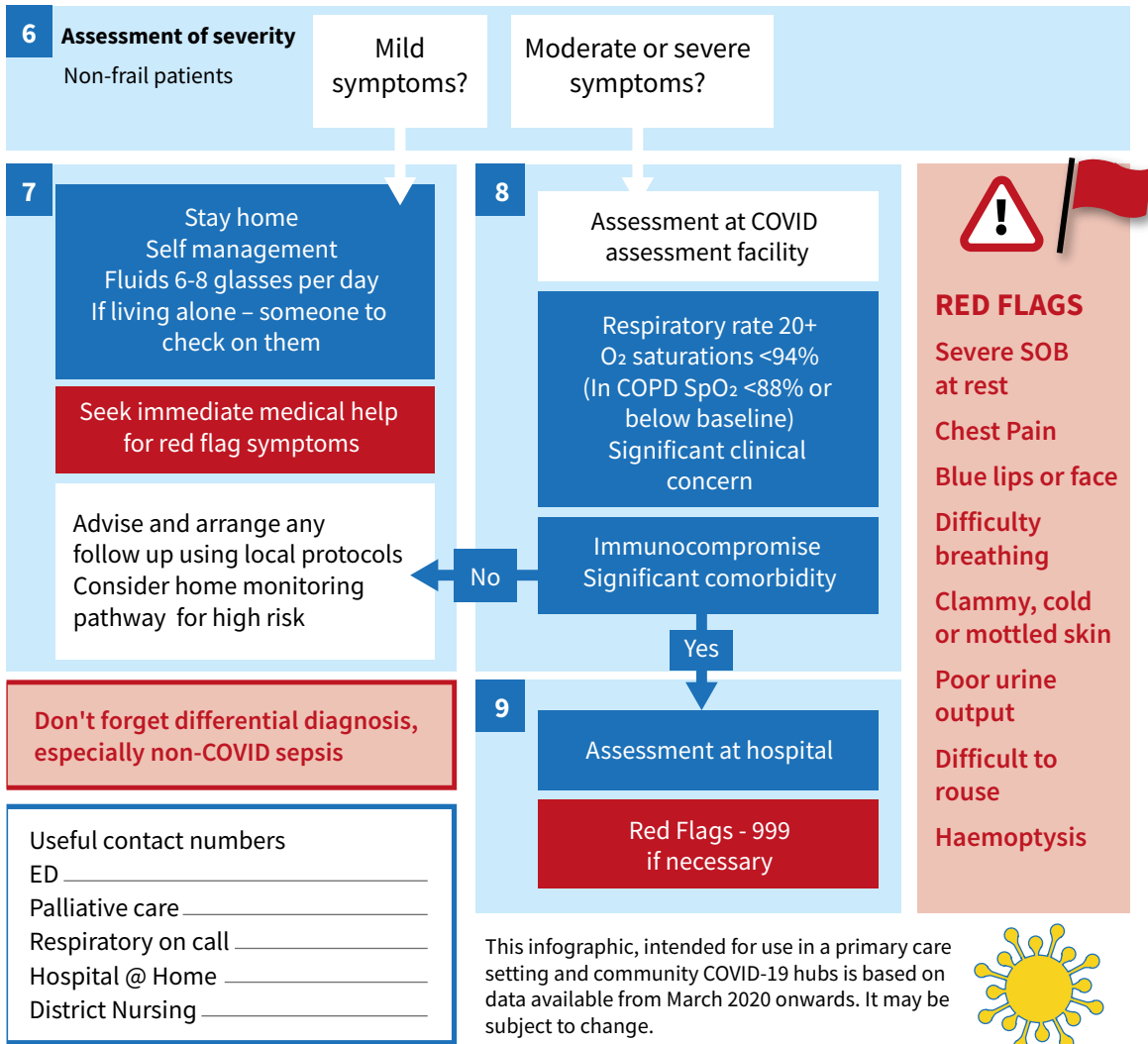
Frailty

Do they need help with washing or dressing?

Assessment at home

DN
GP
ANP
H@H

Dom O₂
Anticipatory prescribing



Additional Resources

- [Primary Care Resus Guidelines](#)
- [BMJ Primary Care Guidance](#)
- [Health Protection Scotland – COVID-19 Guidance for Primary Care](#)
- [Health Protection Scotland – Literature Review for COVID-19](#)
- [National clinical advice on assessment and referral of pregnant women with suspected COVID-19](#)
- [National clinical advice on assessment and referral of children with suspected COVID-19](#)
- [NHS Inform](#)

This has been adapted by Dr Stefanie Lip, Dr Erica Peters, Dr Michelle Watts, Dr Beth White, Dr Dan Beckett, Prof Graham Ellis from: Greenhalgh T, Koh G. Covid-19: a remote assessment in primary care. BMJ 2020;368:m1182

Disclaimer: This infographic is not a validated clinical decision aid.



Appendix 2: Guidance for Clinicians on the use of the Clinical Frailty Score (CFS)

Frailty is a distinctive health state often but not exclusively, related to the ageing process in which multiple body systems gradually lose their in-built reserves. Increased frailty can have a marked impact on an individual's quality and length of life and is recognised to have strong predictive value for adverse health outcomes in older adults, both in the community as well as in hospital. It is therefore very important to consider frailty as part of a holistic and personalised health and care assessment.

The CFS is a validated tool that can:

- reliably identify and measure frailty and,
- be a predictor of health outcomes in the acute and critical care context, when used as part of a holistic and personalised assessment of an individual.

It is important to note that the CFS has only been validated in older people and it has not been widely validated in younger populations (below 65 year of age), or in those with learning disability or long term disability such as cerebral palsy.

Therefore, the CFS **must not** be used in:

- anyone under the age of 65 or,
- anyone over the age of 65 if they have long term disabilities (for example cerebral palsy), learning disability or autism. This includes people with physical disabilities that may affect their ability to do things independently.

It is important to note that the CFS is a measure of frailty and is **not** a tool for assessing disability. Frailty and disability are two distinct entities, although there can be overlap. When assessing for frailty it is very important to make the distinction between those whose independence is affected by a disability from those whose frailty is causing progressive disability.

Even where it is appropriate to use the CFS, it **should not** be used in isolation to direct clinical decision making and should be part of a personalised, holistic and non-discriminatory assessment. A vital component of this assessment is the views of the individual, and those they choose to involve. Clinicians should provide people with the information they need to be able to make an informed choice about their treatment and care.