

Top 10 tips for COVID-19 telephone consultations

These top tips are for clinicians conducting telephone consultations to assess and advise patients concerned they may have COVID-19 (Coronavirus).

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Pre-planning

1. Choose a good time for making the calls.

Calls under these circumstances can be stressful. For everyone's sake, try not to squeeze them in at a time during the day when you are already under more than usual pressure.

Consider using a checklist of questions or a template to guide and record your conversation.

Beginning the conversation

2. Establish early on who you are talking to and what the purpose of the call is.

Are you talking to the patient, or to a relative or carer? (If it's not the patient, remember there may be issues of confidentiality.) You could say something like:

Let me see if I have got this right – you are worried that you may have Coronavirus? ... OK, in that case I'll need ask you for a bit more information."

Try not to let the call sound routine or a chore. Patients are more likely to accept reassurance or follow advice if the conversation feels 'personal'.

Information needed

3. Check where the patient is at the moment.

They may not be at the address you think they are, and this could be important if they need to be seen or are acutely unwell.

4. What are the symptoms?

Are they consistent with Coronavirus?

Does the patient have any pre-existing conditions such as COPD or asthma that could be causing the symptoms, or that could place the patient at increased risk of deterioration?

Do they have any facilities for taking temperature, measuring pulse, peak flow, blood sugar or other relevant physiology?

5. Actively ask about specific signs of deterioration.

Is the patient able to go about their normal activities? Have they stopped doing anything they usually do? Or are they well enough to do most of their usual daily activities?

When talking, does the patient sound breathless or unable to complete sentences without pausing for breath?

Take the concerns of parents or family seriously. They are in the best position to know if a child or loved one is behaving 'uncharacteristically unwell', i.e. not in the way they usually do when they're ill.

Decide if telephone management is appropriate

6. Telephone management is appropriate if, and only if:

- the diagnosis is fairly clear;
- the duration of illness is short (Most patients should show some improvement over a 7-day period);
- there are no 'red flags', and the patient seems in reasonable condition, and
- the caller is willing to accept reassurance and advice.

7. Give clear advice about staying at home

It is worth having in front of you an up-to-date print-out of the [Government's 'stay at home' guidance](#).

You could also offer to send this link to the patient by text or email.

In summary, the advice is:

- Stay at home for 7 days.
- As far as possible, keep a distance from other people in the house.
- Wash hands regularly with soap and water for 20 seconds, or use hand sanitiser
- Take symptomatic remedies such as paracetamol.

8. Check what other medications the patient is currently taking

This is in case any might need to be altered or suspended during a period of fever and possible dehydration e.g. metformin, ACE inhibitors, NSAIDs, diuretics or steroids. Familiarise yourself with the Sick Day Rules, and offer to call the patient back later if you need to double-check your advice.

Safety Netting

9. Always give clear safety netting advice, explaining what would be signs of getting worse, and what to do in that event

You could say something like:

Let me tell you what signs to look out for, that might indicate things were getting worse. If you start to:

- become significantly breathless,
- or develop pains in your chest,
- or become pale and clammy 'like someone who is about to vomit',
- or seem muddled or confused

'then you should seek urgent medical advice.'

Finally, ask 'Do you have any questions about what I've told you?'

Face to Face consultations

10. These should be used where there is diagnostic uncertainty either about the cause or the severity of the symptoms.

Make sure you know what the arrangements are for doing this in your practice or service, and how patients are to be segregated or isolated. If the patient needs to be seen face to face, tell them what to expect.

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