



Associatie van Academische Werkplaatsen VB

Onderstaande kennisvraag is beantwoord door de Academische Werkplaatsen aangesloten bij de Associatie van Academische Werkplaatsen Verstandelijke Beperkingen. Een overzicht van alle kennisvragen is te vinden op [de website van de Associatie](#).

Kennisvraag

Zijn blaren op de tong beschreven bij COVID-19? Wat zijn alle up-to-date symptomen die worden beschreven bij COVID-19?

Antwoord

Op basis van de uitgevoerde literatuur search kon geen bewijs gevonden worden dat blaren op de tong gelinkt kunnen worden aan het doormaken van COVID-19.

Op dit moment zijn er nog geen artikelen gevonden die symptomen van COVID-19 specifiek beschrijven voor de doelgroep met een verstandelijke beperking. Het is daarom aanbevolen om cliënten met een verstandelijke beperking te screenen aan de hand van dezelfde criteria als mensen uit de algemene bevolking. Voor een overzicht van de meest actuele beschreven symptomen, kan de site van het NHG geraadpleegd worden. De NHG publiceert flowcharts die een bondig overzicht geven van de symptomen waar cliënten op gescreend moeten worden. Deze flow-charts zijn via de volgende link te vinden: <https://www.nhg.org/coronavirus/hulpmiddelen-voor-uw-praktijk>. Hieronder ook een BMJ artikel over remote assessment of COVID-19 symptoms: <https://www.bmj.com/content/bmj/368/bmj.m1182.full.pdf>. Aan het einde van dit document is de samenvatting van het artikel toegevoegd als infographic. Er staat een blokje 'red flag' symptomen in dat zeker bruikbaar lijkt.

Ook via deze link is veel info te vinden: <https://www.cebm.net/covid-19/>. Onder andere een 'symptoms tracker'.

Sterker op Eigen Benen en GOUD

Jenneken Naaldenberg, Masha Nägele, Geraline Leusink, Anna Bakker, Alyt Oppewal, Renske van der Burgt, Dederieke Festen



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thebmj Visual summary **Covid-19: remote consultations**
A quick guide to assessing patients by video or voice call

Version 1.3
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This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital settings in China. It will be revised as more relevant data emerges.

Clinical characteristics
Based on 1099 hospitalised patients in Wuhan, China

- 69% Cough
- 22% Temperature 37.5-38°C
- 22% Temperature >38°C
- 38% Fatigue
- 34% Sputum
- 19% Shortness of breath
- 15% Muscle aches
- 14% Sore throat
- 14% Headache
- 12% Chills
- 5% Nasal congestion
- 5% Nausea or vomiting
- 4% Diarrhoea
- 24% Any comorbidity

1 Set up
Prepare yourself and decide how to connect

- Have current 'stay at home' covid-19 guidance on hand
- UK government advice: <http://bitly/ukgovisol>
- Video is useful for: Severe illness, Anxious patients, Comorbidities, Hard of hearing
- Scan medical record for risk factors such as: Diabetes, Pregnancy, Smoking, Chronic kidney or liver disease, COPD, Steroids or other immunosuppressants, Cardiovascular disease, Asthma

2 Connect
Make video link if possible, otherwise call on the phone

- Check video and audio: Can you hear/see me?
- Confirm the patient's identity: Name, Date of birth
- Check where patient is: Where are you right now?
- Note patient's phone number in case connection fails
- If possible, ensure the patient has privacy

3 Get started
Quickly assess whether sick or less sick

- Rapid assessment: If they sound or look very sick, such as too breathless to talk, go direct to key clinical questions
- Establish what the patient wants out of the consultation, such as: Clinical assessment, Referral, Certificate, Reassurance, Advice on self isolation

4 History
Adapt questions to patient's own medical history

- Contacts: Close contact with known covid-19 case, Immediate family member unwell, Occupational risk group
- History of current illness: Date of first symptoms
- Most common presentation: Cough, Fatigue, Fever, Short of breath
- Cough is usually dry but sputum is not uncommon
- Up to 50% of patients do not have fever at presentation

5 Examination
Assess physical and mental function as best as you can

- Over phone, ask carer or patient to describe: State of breathing, Colour of face and lips
- Over video, look for: General demeanour, Skin colour
- Check respiratory function - inability to talk in full sentences is common in severe illness
- How is your breathing? Is it worse today than yesterday? What does your breathlessness prevent you doing?
- Patient may be able to take their own measurements if they have instruments at home: Temperature, Pulse, Peak flow, Blood pressure, Oxygen saturation
- Interpret self monitoring results with caution and in the context of your wider assessment

6 Decision and action
Advise and arrange follow-up, taking account of local capacity

- Which pneumonia patients to send to hospital? Clinical concern, such as: Temperature > 38°C, Respiratory rate > 20*, Heart rate > 100† with new confusion, Oxygen saturation ≤ 94%‡
- Likely covid-19 but well, with mild symptoms: Self management: fluids, paracetamol
- Likely covid-19, unwell, deteriorating: Arrange follow up by video. Monitor closely if you suspect pneumonia
- Relevant comorbidities: Proactive, whole patient care
- Unwell and needs admission: Ambulance protocol (999)
- Reduce spread of virus - follow current government 'stay at home' advice
- Safety netting: If living alone, someone to check on them; Maintain fluid intake - 6 to 8 glasses per day; Seek immediate medical help for red flag symptoms

Red flags

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in the chest
- Cold, clammy, or pale and mottled skin
- New confusion
- Becoming difficult to rouse
- Blue lips or face
- Little or no urine output
- Coughing up blood
- Other conditions, such as: Neck stiffness, Non-blanching rash

* Breaths per minute † Beats per minute ‡ If oximetry available for self monitoring

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