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**DESKGUIDE FOR  
OUTPATIENT  
CONSULTATION IN  
HOSPITAL IN THE  
CONTEXT OF COVID-19**

**PREPARED BY:**  
COVID-19 HEALTHCARE  
GUIDELINES PROJECT

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# ABOUT

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# INTRODUCTION

## **What is the COVID-19?**

COVID-19 is a respiratory tract infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is a newly emergent virus. Genetic sequencing of the virus suggests that SARS-CoV-2 is a betacoronavirus closely linked to the SARS virus

## **What are clinical features of COVID-19?**

Common symptoms noted for COVID-19 include fever, cough and shortness of breath. Other common symptoms noted in coronavirus infections include runny nose, sore throat, headache and malaise. However, patients can be afebrile in the early stages of infection, with only chills and respiratory symptoms. Incubation period is usually 4-6 days and a contact may get COVID-19 symptoms in 2-14 days.

Most people with COVID-19 develop mild or uncomplicated illness, approximately 15% develop severe disease requiring hospitalization and oxygen support and 5% require admission to an intensive care unit. Older patients and those with comorbidities, such as cardiovascular disease and diabetes mellitus, have increased risk of severe disease and mortality. They may present with mild symptoms but have high risk of deterioration and should be admitted to a designated unit for close monitoring.

## **What are the treatment options?**

No vaccine or specific treatment for 2019-nCoV infection is currently available. Treatment should be supportive and based on the patient's clinical condition.

## **How is COVID-19 transmitted?**

Being within approximately 2 meters (6 feet) of a patient with COVID-19 for a prolonged period of time and having direct contact with infectious secretions from a patient with COVID-19 can transmit the virus. Asymptomatic infected patients may also transmit the virus. Transmission is believed to occur through respiratory droplets from coughing and sneezing. Aerosol transmission is also possible in case of protracted exposure to elevated aerosol concentrations in closed spaces. Please also pay attention to transmission through other bodily secretions such as sputum, saliva, serum or contact with faeces and urine where the virus can also be found.

## ABOUT THIS GUIDE

This new virus is highly contagious and has quickly spread globally. These guidelines incorporate existing national guidelines with recommendations from the WHO and guidelines from the UK and China to improve the capacity of health workers in low-and-middle-income countries to respond to the COVID-19 pandemic.

# DIAGNOSIS AND MANAGEMENT

Assess sick adults, 'walk-in' outpatient in the context of possible COVID-19 in the following steps:

1. **ASK** them to tell you about their symptoms and concerns, in all ask about:
  - **Fever?** (hot/cold, shivers or temperature > 38°C)
  - **Cough?** if so ask if: sore throat? dry? (1/5 with sputum) new or worse than their usual?
  - If any, also ask about:
    - 'Flu' symptoms e.g. headache, muscle ache, or a 'cold' or loss of taste/ smell?
    - Shortness of breath or difficult breathing?
  - If any of above symptoms, also ask about travel, residence and contact history



2. **ASSESS** the severity of their disease; if very ill or breathless, best to use example tool below

**CRB65:** scoring tool to determine urgency of response or referral (or if you have a pulse oximeter, also see Annex 1)

Give 1 point for each of:

- raised respiratory rate(RR, 25 breaths per minute or more)
- low blood pressure (diastolic 60 or less, or systolic less than 90 mmHg).
- age 65 years or more
- confusion (a new disorientation in person, place or time)

In any patient, **suspected of COVID-19 infection or not:**

Severity	Standard	Actions
Severe	CRB65 total score = 3-4, or simply have raised RR>25/min	Urgently transfer to a ward with oxygen
Moderate	CRB65 total score = 1-2	Send to observation room/ward for further assessment
Mild	CRB65 total score = 0	Advise and treat, at home

### 3. **IDENTIFY** a COVID-19 suspect

If the COVID-19 suspect has a fever, cough or other symptoms listed in Step 1 AND also meets any one of the three conditions listed below (also see details for case definition in Annex 2):

1) Assessed as severe in Step 2.

2) Traveled or has residence in areas with known local transmission or has contact history (i.e. *close contact*\* with a confirmed/probable COVID-19)

3) Patients have high risk, including any of the below:

- Aged 60 years and above
- With a chronic disease comorbidity\*\*
- High-risk pregnancy
- Health worker

\*Definition of close contact with a possible or confirmed COVID-19 case: if any of the following are met:

- Providing direct care to a COVID-19 patient, if without personal protective equipment
- Having stayed close in an environment (incl. workplace, classroom, household, gatherings) with a possible or confirmed COVID-19 case
- Has traveled in close contact, within 1 meter (3 feet), in any vehicle for more than 15 minutes with a possible or confirmed COVID-19 case

\*\*A comorbidity includes: chronic lung, kidney, liver disease, cardio-vascular, hypertension, diabetes, HIV, using steroid tablets or chemotherapy, or morbid obesity (BMI>40).

### 4. **MANAGE** suspect or confirmed COVID-19 patients

Manage suspect or confirmed COVID-19 patients according to their severity assessed in Step 2:

- If mildly ill – quarantine at home for 14 days **and** provide symptomatic treatment\* or treat other likely infection\*\* below (if difficult to do in-home quarantine, refer to your Local Government Unit's Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) Center)
- If moderately ill, e.g. difficulty breathing – send to designated COVID-19 isolation area for reassessment\*\*\*.
- If severely ill – transfer urgently to ward/intensive care unit, on oxygen if available

**\*Symptomatic treatment:**

Advise extra fluids, and especially if dehydrated, best as rice water or oral rehydration solution. If fever or head/ muscle aches, give Paracetamol max 8 a day in adults (not Ibuprofen during COVID-19).

**\*\*Differential diagnosis:** Follow your regular standard treatment guidelines for more information on diagnosis and treatment of likely disease. Do this as well as advise for possible COVID-19, as symptoms and signs overlap with the usual common diseases. Anyone with fever or a cough may actually have some other febrile illness.

With cough or difficulty breathing, ask and look for signs and symptoms of the common causes and treat accordingly:

- o Upper respiratory infection (cold symptoms etc.) - symptomatic treatment
- o Pneumonia, if having difficulty breathing/ rate is raised (more than 20 in an adult), and has a raised pulse and fever, also consider an X-ray, and give an antibiotic, e.g. Amoxicillin
- o If existing asthma and/or wheeze has worsened, step up inhaler treatment
- o If has had a cough for more than two weeks, or night sweats, also send two sputum for a tuberculosis test.

With fever, ask and look for signs and symptoms of other common fever-inducing diseases including:

- o Malaria (in affected areas/ seasons) do a rapid diagnostic test (RDT) and if positive give antimalarial ACT treatment
- o Dengue (in affected areas/seasons) do a Dengue NS1 RDT and if positive, initiate early patient management according to symptom severity
- o Urinary tract infection if frequency or burning passing urine, do a urine test, if positive (or clear-cut symptoms) start antibiotic eg Trimethoprim.
- o Diarrhoea – advise extra fluids, best as rice water or oral rehydration salts (ORS).

**\*\*\* Reassessment**

Actions	Conditions
Admit to COVID-19 wards	If CRP > 100 or lymphocytes < 1,100 micro g/L If more breathless or any vital sign getting worse If ill with a chronic (co-morbid) disease or frailty
Home care and treat	If improved, not breathless, RR < 20 and CRB65 is 0-1 or NEWS total score is <2

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# NURSING CARE

A nurse or health staff trained in COVID-19 management in the health facility should carry out the doctor/ clinician assessment and are responsible for the below tasks:

## 1. REPORT & COLLECT SPECIMEN

- **Inform** the Regional Epidemiology and Surveillance Unit (RESU) of all the COVID-19 suspect cases, fill out a Case Investigation Form (CIF)
- **Do nasopharyngeal and oropharyngeal swabs** for prioritized COVID-19 suspects as listed below with full personal protective equipment (PPE).
  - Suspect cases who are assessed as severely ill;
  - Suspect cases who also meet any of the following:
    - Aged 60 years and above
    - With a chronic disease comorbidity
    - High-risk pregnancy
    - Health workers.
- If RT-PCR is available at your facility: Do RT-PCR directly. Update RESU with test result.
- If RT-PCR is not available: Transport specimens: can reach lab within 72 hours or not?
  - < 72 hours from collection to lab - store specimens in a fridge at 2°C to 8°C.
  - > 72 hours transported to lab - store the specimen in the freezer.Update RESU when test result is available.

## 2. EDUCATE patients when home quarantine is needed

- **Key messages of COVID-19**
  - Incubation period/ infection to symptoms: usually 4-6 days (may be 2, or up to 14 days)
  - There is no cure for COVID-19 virus, we treat the symptoms, take plenty of fluids.
  - Home quarantining requires 14 days.
- **Hygiene and protection during home quarantine**

Patients (especially), and their household members, are to:

  - Wear masks if available. Cover the mouth and nose with your bent elbow or tissue when you cough or sneeze. Dispose used tissues immediately and clean hands.
  - Wash hands with soap under running water frequently; or by use of alcohol-based hand rub/sanitizer if water is not available. However, if hands are visibly soiled you need to wash hands rather than use a sanitizer.
  - Avoiding touching your eyes, nose, and mouth (especially with unwashed hands).
  - Use separate cutlery, plates, towels.
  - Double bag waste and leave aside 3 days then put in the waste bin.
  - Designate an independent living area with good ventilation and frequent disinfection;
  - Avoid being in contact at home with the elderly, those with a chronic disease, infants, or pregnant women (i.e. best if caretakers are younger adults);
  - Keep 2 meters (6 feet) distance from each other.
  - Do not have visitors at home, neither family or friends
  - Do not use public transport at this time
  - Do not go to crowded places - places of worship (churches, mosques), burials, weddings, markets, restaurants/bars, sports events, etc.

**Monitoring and communication during home quarantine**

- Go to a hospital/ doctor if very breathless/ difficulty breathing (breathing rate > 20/min, urgently if is >25) or if the heart rate > 110, or temp > 38°C (despite Paracetamol), or is mentally confused. Tell patient how to measure these and to pay close attention to any changes, especially in breathing. Say that difficulty breathing may start about a week (6 – 10 days) after illness started and occurs in 1 in 5 of adults. Seek help urgently as you may need oxygen and intensive care e.g. a ventilator.
- Tell which hospital (one with oxygen) to plan to go to and how to get there if experiencing great difficulty in breathing.
- Exchange telephone numbers with the health worker, and ring for advice, especially if becoming more ill/ breathless.

**3. COMMUNICATE** with barangay health worker

**(1) Share COVID-19 suspect records with barangay health worker**

Share the health record with the Barangay Health Emergency Response Team (BHERT) in the barangay where the COVID-19 suspect lives when they need to home quarantine. Ask the barangay health worker to follow up with patients, in case they get worse, and with household members who live with them, in case they develop any symptoms. Follow the below procedures for communication:

- Fill out patient card (see below) on carbon paper to get three copies for COVID-19 suspects who need to home quarantine, enter and update into an Excel sheet for electronic record every day and send to the ICM team weekly.
- Ask the patient to keep one copy for their own record, take one copy to the BHERT, keep the last copy in the health facility.

Patient Card	
Patient record <i>(filled out by the doctor/nurse in the health facility)</i>	
Patient name	
Diagnosis	
Date of diagnosis	
Patient address	
Contact number	
Treatment	
Doctor's name	
Doctor's institution	
Doctor's contact number	
Follow-up notes <i>(filled out by a barangay health worker)</i>	
Name of health worker	
Contact number	
Follow-up notes (Symptom monitoring)	<ul style="list-style-type: none"> <li>• Family member had flu-like symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• COVID-19 suspect got worse? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> Breathing rate: Heart rate: Temperature:
Follow-up results (multiple-choice)	<input type="checkbox"/> Diagnosed as COVID-19 <input type="checkbox"/> Hospitalized <input type="checkbox"/> Cured <input type="checkbox"/> Dead
<p><b>Instructions for barangay health worker:</b>                      Please follow up every day by phone with the COVID-19 suspect and household members living with the patient (or if at the door, then 2 meters apart). IF 1) a household member living with the COVID-19 suspect develops any symptoms, including fever, shortness of breath, cough or other respiratory symptoms; or 2) the COVID-19 suspect's health has worsened, fill out the second part of this card, and ask the patient to bring this to the nearest hospital.</p>	

**(2) Advise barangay health worker on referral process**

Help the barangay health worker to assess the medical situation of patients who received home quarantine instructions and suggest referral to hospital if very breathless/ difficulty breathing (breathing rate > 20/min, urgently if is >25) or if the heart rate > 110, or temp > 38°C (despite Paracetamol), or is mentally confused.

# ADVICE FOR MENTAL HEALTH

The COVID-19 pandemic poses unique challenges for health-care providers, who may be feeling higher than normal stress and anxiety levels from trying to balance the challenges at work and life at home. These challenges may negatively impact your overall mental health and how you interact with substances like alcohol and cannabis.

## Strategies to help you cope

- **Accept and validate your feelings**, understanding that stress and anxiety are normal during challenging times.
- **Recognize what is within your control** and focus on those factors to try to mitigate the stress.
- **Remember that this is temporary** and will pass.
- **Take care of your health** by eating and sleeping well, exercising, and meditating.
- **Make time for yourself** with activities you enjoy that are free from COVID-19-related topics.
- **Stay connected** with family, friends, and colleagues while still practising physical distancing.
- **Reach out for help** by talking to your supervisor or seeking professional support.
- **Monitor your substance use** and pay attention to what triggers it.

# PROTECT YOURSELF AND OTHERS

## Remember COVID-19 spread is by:

1. Droplets from the nose, cough, talking (not by aerosols like TB) therefore staying more than 2 meters (6 feet) away apart may help reduce transmission.
2. By hands, through touching surfaces contaminated with droplets of the virus, touching surfaces, and then touching their eyes, and nose or mouth. Therefore, regular hand washing is essential.

## Caring for patients with NO COVID-19 symptoms:

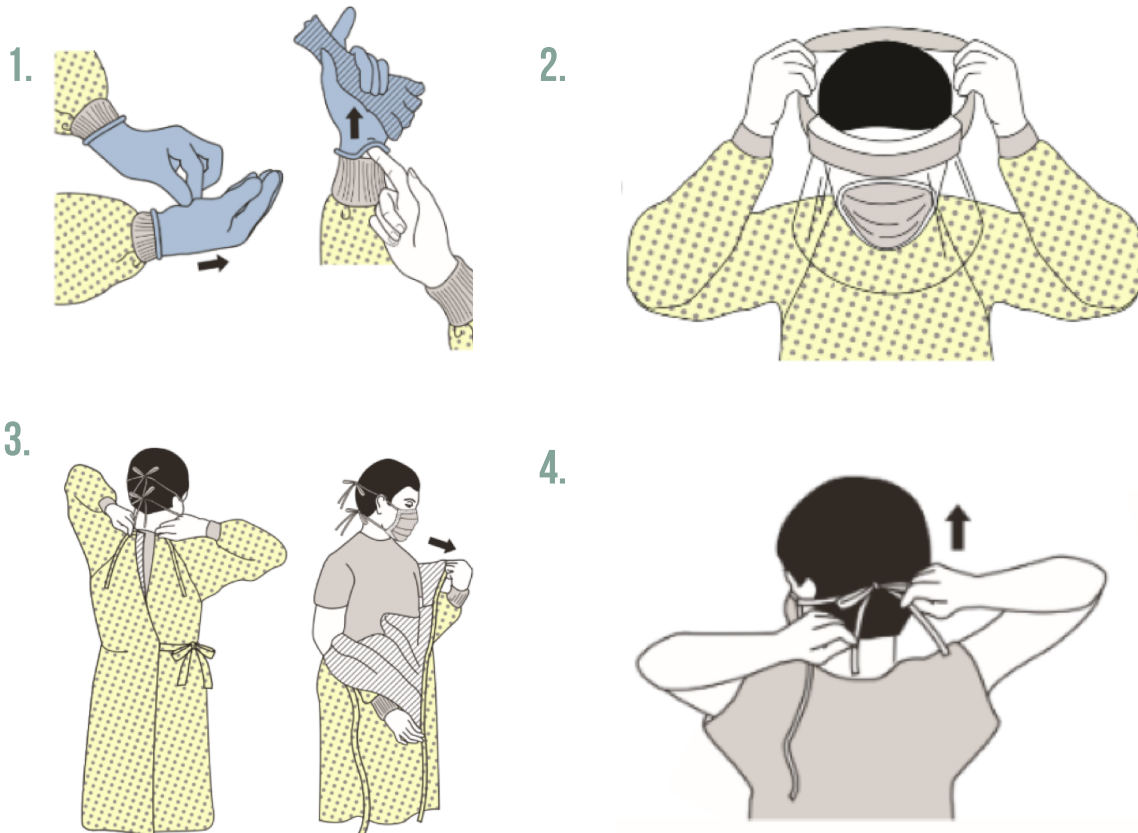
Standard precautions are sufficient. This includes regular hand washing before and after each patient and encouraging cough hygiene. Open windows to help ventilation.

## Put on PPE when caring for patients with suspected COVID-19

No physical contact with patients e.g. screening, talking	Physical contact with patients E.g. examination, taking a COVID-19 swab
<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye shield/goggles</li> </ul>	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye shield/goggles</li> <li>• Gloves</li> <li>• Gown/apron</li> </ul>

**Removing PPE:**

Always wash your hands after removing PPE. Remove in the following order. Avoid touching potentially contaminated areas. Only touch the straps and string of the mask and eye shield. Only touch the inside of the gown and gloves with bare hands.



- Masks can be used for up to 6 hours if needed
- Remove mask if wet, damaged, soiled or if it becomes difficult to breathe
- If you touch front of your mask/eye protection immediately wash hands
- Goggles/face shield can be worn for whole shift, decontaminated, and re-used
- Change gloves between each patient. Double gloving not required.
- Do not reuse medical masks or gloves
- Cotton clothes/gowns can be washed and re-used

# ANNEX 1 OPTIONAL TOOL FOR SEVERITY ASSESSMENT

**NEWS** UK national early warning score. If you have an oximeter, use this tool to calculate the score. Rates given for adults (non-pregnant).

NEWS sign	Score			
	0	1	2	3
Respiratory rate	12-20	9 - 11	21-24	≥25 or ≤8
Pulse (per minute)	51-90	91-110 or 41-50	> 110	≥131 or ≤40
Temperature (°C)	36.1-38.0	38.1-39.0 or 35.1-36.0	≥39.1	≤35.0
Systolic blood pressure (mmHg)	111 - 219	101-110	91-100	≤90 or ≥220
SpO <sub>2</sub> (not on oxygen) by oximeter	≥96	94-95	92-93 or on oxygen	≤91
Level of consciousness	Alert			Unresponsive to voice or pain

*Or use a similar sepsis/severe illness identification tool. For example, for children under 5 use the Integrated Maternal, Newborn and Child Health Strategy -"Danger signs."*

## Decide the severity of the disease

Severity	Standard	Actions
Severe	CRB65 total score = 3-4, or simply have raised RR>25/min	Urgently transfer to a ward with oxygen
Moderate	CRB65 total score = 1-2	Send to observation room/ward for further assessment
Mild	CRB65 total score = 0	Advise and treat, at home

# ANNEX 2 DEFINITION OF COVID-19 SUSPECT OR CASE

Definitions may change over the coming weeks, as the COVID-19 epidemic spreads, and more by community transmission (i.e. where transmission by a travel/ or contact is unlikely/less likely). As of mid-April, the definitions are:

**SUSPECT COVID-19 CASE:** A person who is presenting with any of the conditions below:

- All severe acute respiratory infection\* cases where NO other etiology that fully explains the clinical presentation.
- *Influenza-like illness*\* cases with any one of the following:
  - With no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 during the 14 days prior to symptom onset.
  - Had contact with a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing.
- Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
  - Aged 60 years and above
  - With a comorbidity
  - Assessed as having a high-risk pregnancy
  - Health worker

**PROBABLE COVID-19 CASE:** A suspect case who fulfills any of the following conditions:

- Whom tested for COVID-19 is inconclusive; or
- Whom tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing.
- Suspect case who died without undergoing any confirmatory testing

## CONFIRMED COVID-19 CASE:

Any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory facility.



### **\*Severe acute respiratory infection (SARI):**

An acute respiratory illness with onset during the previous 7 days requiring overnight hospitalization. A SARI case should meet the ILI case definition AND any one of the following:

- Shortness of breath or difficulty of breathing
- Severe pneumonia of unknown etiology, acute respiratory distress, or severe respiratory disease possibly due to novel respiratory pathogens (such as COVID-19).

### **\*Influenza-like illness (ILI):**

A condition with sudden onset (within 3 days of presentation and fever should be measured at the time of presentation) of fever of  $\geq 38^{\circ}\text{C}$  and cough or sore throat in the absence of other diagnoses.

# REFERENCES

1. Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardizing the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP; 2017. 77p.
2. Republic of the Philippines Department of Health. Algorithm for triage of patients with possible Covid-19 infection in health care facilities. Manila: DOHgovph; 2020. 1p.
3. China National Health Commission. Chinese Clinical Guidance for COVID-19 Pneumonia Diagnosis and Treatment (7th edition). Beijing: NHC; 2020. 12 p.
4. World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected: interim guidance, 28 January 2020. World Health Organization; 2020.
5. Office of the Secretary Republic of the Philippines Department of Health. Revised Administrative Order No. 2020-0012 “Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health” dated March 17, 2020. Manila: DOHgovph; 9 Apr 2020. 23p
6. Liang TB. Handbook of Covid-19 prevention and treatment. Zhejiang: Zhejiang University School of Medicine; 2020. 68 p.
7. Razai MS, Doerholt K, Ladhani S, Oakeshott P. Coronavirus disease 2019 (covid-19): a guide for UK GPs. BMJ. 2020 Mar 6;368.
8. World Health Organization. Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts. Updated February 4, 2020.
9. Mental Health Commission of Canada. Managing Stress, Anxiety, and Substance Use During COVID-19. 2020.