

Virtual Influenza-Like-Illness (ILI) Assessments

CPG: Virtual Health

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Introduction:

Virtual care is healthcare at a distance and many assessments need to be adapted in the absence of a face-to-face interaction¹. General ILI assessments may involve using a stethoscope to listen for lung sounds which is not available in virtual healthcare settings. Information will need to be gathered in other ways, such as listening to the patient's cough, or the audible presence of adverse breath sounds, such as wheezing. As with conventional assessments, determine if the patient is experiencing a particular problem and focus on that area first².

Essentials³:

1. **Set-up:** Before initiating a virtual visit, make sure you are set up properly, have access to the patient chart, and any additional information that may be required.
2. **Connect:** Determine the most appropriate method for communicating with the patient (either phone or video chat). Confirm that your audio and video connections are working properly.
3. **Get started:** Once you begin the visit, perform a rapid assessment to determine if any immediate interventions are needed. For example, does the patient appear very sick, or are they too short of breath to speak? If so, go directly to asking key clinical questions. If no immediate interventions are required, establish what the patient hopes to gain from the visit (i.e., clinical assessment, referral, reassurance).
4. **History:** Ask questions to determine a history of the present illness.
5. **Examination:** Perform a modified physical exam and ask functional inquiry questions.
6. **Vitals:** The patient may be able to take their own measurements if they have access to vitals equipment at home (i.e., blood pressure monitor, pulse oximeter, scale). Interpret results with caution and use them to support findings in the context of your wider assessment.
7. **Decision and action:** Based on the follow-up assessment, patients may be discharged from care or referred for a 911 emergency response. Patients with worsening conditions, or those exhibiting red-flag symptoms, should be instructed to immediately call 911 for assessment and conveyance to hospital. Patients whose conditions have not worsened, and present without any red-flag symptoms, may be discharged from care and asked to follow-up with their primary care provider.



Assessment Overview:

- Patients who have entered the ILI Clinical Pathway will have been previously assessed by a paramedic and will have met the following criteria:
 - Between the ages of 17 and 60
 - No 'red flag' symptoms
 - No single NEWS2 score of 3 and have a total NEWS2 score of 3 or less
 - Meets the paramedic's clinical judgement for non-conveyance to hospital
 - Consults with CliniCall
- Consenting patients will be contacted by a community paramedic within 24-48 hours of the initial assessment. The goal of the ILI follow-up is to assess for worsening patient conditions, or the new presence of any red-flag symptoms.
- Patients should be assessed using:
 - The BCCDC COVID-19 Screening Tool
 - Systems based approach
 - Presence or absence of red-flag symptoms

Virtual Assessments:

Patients with ILI		
Section	Component	Question
BCCDC COVID-19 Screen	Are you experiencing any of the following:	<ul style="list-style-type: none"> Severe difficulty breathing (e.g. struggling to breathe or speaking in single words) Severe chest pain Having a very hard time waking up Feeling confused Losing consciousness
		If YES to any of the questions, have the patient and/or caregiver immediately call 911 for transport to hospital
	Are you experiencing any of the following:	<ul style="list-style-type: none"> Mild to moderate shortness of breath Inability to lie down because of difficulty breathing Chronic health conditions that you are having difficulty managing because of difficulty breathing
		If YES to any of the questions, have the patient and/or caregiver call 911 for transport to hospital
	Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?	Symptoms include: <ul style="list-style-type: none"> Fever/chills Cough Shortness of breath Sore throat and painful swallowing Stuffy or runny nose Loss of sense of smell Headache Muscle aches Fatigue or loss of appetite.
		If YES, ask: <ul style="list-style-type: none"> Did you develop symptoms within 14 days of travel outside Canada? Did you provide care or have close contact with a person with confirmed COVID-19?
		Refer patient to get assessed for COVID-19 by calling 811 to find the nearest centre.
		Instruct the patient to self-isolate for a minimum of 10 days, based on BCCDC recommendations: "Self-isolate for a minimum of 10 days, so you do not potentially spread the disease to others. You may return to your regular activities when: <ul style="list-style-type: none"> At least 10 days have passed since your symptoms started; AND Your fever is gone without the use of fever-reducing

		<p>medications (e.g. Tylenol, Advil), AND</p> <ul style="list-style-type: none"> You are feeling better (e.g. improvement in runny nose, sore throat, nausea, vomiting, diarrhea, fatigue).
		<p>Stay home and do not go to work, school or public places and do not use public transit, taxis or ride shares. Do not have visitors to your home. If you live with other people, avoid contact with others at home by staying and sleeping in a separate room and using a separate bathroom if possible.</p> <p>Cover your coughs and sneezes</p> <ul style="list-style-type: none"> When you feel a cough or sneeze coming on, cover your mouth and nose with a tissue. Don't have a tissue? Cough or sneeze into your upper sleeve or elbow, not your hands. Wash your hands right away after you sneeze, cough or touch used tissues or masks. Throw used tissues into a lined trash can in your room and tie up that trash bag before adding it with other household waste. <p>Wash your hands</p> <ul style="list-style-type: none"> Wash your hands often with soap and water for at least 20 seconds. It is best to dry your hands with a paper towel and throw it away after use. If you can't wash your hands, use an alcohol-based hand sanitizer. Avoid touching your eyes, nose, and mouth with unwashed hands. Learn more. <p>Do not share household items</p> <ul style="list-style-type: none"> Do not share dishes, cups, eating utensils, towels, bedding, or other shared belongings. After using these items, wash them with soap and water. <p>Flush the toilet with the lid down</p> <ul style="list-style-type: none"> COVID-19 virus may also be present in poop (stool or feces). Always wash your hands with soap and water after using the toilet. <p>General cleaning</p> <ul style="list-style-type: none"> Water and detergent (e.g., liquid dishwashing soap) or common household cleaning wipes should be used. Apply firm pressure while cleaning. Surfaces should be cleaned at least once a day. Next, use a store bought disinfectant or diluted bleach solution, one part bleach to 50 parts water (20ml of bleach to 1 litre of water), and allow the surface to remain wet for one minute. Clean surfaces that are touched often (e.g., counters, table tops, doorknobs, toilets, sinks, taps, etc.) at least twice a day. <p>Wear a face mask</p> <ul style="list-style-type: none"> When you are sick, wearing a face mask (surgical or procedure mask) helps to stop the spread of germs from you to others. Wear a face mask when you are in the same room with other people and when you get medical care. If your mask gets wet or dirty, change it and wash your hands right away. You and those you live with do not need to wear a

		<p>away. You and those you live with do not need to buy and wear other types of masks, such as an N-95 respirator mask.</p> <p>Note that sometimes people with mild symptoms at the start of their COVID illness may suddenly worsen and require urgent medical care.</p> <ul style="list-style-type: none"> Pay attention to how you are feeling. If it becomes harder to breathe, you can't drink anything or feel much worse, seek
		<p>urgent medical care at an urgent care clinic or emergency department.</p> <p>If you are a health care worker</p> <ul style="list-style-type: none"> Follow the advice of your employer. If you need more information, go to this BCCDC site for healthcare workers.
FUNCTIONAL INQUIRY		
FOCUSED ASSESSMENT	Nervous System	Presence of a headache
		Presence of dizziness
		Episodes of confusion and memory problems
		Episodes of altered mental status or syncope
		Seizure-like activity
		Neck stiffness
		Altered vision, hearing, taste or smell
		<p><i>The most common neurologic infections which may produce fever are:</i></p> <ol style="list-style-type: none"> Meningitis: Risk factors include age <5 or >65, crowded housing arrangements, immunocompromise, cancer, unvaccinated and HIV/AIDS. Patients may present with headache, confusion, neck stiffness, photophobia seizures or vomiting, although many patients over 65 will present with confusion alone. Encephalitis: Presents with a very similar clinical picture to Meningitis, although additional risk factors may include recent viral infections, organ transplantation and animal or insect bites
		Presence of cough, including colour and quantity of sputum
		Pharyngitis (sore throat)
		Dyspnea (both whilst at rest and on exertion)

	Respiratory System	Dyspnea (both whilst at rest and on exertion)
		Orthopnea (dyspnea whilst supine)
		Paroxysmal nocturnal dyspnea (shortness of breath during the night)
		Wheezing
		Painful breathing
		Recent chest wall trauma
		Recent respiratory investigations (peak expiratory flow, chest x-ray)
		<p><i>There are many respiratory infections which may produce fever (including COVID-19, to be discussed separately). Some of the more common include:</i></p> <ol style="list-style-type: none"> 1. Pneumonia: Risk factors include age >65, residence in a nursing home, chronic respiratory diseases (COPD, asthma), chronic heart disease, diabetes, alcohol misuse, smoking and poor oral hygiene. Patients commonly present with a cough and mucopurulent sputum, although elderly patients may not present with a cough, dyspnea, pleuritic chest pain, rigors or night sweats, confusion and crackles and decreased breath sounds on auscultation or dullness to percussion 2. Acute Bronchitis: Risk factors include recent exposure to viral illness or smoking. Patients may present with a cough up to 30 days, clear or white sputum and no other suspected respiratory disease
	Cardiovascular System	Recent episodes of tachycardia
		Hypotension
		Chest pain or discomfort (abnormal sensations)
		Palpitations
		Central edema (increased jugular venous pressure)
		Peripheral edema (lower limb edema, abdominal edema)
		Dyspnea (at rest and on exertion)
		Orthopnea
		Paroxysmal nocturnal dyspnea

		<p><i>There are some cardiovascular infections which may produce fever. The more common include:</i></p> <ol style="list-style-type: none"> 1. Myocarditis: Risk factors include HIV/AIDS, autoimmune disease and the postnatal period. Patients generally present with a viral prodrome, including fever, myalgia for 3 weeks preceding the initial presentation. 2. Endocarditis: Risk factors include a previous history of infectious endocarditis and the presence of artificial heart valves. Patients frequently present with fever, as well as night sweats, malaise, weight loss, weakness and shortness of breath
	The Gastrointestinal System	Difficulty swallowing
		Changes in appetite
		Nausea
		Frequency, consistency and colour of bowel movements
		Pain on defecation
		Abdominal pain
		Jaundice
		Previous liver or gallbladder issues
		<p><i>There are multiple gastrointestinal infections which may produce fever. The more common include:</i></p> <ol style="list-style-type: none"> 1. Viral Gastroenteritis: Risk factors include consumption of contaminated food or water, close contact with other patients, poor hygiene, and chronic comorbidities. Patients will generally present with watery diarrhea, acute onset of vomiting and abdominal cramping without tenderness or rebound tenderness 2. Acute Appendicitis: Will most commonly presented with mid-abdominal pain which later shifts into the right lower quadrant, worsened by movement, significantly decreased appetite and a low-grade fever 3. Acute Cholangitis: Risk factors include patients over 50 with a previous history of cholelithiasis. Patients will typically present with right upper quadrant tenderness, jaundice and fever and may also have pale stool colour
		Frequency of urination (including polyuria and nocturia)

	The Urinary System	Increased urinary urgency
		Pain or burning on urination
		Flank pain
		Suprapubic pain
		Incontinence (new or chronic)
		Previous urinary infections
		Recent catheter changes
		<p><i>There are multiple urinary infections which may produce fever. The most common is:</i></p> <ol style="list-style-type: none"> Urinary Tract Infection: Risk factors include sexual activity, history of recurrent UTI and female sex. Patients typically present with dysuria, increased frequency of urination and hematuria. Foul smelling urine is not a diagnostic sign of UTI. Costovertebral angle tenderness may indicate Pyelonephritis.
	The Musculoskeletal System	Recent trauma (swelling, contusions, tenderness)
		Muscular or joint pain
		Unusual swelling, redness or pain to touch
		Chronic back or neck pain
		Limitations of movement
	The Integumentary System	Recent trauma (abrasions, punctures, penetrations, burns)
		Rashes (particularly non-blanching rashes)
		Lumps or sores
		Itching
		Changes in colour of skin
		Changes in hair or nails
		Swelling of glands

	The Immune System	
		Painful glands
		Excessive weakness or fatigue
		On-going fever
	The Endocrine System	Fluctuations in blood glucose level
		Unusual weight gain or loss
		Heat or cold intolerance
		Excessive diaphoresis
		Excessive thirst or hunger
		Change in shoe size

Risk Identification

Traffic light system for identifying risk in ILI patients			
	<ul style="list-style-type: none"> Green Flag - Low Risk Document visit and report as normal 	<ul style="list-style-type: none"> Yellow Flag - Medium Risk 	<ul style="list-style-type: none"> Red Flag - High Risk Initiate 911 Response
Skin	<ul style="list-style-type: none"> Normal Colour** 	<ul style="list-style-type: none"> Pale 	<ul style="list-style-type: none"> Cyanosis** Non-blanching rash
Respiratory	<ul style="list-style-type: none"> Breathing problems have not changed <ul style="list-style-type: none"> SOB Cough Sputum 	<ul style="list-style-type: none"> Cough Rhinorrhea Congestion 	<ul style="list-style-type: none"> Severe Dyspnea while at rest Dyspnea on exertion Ongoing dyspnea Hemoptysis
Circulatory	<ul style="list-style-type: none"> Normal skin colour** No new onset chest pain 		<ul style="list-style-type: none"> Pain or pressure in the chest Cold, clammy, pale or mottled skin
Neurological	<ul style="list-style-type: none"> Normal mentation 	<ul style="list-style-type: none"> Headache Dizziness 	<ul style="list-style-type: none"> New Confusion Altered mental status Neck stiffness

5,6,7,8,9,10,11,12,13

* If able to measure using the patient's supplied equipment

** If able to assess using video conferencing tools

Decision and Action

1. All patients with worsening conditions, or those presenting with any red-flag symptoms, should be instructed to call 911 for

emergency assessment and conveyance to hospital.

2. Patients without worsening conditions, and absent of red-flag symptoms, can be discharged and asked to follow up with their primary care provider. Prior to discharge:
 - Patients and/or caregivers should be provided with sufficient discharge advice to be able to identify potential deterioration in condition and act accordingly. This should be documented in the care planning section of SIREN.
 - Patients should be advised to call 911, 811, or the COVID information line (1-888-COVID19) if their condition worsens, or for additional information.

References & Further Reading:

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Virtual Cardiovascular Assessments

CPG: Virtual Health

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Introduction:

Virtual care is healthcare at a distance and many assessments need to be adapted in the absence of a face-to-face interaction¹. Clinical assessments involve the use of tools and instruments which are not available in virtual healthcare settings. Information will need to be gathered in other ways, such as listening to the patient's cough, or the audible presence of adverse breath sounds, such as wheezing. As with conventional assessments, the clinician must determine if the patient is experiencing a particular problem and focus on that area first. If no particular problem is present, complete a generalized assessment of the relevant system².

Assessment Overview:

1. Because the cardiovascular system has several different parts, it makes sense to focus on one section at a time. It may be difficult to assess:
 - Skin colour, temperature, or quality
 - Capillary refill time
 - Peripheral pulses
 - Heart sounds
 - Peripheral edema
 - Blood pressure
2. When conducting a virtual assessment of this system, use careful questioning to gather important information. Keep in mind that the cardiovascular and respiratory systems are closely related, and some of the assessment questions may be appropriate for either body system. As with all major body system assessments, determine first if the patient is experiencing any particular cardiovascular problem. If so, focus on that area first. If not, complete a general assessment of this system².

Virtual Assessments:

Cardiovascular System(2)		
Section	Component	Question
MODIFIED EXAM	Cognitive Function	Is the patient alert?
		Does the patient appear confused?
	Work of Breathing	Does the patient appear to have an increased work of breathing?
		Can the patient complete a sentence without having to stop and take a breath?
		Ask the patient to walk to another part of the room. Listen to their ability to breath and talk while walking.
		After walking, ask the patient if he or she feels short of breath. You will be able to hear or determine this by the patient's ability to talk, walk, or breathe
		Does the patient feel the need to sit down after walking a short distance?
	Lung Sounds	Ask the patient to take a deep breath in through the nose and

		<p>exhale through the mouth.</p> <ul style="list-style-type: none"> Are there any audible lung sounds? <ul style="list-style-type: none"> Wheezes? Rhonchi? Does the action of taking a deep breath in and out cause the patient to cough
		<p>Listen to the patient talk and assess if a cough is present.</p> <ul style="list-style-type: none"> If coughing, note if it sounds dry or moist.
	Skin	Assess the patient skin colour
		Assess for peripheral edema
		Assess for bruising or redness on extremities
		Assess for jugular vein distention
FUNCTIONAL INQUIRY	Heart	<p>How would you rate your energy level?</p> <ul style="list-style-type: none"> Good, fair or poor?
		<p>Have you ever been told that you have a heart problem?</p> <ul style="list-style-type: none"> If so, what problem(s)?
		Have you ever had an electrocardiogram (EKG)?
		<p>Have you ever been told that you have an irregular heart rhythm?</p> <ul style="list-style-type: none"> Do you ever feel like your heart skips a beat or “changes gears”? Do you ever feel like your heart is beating fast?
		<ul style="list-style-type: none"> Do you ever feel like there is a bird fluttering in your chest?
		Have you ever passed out (lost consciousness) without any known reason?
		Have you ever had an infection that affected your heart?
		Have you ever had surgery on your heart as an adult or as a child?
		<p>Have you ever experienced chest pain?</p> <ul style="list-style-type: none"> If so, describe the pain.
		<p>Describe the color of the skin under your fingernails.</p> <ul style="list-style-type: none"> Would you say that it is: <ul style="list-style-type: none"> Pink Red White Pale
	Arterial Circulation	<p>Have you ever been told that you have a problem with any of your arteries?</p> <ul style="list-style-type: none"> If so, which ones?

		When was the last time that you had your blood pressure measured? <ul style="list-style-type: none"> • If so, do you remember what the numbers were?
		Do you ever wake up with a headache?
		Do you ever experience blurred vision?
		Do you ever have nosebleeds? <ul style="list-style-type: none"> • If so, when was the last nosebleed? <ul style="list-style-type: none"> ○ How long did it last? ○ What did you do to make it stop?
		Have you been prescribed or are taking medication for high blood pressure? <ul style="list-style-type: none"> • If so: <ul style="list-style-type: none"> ○ What is the name of your medication? ○ How often do you take it? ○ How long have you been taking it? ○ Have you had any problems or side effects from taking this medication?
		Is the color of your lower legs the same color as the rest of your skin?
		Do you have any swelling around your feet or ankles?
		Do you have any numbness or tingling of your feet or hands?
		Do you ever have pain in your calves (the back of your lower legs) when you walk? <ul style="list-style-type: none"> • If so:
		<ul style="list-style-type: none"> ○ How would you describe the pain? <ul style="list-style-type: none"> ■ (The pain of arterial insufficiency is often described as sharp or stabbing.) ○ Does exercise or walking make it better or worse? <ul style="list-style-type: none"> ■ (Walking will make arterial insufficiency worse.) ○ How long does it last? ○ What do you do to make it stop? ○ Does elevating your legs make the pain better or worse?
		Have you noticed if the amount of hair on your lower legs has changed?
		Does the skin of your lower legs appear shiny?
		Do you smoke cigarettes or use any tobacco products? <ul style="list-style-type: none"> • If so, for how long? (pack years) • How much do you smoke or use tobacco products?

	Venous Circulation	Is the skin over the front of your lower legs darker in color than the rest of the skin on your legs?
		Do you have any wounds or sores on your legs or ankles? <ul style="list-style-type: none"> • If so: <ul style="list-style-type: none"> ○ How long have you had these sores? ○ What have you been using to treat the sores?
		Do you ever experience swelling of your legs and ankles? <ul style="list-style-type: none"> • If so, does elevating your legs make the swelling go down?
		Do your legs swell if you sit or stand in one position too long?
		How would you rate your activity level? <ul style="list-style-type: none"> • Active <ul style="list-style-type: none"> ○ (participate in sports or other activity daily) • Moderate <ul style="list-style-type: none"> ○ (participate in sports or other activity a few times a week) • Sedentary <ul style="list-style-type: none"> ○ (limited to household chores)
		Do you ever experience pain in your lower legs? <ul style="list-style-type: none"> • If so: <ul style="list-style-type: none"> ○ Describe the pain. <ul style="list-style-type: none"> ■ (The pain of venous insufficiency is often described as a feeling of fullness or aching.) ○ Does walking make the pain better or worse? ○ How long does the pain last? ○ What do you do to make the pain stop or improve?
		Have you ever been diagnosed with varicose veins? <ul style="list-style-type: none"> • If so: <ul style="list-style-type: none"> ○ What treatment have you received, if any? ○ What do you do to reduce the discomfort from the varicose veins?
	Lymphatic System	Do you have any swelling? <ul style="list-style-type: none"> • On your neck? • Around your upper chest/armpits? • One arm or hand? • Groin? • One leg?
		Have you ever been told or diagnosed with a problem with your lymph system or drainage?
		Have you had any surgeries that interrupt lymph drainage such as surgery for breast cancer?
		Do you ever get “swollen glands” with an infection or chest cold?
		Have you ever had to be hospitalized for the infection and the swollen glands?
		Have you ever been diagnosed or treated for cancer that affects the lymphatic system?

		Have you ever been diagnosed or treated for cancer that affects the lymph or glands?
	Blood	Have you ever been told or diagnosed with a problem with your blood? <ul style="list-style-type: none"> If so, please describe the problem.
		Have you ever been diagnosed with anemia caused by low iron?
		Have you ever been diagnosed with anemia caused by something else?
		Do you take or have been prescribed medication to treat anemia? <ul style="list-style-type: none"> If so: <ul style="list-style-type: none"> What is the name of the medication? How long have you been taking it? How many times a day do you take it? Is it a pill or do you have to get injections?
		Do you ever get short of breath when you do routine activities? <ul style="list-style-type: none"> (This question might be inappropriate if the patient smokes. If the patient does not smoke, shortness of breath can be an indication of a low hemoglobin level.)
		Do you take or have been prescribed any medication that makes your blood thinner? <ul style="list-style-type: none"> If so: <ul style="list-style-type: none"> What is the name of the medication? How long have you been taking the medication? How many times a day do you take it?
		Do you ever get any bruises on your skin that just occur without any injury? <ul style="list-style-type: none"> Where are these bruises located? How long do they last? Do they routinely reappear?
		Do your gums bleed easily when brushing your teeth? <ul style="list-style-type: none"> How long has this been going on? Have you discussed this with your doctor, dentist, health
	care provider?	
		When you get a minor cut or scrape of the skin, how long does it take for the area to stop bleeding? <ul style="list-style-type: none"> Do you have to apply pressure to the area to make it stop bleeding?
		Have you ever been told or diagnosed with a health problem that affects your blood's ability to clot such as hemophilia? <ul style="list-style-type: none"> Do you know the type of hemophilia? Have you had to be hospitalized for treatment of hemophilia? Do you take medication for hemophilia?
		Do you recall the last time that you had an infection?

		<ul style="list-style-type: none"> • What type of infection was it? • Were you prescribed antibiotics for the infection? • Has the infection reappeared since the last treatment?
		<p>How often do you experience a fever?</p> <ul style="list-style-type: none"> • If frequently: <ul style="list-style-type: none"> ○ Is there a particular time of day when the fever occurs? ○ What do you do to treat the fever? ○ Do you experience extreme sweating when the fever breaks?
		<p>Do you take or have been prescribed a medication called a steroid?</p> <ul style="list-style-type: none"> • If so: <ul style="list-style-type: none"> ○ Why were you prescribed this medication? ○ Are you still taking this medication? ○ Can you recall the last time you had to take this medication? ○ How long did you take it?
FOCUSED ASSESSMENT	Chest Pain	<p>Assess the pain for:</p> <ul style="list-style-type: none"> • Quality • Location • Radiation to the arm or jaw area • Associated with nausea/vomiting • Sweating
		Assess how long it has been going on
		<i>Suspect an acute myocardial infarction if this is a new episode and initiate a 911 response</i>
		<p><i>Suspect angina if this has happened before</i></p> <ul style="list-style-type: none"> • Assess if patient has medication to treat the chest pain • Suggest the patient follow the directions to treat the chest pain
	Dysrhythmia	Assess if the patient has a history of an irregular heartbeat
		Assess if the patient ever feels like the heart is skipping beats
		Assess if the patient has prescribed medication to treat the irregular
		heartbeat
		<p>Assess if the patient is experiencing palpitations or fluttering.</p> <ul style="list-style-type: none"> • If so, determine: <ul style="list-style-type: none"> ○ Frequency ○ Time the discomfort has been occurring
		<p>Assess associated factors such as:</p> <ul style="list-style-type: none"> • Occurring after ingesting something containing caffeine (coffee) or chocolate • Occurring during or after smoking

	Heart Failure	Assess if the patient has a history of foot/ankle/lower leg swelling
		Assess if the patient has a cough. Determine if the cough “sounds” productive. <ul style="list-style-type: none"> ● If so, ask: <ul style="list-style-type: none"> ○ How long has the cough been occurring? ○ Is there any phlegm produced? ○ The color of the phlegm?
		Assess if the patient has noticed the veins in the neck being more prominent than usual
		Assess if the patient has ever been diagnosed with heart failure
		Assess if the patient takes or is prescribed medications for heart failure. <ul style="list-style-type: none"> ● If so, <ul style="list-style-type: none"> ○ What is the name of the medication? ○ How long has the medication been prescribed? ○ How many times a day is the medication taken?
		Assess if the patient is experiencing any new symptoms of heart failure
	Problems with Circulation	Assess if there is a change in the color of the skin over the lower extremities
		Assess if the feet and legs feel cold or warm to touch
		Assess if the feet/legs feel numb
		Assess if the skin appears shiny or if there is a change in the amount of body hair over the lower extremities
		Assess if there is any swelling of the feet/ankles/lower legs
		Assess if there are any wounds on the legs
		Assess if the patient is experiencing any pain with activity and inactivity
		<i>Suspect arterial insufficiency if the skin is red in color and experiences pain with walking or other activity.</i>
		<i>Suspect venous insufficiency if the skin is dark brown and experiencing a feeling of heaviness or fullness of the legs when sitting or standing in the same position</i>
	Swollen Glands	Assess the location of the swollen gland <ul style="list-style-type: none"> ● Neck ● Under the arm ● Groin

		Assess how long the gland has been swollen
		Assess if the swollen gland is painful to touch
		Assess if the swollen gland can move, or is fixed, or feels like it is sticking to one area
		Assess if the swollen gland feels like rubber, or harder like a marble <ul style="list-style-type: none"> • Suspect an acute infection if the swollen gland is movable and rubbery • Suspect another disease process if the swollen gland is hard and immovable
	New Onset of Morning Headache	Assess where the headache is located? <ul style="list-style-type: none"> • Around the back of the neck • Throughout the forehead
		Assess if the headache gets better as the day progresses?
		Assess what has been done for the headache: <ul style="list-style-type: none"> • Taking over-the-counter medication • Laying down with a cool compress
	Blurred Vision	Assess when the blurred vision first started
		Assess if the patient participates in any activities that could cause eyestrain <ul style="list-style-type: none"> • Needlepoint • Reading small print • Extensive computer work, etc.
		Assess if there are any other eye changes noticed <ul style="list-style-type: none"> • Tearing • Crusting • Redness • Drainage
	Nosebleed	Assess what the patient was doing when the nosebleed started
		Assess how long the bleed lasted
		Assess what was done, if anything, to help stop the bleeding
		<i>Suspect an elevation in blood pressure</i>
	New onset	Assess how long the fatigue has been occurring
	Fatigue	Assess when the fatigue was first noticed
		Assess what is being done about the fatigue
		Assess if the fatigue is associated with any other symptoms, such as:

		<ul style="list-style-type: none"> • New onset of productive cough • New onset of foot/ankle/lower extremity swelling • Change in amount of urine output • Change in appetite • Blurred vision • Headache • Irritability • Shortness of breath or difficulty “catching the breath” • New onset of numbness or tingling of the feet/hands • Inability to complete activities of daily living without having to stop and rest
		<p><i>Suspect exacerbation or new onset of heart failure if fatigue is associated with:</i></p> <ul style="list-style-type: none"> • <i>Productive cough</i> • <i>Lower extremity edema</i> • <i>Change in urine output</i> • <i>Change in appetite</i> • <i>Shortness of breath</i> • <i>Irritability</i>
		<p><i>Suspect acute elevation of blood pressure if fatigue is associated with:</i></p> <ul style="list-style-type: none"> • <i>Blurred vision</i> • <i>Headache</i>
		<p><i>Suspect anemia for the fatigue is associated with:</i></p> <ul style="list-style-type: none"> • <i>Shortness of breath</i> • <i>Activity intolerance</i> • <i>Numbness/tingling of the hands/feet</i>
	Unexplained Bruising	Assess where the bruises are located
		Assess for the estimated size of the bruises
		<p>Assess if the bruises are:</p> <ul style="list-style-type: none"> • clustered around a joint such as <ul style="list-style-type: none"> ○ Knee ○ Ankle • Scattered over a large area such as <ul style="list-style-type: none"> ○ Over both arms ○ Both legs ○ Abdomen ○ Lower back
		Assess if the patient recalls bumping into anything that could have caused the bruising
		Assess if the bruises are painful
		Assess if experiencing any new onset of bleeding gums, nosebleed,

		or coughing of blood
		<i>Suspect an alteration in platelets/clotting with a new unexplained onset of bruising</i>
	Experiencing Fevers	Assess when the fevers were first noticed
		Assess if the fevers occur during any particular time of day
		Assess if the fevers are associated with any other symptoms or body changes
		Assess what the patient has been doing to treat the fevers
		Assess if the fevers are occurring more or less frequently
	New Onset of Peripheral Edema	Assess the area that is edematous
		Assess if the patient can see an indentation when the swollen area is pressed with a finger
		Assess when patient measured body weight <ul style="list-style-type: none"> Assess if the weight has increased since the last measurement
		Assess if there has been a change in amount of urine voided
		Assess if the patient has increased the amount of salt ingested
		Assess if the patient has noticed tightness or swelling of the: <ul style="list-style-type: none"> Fingers/hands Under/around the eyes
		<i>Suspect acute fluid volume overload (which can be due to heart failure, renal failure, hypertension)</i>

Risk Identification

Traffic light system for identifying risk in cardiovascular patients			
	<ul style="list-style-type: none"> • Green Flag - Low Risk • Document visit and report as normal 	<ul style="list-style-type: none"> • Yellow Flag - Medium Risk • Report to Primary Care Provider 	<ul style="list-style-type: none"> • Red Flag - High Risk • Arrange Transport to Hospital
Colour (of skin, lips, fingers)	<ul style="list-style-type: none"> • Normal Colour** 	<ul style="list-style-type: none"> • Localized area of painful blisters or rash 	<ul style="list-style-type: none"> • Diaphoresis • Cyanosis • Ashen
Activity	<ul style="list-style-type: none"> • Appetite is normal • Ability to exercise • Normal ADL's • No trouble sleeping 	<ul style="list-style-type: none"> • Feel more tired • Lacking the energy to do daily activities. • Finding it easier to sleep by adding pillows or sitting up in a chair. 	<ul style="list-style-type: none"> • Syncope • Altered level of consciousness
Respiratory	<ul style="list-style-type: none"> • Breathing problems have not changed <ul style="list-style-type: none"> ◦ SOB ◦ Cough ◦ Sputum 	<ul style="list-style-type: none"> • More short of breath than usual. • Dry hacking cough. • Difficulty breathing while lying down • Pain occurs with deep breathing 	<ul style="list-style-type: none"> • Struggling to breathe • Shortness of breath does not go away while sitting still.
Circulatory	<ul style="list-style-type: none"> • No chest discomfort, pain or pressure. • No swelling or increase in swelling to your feet, ankles, legs, or stomach. • No weight gain more than 4lbs (2kg) over 2 days in a row, or 5lbs (2.5kg) in 1 week. 	<ul style="list-style-type: none"> • Weight gain more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week. • Increased swelling in the feet, ankles, legs, or stomach. • Change in chest pain pattern in known cardiac patients • Chest pain with exertion that is relieved with rest • Pain occurs when pressure is applied to the area • Intermittent mild chest discomfort with deep productive coughing 	<ul style="list-style-type: none"> • Tachycardia that does not resolve with rest • Chest pain that is not resolved with rest or medications. • New onset continuous or intermittent chest pain, tightness or pressure • Heart palpitations • Chest pain at rest • Repeated shocks and internal defibrillator in place
Other		<ul style="list-style-type: none"> • Vomiting and/or diarrhea that lasts more than two days. • New onset light-headedness or dizziness • Feeling uneasy, like something does not feel right. 	<ul style="list-style-type: none"> • New onset confusion

4, 5, 6, 7, 8, 9

* If able to measure using the patient's supplied equipment

** If able to assess using video conferencing tools

Decision and Action

1. All patients with worsening cardiovascular symptoms (yellow) should be referred to their primary care provider for assessment.
2. If the paramedic does not have an existing history with the patient, they should strongly consider emergency transport to hospital for any patients experiencing yellow flag symptoms.
3. Patients with red flag symptoms should be transported to the emergency department for assessment and treatment
4. Medication administration prior to arrival (ASA, NTG)

Additional Treatment Information:

1. Many patients living with heart failure utilize a Heart Failure Zone plan, which is provided by their primary care provider. Patients should be encouraged to follow their action plan when and if they become symptomatic⁹.

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Virtual Respiratory Assessments*CPG: Virtual Health*

Created: April 7, 2020

Updated: --

Author: Chris Michel

Introduction:

Virtual care is healthcare at a distance and many assessments need to be adapted in the absence of a face-to-face interaction¹. General respiratory assessments involve using a stethoscope to listen for lung sounds, which is not available in virtual healthcare settings. Information will need to be gathered in other ways, such as listening to the patient's cough, or the audible presence of adverse breath sounds, such as wheezing. As with conventional assessments, determine if the patient is experiencing a particular problem and focus on that area first. If no particular problem is present, complete a generalized assessment of the respiratory system².

Essentials³:

1. **Set-up:** Before initiating a virtual visit, make sure you are set up properly, have access to the patient chart, and any additional information that may be required.
2. **Connect:** Determine the most appropriate method for communicating with the patient (either phone or video chat). Confirm that your audio and video connections are working properly.
3. **Get started:** Once you begin the visit, perform a rapid assessment to determine if any immediate interventions are needed. For example, does the patient appear very sick or are they too short of breath to speak? If so, go directly to asking key clinical questions. If no immediate interventions are required, establish what the patient hopes to gain from the visit (i.e., clinical assessment, referral, reassurance).
4. **History:** Ask questions to determine a history of the present illness.
5. **Examination:** Perform a modified physical exam and ask functional inquiry questions.
6. **Vitals:** The patient may be able to take their own measurements if they have access to vitals equipment at home (i.e., blood pressure monitor, pulse oximeter, scale). Interpret results with caution and use them to support findings in the context of your wider assessment.
7. **Decision and action:** Based on your findings, decide if you should report to the patient's most responsible provider, or if the patient requires immediate conveyance to hospital.



Assessment Overview:

1. Because the respiratory system includes two sets of structures, the assessment should be divided into two parts. This assessment can be challenging as it may be difficult to visualize:
 - Nasal flaring
 - Nasal drainage, colour, and consistency
 - Edematous sinus areas
 - Chest drainage, colour, and consistency
 - Chest diameter
 - Nail bed clubbing
2. Paramedics traditionally use a stethoscope to listen for lung sounds, but this may not be available when providing virtual care. What will be audible is the presence of a cough and the "noisiness" of breath sounds. The microphone will serve as the "virtual" stethoscope. As with all major body system assessments, determine first if the patient is experiencing any particular respiratory problem. If so, focus on that area first. If not, complete a general assessment of this system².

Virtual Assessments:

Upper Respiratory		
Section	Component	Question
MODIFIED EXAM	Voice Quality	Does the patient’s voice sound clear?
		Does the patient sound “congested” or does the voice have a “nasal” quality?
		Is the patient “clearing the throat” while talking?
FUNCTIONAL INQUIRY	General	Have you noticed or experienced any changes in your breathing? <ul style="list-style-type: none">If so, please describe the changes.
		How many pillows do you need or use to sleep and breathe comfortably? <ul style="list-style-type: none">Has there been a change in the number of pillows you use?
		Have you ever been diagnosed with a respiratory problem? <ul style="list-style-type: none">If so, what is the problem?
	Nose	Do you breathe through your nose?
		Have you experienced any nasal stuffiness or congestion? <ul style="list-style-type: none">Do you have associated symptoms, such as fever, cough, headache, or sinus pressure?
		Are you experiencing any nasal drainage? <ul style="list-style-type: none">If so, what is the color of the drainage?
		Is there any particular pattern to your sneezing?
	Mouth	Do you breathe through your mouth? <ul style="list-style-type: none">If so, what is the primary reason for mouth-breathing?
	Pharynx, larynx	Have you noticed any changes in your ability to swallow?
		Have you noticed any changes in your voice quality? <ul style="list-style-type: none">If so, describe the changes.
FOCUSED ASSESSMENT	Nose	Have you ever had a nosebleed? <ul style="list-style-type: none">What did you do to control the bleeding?
	Throat	How long has your voice sounded hoarse or raspy? <ul style="list-style-type: none">Has this ever happened to you before?What did you do to make the sound of your voice better?
		Are you experiencing any other symptoms like upper chest pain or swelling of the neck, face, or arms? <ul style="list-style-type: none">Do you have swelling to your neck, face, or arms?

Lower respiratory		
Section	Component	Question
MODIFIED EXAM	Work of Breathing	Can the patient complete a sentence without having to stop and take a breath?
		Ask the patient to walk to another part of the room. Listen to their ability to breath and talk while walking.
		After walking, ask the patient if he or she feels short of breath. You will be able to hear or determine this by the patient's ability to talk, walk, or breathe.
		Does the patient feel the need to sit down after walking a short distance?
	Lung Sounds	<p>Ask the patient to take a deep breath in through the nose and exhale through the mouth.</p> <ul style="list-style-type: none"> Are there any audible lung sounds? <ul style="list-style-type: none"> Wheezes? Rhonchi? Does the action of taking a deep breath in and out cause the patient to cough
FUNCTIONAL INQUIRY	Bronchi, Lungs	<p>Have you been experiencing a cough?</p> <ul style="list-style-type: none"> If so, how long have you had the cough? <ul style="list-style-type: none"> What causes the cough to occur? What makes the cough better? Are you coughing up any phlegm? <ul style="list-style-type: none"> If so, how often Describe the color of the phlegm. What does the cough sound like? <ul style="list-style-type: none"> Dry? Hacking/barking? Moist/gurgling? Does the cough cause you any pain? <ul style="list-style-type: none"> If so, describe the pain Do you ever wake up from sleep coughing? <ul style="list-style-type: none"> If so, what do you do to stop coughing?
FOCUSED ASSESSMENT	Shortness of Breath	<p>Do you feel like you can't catch your breath?</p> <ul style="list-style-type: none"> Has this ever happened before? Do you feel short of breath when you are moving? Do you feel short of breath at rest? What did you do to help it in the past?
	Cough	<p>What color is your phlegm?</p> <ul style="list-style-type: none"> Have you coughed up this color of phlegm before? Is there blood in your phlegm? <ul style="list-style-type: none"> How long has this been going on? Are you having any chest pain? Describe the color: <ul style="list-style-type: none"> Dark red Light pink Streaks of blood What medications are you taking? (assess for

		anticoagulants, aspirin)
General Concerns		
Section	Component	Question
MODIFIED EXAM		
FUNCTIONAL INQUIRY	Environment	Do you have, or have you been diagnosed with allergies? <ul style="list-style-type: none"> • What are you allergic to? • Have you been prescribed medication to treat the allergies? • How frequently do you experience respiratory effects from the allergies?
		Are you exposed to items in your work or home environment that affect your breathing or cause you to cough?
		Do you smoke? <ul style="list-style-type: none"> • How much do you smoke? (Packs per day) • When did you start smoking? (Pack years) • Have you attempted smoking cessation? <ul style="list-style-type: none"> ○ If so, when was the last time you stopped smoking?
		Do you use any other inhalants such as marijuana, vaping, glue, or spray paint? <ul style="list-style-type: none"> • If so, how frequently do you use these inhalants?
	Preventative Measures	Do you receive an annual influenza vaccination?
		Have you ever received a vaccination for pneumonia?
	Physical	Have you noticed if your shirts or blouses are more snug across your chest?
		Have you noticed any changes in your fingernails? <ul style="list-style-type: none"> • Are the tips of your fingers becoming thicker? • Are the nails growing over the tips of the fingers? • What is the color of your nail beds? <ul style="list-style-type: none"> ○ Pink, pale, whitepale, blue?
FOCUSED ASSESSMENT		

Risk Identification:

Traffic light system for identifying risk in COPD patients			
	<ul style="list-style-type: none"> Green Flag - Low Risk Document visit and report as normal 	<ul style="list-style-type: none"> Yellow Flag - Medium Risk Report to Primary Care Provider 	<ul style="list-style-type: none"> Red Flag - High Risk Arrange Transport to Hospital
Colour (of skin, lips, fingers)	<ul style="list-style-type: none"> Normal Colour** 	<ul style="list-style-type: none"> Pallor** 	<ul style="list-style-type: none"> Pale** Mottled** Ashen** Cyanosis**
Activity	<ul style="list-style-type: none"> Appetite is normal Ability to exercise Normal ADL's No trouble sleeping 	<ul style="list-style-type: none"> Feeling run down or tired Breathlessness walking 100m on level ground Increasing limitation of ADL's Past history of exacerbations requiring corticosteroids and/or antibiotics. 	<ul style="list-style-type: none"> Confusion Agitation Drowsy Decreased LOC
Respiratory	<ul style="list-style-type: none"> Breathing problems have not changed <ul style="list-style-type: none"> SOB Cough Sputum 	<ul style="list-style-type: none"> More SOB than usual Coughing more than usual Wheezing more than usual Increased sputum production Green, yellow, or rust coloured sputum 	<ul style="list-style-type: none"> Extreme or abnormal shortness of breath RR >30** O₂<88%* Haemoptysis Copious sputum production Ineffective respirations** Silent chest
Circulatory	<ul style="list-style-type: none"> Normal skin colour** 		<ul style="list-style-type: none"> Sudden onset abnormal chest pain or pressure Peripheral edema Ascites Hypotension* Heart palpitations Unstable arrhythmia Bradycardia <40bpm* Tachycardia >100bpm*
Other		<ul style="list-style-type: none"> New cold or flu Weather changes Exposure to air pollution 	<ul style="list-style-type: none"> Marked weight loss Night sweats Persistent morning headaches Light-headedness Dizziness Fainting

5,6,7,8,9,10,11,12,13

* If able to measure using the patient's supplied equipment

** If able to assess using video conferencing tools

Decision and Action:

1. All patients with worsening respiratory symptoms (yellow) should be referred to their primary care provider for assessment.
2. If the paramedic does not have an existing history with the patient, they should strongly consider emergency conveyance to hospital for any patients experiencing yellow flag symptoms.
3. Patients with red flag symptoms should be conveyed to the emergency department for assessment and treatment. Severe respiratory symptoms include:
 - Severe shortness of breath at rest
 - Painful respirations
 - Chest pain or pressure
 - Cold/clammy skin
 - New onset of confusion
 - Decreased level of consciousness
 - Central cyanosis

Additional Treatment Information:

1. Many patients living with COPD utilize a COPD flare-up action plan⁴ which is provided by their primary care provider. Patients should be encouraged to follow their action plan when and if they become symptomatic.

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Virtual Diabetic Assessments*CPG: Virtual Health*

Created: April 15, 2020

Updated: --

Author: Chris Michel

Introduction:

Virtual care is healthcare at a distance and many assessments need to be adapted in the absence of a face-to-face interaction¹. Clinical assessments involve the use of tools and instruments which are not available in virtual healthcare settings. Information will need to be gathered in other ways, such as listening to the patient's cough, or the audible presence of adverse breath sounds, such as wheezing. As with conventional assessments, determine if the patient is experiencing a particular problem and focus on that area first. If no particular problem is present, complete a generalized assessment of the relevant system².

Essentials³:

1. **Set-up:** Before initiating a virtual visit, make sure you are set up properly, have access to the patient chart, and any additional information that may be required.
2. **Connect:** Determine the most appropriate method for communicating with the patient (either phone or video chat). Confirm that your audio and video connections are working properly.
3. **Get started:** Once you begin the visit, perform a rapid assessment to determine if any immediate interventions are needed. For example, does the patient appear very sick or are they too short of breath to speak? If so, go directly to asking key clinical questions. If no immediate interventions are required, establish what the patient hopes to gain from the visit (i.e., clinical assessment, referral, reassurance).
4. **History:** Ask questions to determine a history of the present illness.
5. **Examination:** Perform a modified physical exam and ask functional inquiry questions.
6. **Vitals:** The patient may be able to take their own measurements if they have access to vitals equipment at home (i.e., blood pressure monitor, pulse oximeter, scale). Interpret results with caution and use them to support findings in the context of your wider assessment.
7. **Decision and action:** Based on your findings, decide if you should report to the patient's most responsible provider, or if the patient requires immediate conveyance to hospital.

**Assessment Overview:**

1. It has been found that, for people with diabetes, virtual healthcare reduces the onset of macro and micro complications and subsequent hospitalizations. The purpose of contacting people is to reinforce their prescribed treatment plan. In general, the major categories when providing care are:
 - Self-monitoring
 - Medications
 - Nutritional intake
 - Activity/exercise
 - Diagnostic evaluation
 - Preventive actions²

Virtual Assessments:

Diabetic Assessment(4)		
Section	Component	Question
MODIFIED EXAM	Neurological	Does the patient appear to have an altered level of consciousness?
		Does the patient appear confused?
		Does the patient appear drowsy or fatigued?
		Does the patient appear irritable?
	Respiratory	Does the patient appear to have an increased respiratory rate?
	Skin	Does the patient appear to have pale and/or clammy skin?
FUNCTIONAL INQUIRY	General	Do you feel more irritable than normal?
		Have you recently checked your blood glucose levels? <ul style="list-style-type: none"> What was the reading?
		Do you feel like you have fever or chills? <ul style="list-style-type: none"> What is your temperature?
	Activity	Do you feel excessive fatigue?
		Do you feel drowsy?
		Do you feel confused?
	Head	Do you feel more dizzy than normal?
		Do you have a new onset headache?
		Have you experienced any changes to your vision? If so <ul style="list-style-type: none"> Are you experiencing blurred vision? Are you experiencing double vision? Are you experiencing reduced vision?
	Mouth	Does your mouth feel more dry than normal?
	Respiratory	Do you feel more short of breath than normal?
		Do you have a new cough? <ul style="list-style-type: none"> Are you coughing up any phlegm?

		<ul style="list-style-type: none"> What colour is the phlegm?
	GI/GU	Have you been experiencing nausea or vomiting that is more than normal for you? If so <ul style="list-style-type: none"> Have you been vomiting for more than 12 hours? Have you been able to ingest your prescribed medications?
		Have you been experiencing diarrhea that is more than normal for you?
		Have you had an increase in the frequency that you urinate?
		Have you noticed any changes to the smell of your urine?
		Are you experiencing pain while urinating?
		Does your urine appear dark or cloudy?
		Do you have blood in your urine?
		Are you experiencing lower back pain?
	Skin	Describe your skin colour. Is it more pale than normal?
		Does your skin feel moist or sweaty?
		Do you have any new wounds on your skin?
		Do you have any open wounds that do not appear to be healing?
		Do you have any wounds that appear infected (red/swollen/foul smell)?
		Have you inspected your feet recently for new wounds?
FOCUSED ASSESSMENT		

Risk Identification:

Traffic light system for identifying risk in diabetic patients			
	<ul style="list-style-type: none"> Green Flag - Low Risk Document visit and report as normal 	<ul style="list-style-type: none"> Yellow Flag - Medium Risk Report to Primary Care Provider 	<ul style="list-style-type: none"> Red Flag - High Risk Arrange Transport to Hospital
Colour (of skin, lips, fingers)	<ul style="list-style-type: none"> Normal colour** 		<ul style="list-style-type: none"> Pale Clammy Diaphoresis
Neurological	<ul style="list-style-type: none"> Normal activity levels Ability to perform normal ADL's 	<ul style="list-style-type: none"> Light-headed Drowsy Numbness and tingling to tongue or lips Confused Headache Weakness Blurred vision 	<ul style="list-style-type: none"> Altered level of consciousness Double vision Disorientation Syncope Seizure like activity
Respiratory	<ul style="list-style-type: none"> No increased work of breathing 	<ul style="list-style-type: none"> New onset cough with discoloured sputum 	<ul style="list-style-type: none"> Deep, rapid respirations Respiratory distress
Circulatory	<ul style="list-style-type: none"> Blood pressure less than 130/80 mmHg 	<ul style="list-style-type: none"> Tachycardia Open sores and wounds that are not healing properly 	<ul style="list-style-type: none"> Sudden onset chest pain/pressure or discomfort.
Other	<ul style="list-style-type: none"> Fasting and/or before meal blood sugar between 4-7 mmol/L or within the target range recommended by the primary care provider. A1C is 7% or less OR within the target provided by the primary care provider. 	<ul style="list-style-type: none"> Blood sugar is less than 4 mmol/L Blood sugar is above target range Nauseated Anxiety Irritable Hunger Increased thirst Urinating more than normal Weight loss Inadequate response of symptoms to outpatient management Inability to eat or sleep due to symptoms Inability to care for oneself 	<ul style="list-style-type: none"> Blood sugar less than 4 mmol/L after attempting to treat at home Blood sugar greater than 20 mmol/L for more than 8 hours, combined with other symptoms (Type 2 diabetics) Blood sugar greater than 14 mmol/L before meals, or at bedtime on two tests in a row, combined with other symptoms (Type 1 diabetics)

4,5,6,7,8

* If able to measure using the patient's supplied equipment

** If able to assess using video conferencing tools

Decision and Action:

1. All patients with worsening diabetic symptoms (yellow) should be referred to their primary care provider for assessment.
2. If the paramedic does not have an existing history with the patient, they should strongly consider emergency conveyance to hospital for any patients experiencing yellow flag symptoms.
3. Patients with red flag symptoms should be conveyed to the emergency department for assessment and treatment.

Additional Treatment Information:

1. Many patients living with diabetes utilize a 'Diabetes Zones' plan, which is provided by their primary care provider. Patients should be encouraged to follow their action plan when and if they become symptomatic.

References & Further Reading:

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Virtual Palliative Assessments

CPG: Virtual Health

Created: April 16, 2020

Updated: --

Author: Chris Michel

Introduction:

Virtual care is healthcare at a distance and many assessments need to be adapted in the absence of a face-to-face interaction¹. Clinical assessments involve the use of tools and instruments which are not available in virtual healthcare settings. Information will need to be gathered in other ways, such as listening to the patient's cough, or the audible presence of adverse breath sounds, such as wheezing. As with conventional assessments, determine if the patient is experiencing a particular problem and focus on that area first. If no particular problem is present, complete a generalized assessment of the relevant system².

Paramedics providing palliative care ought to practice "relationship-based care" by adopting a humble, self-reflective clinical practice and positioning themselves as a respectful and curious partner when providing care. In particular, paramedics should seek to respect and learn about Indigenous (First Nations, Métis, and Inuit) and different cultural approaches to palliative care while reflecting on their own values and beliefs. Acknowledging what the differences and the effects of a paramedics' values and beliefs can have on others is an important step towards cultural humility.

Consult with patients' usual care team for the creation of a collaborative symptom management plan. If the usual care team is not available or the patient is not under a care team, consider contacting Clinicall (1-833-829-4099 or 604-829-4099) for the creation of a collaborative symptom treatment plan. Where the patient has not followed their symptom management plan, paramedics may encourage the patient/caregiver to administer any medications recommended as part of that plan^{3,4}.

The person is recognized as a palliative patient or at end-of-life by one or more of the following:

- Person is diagnosed with a life limiting illness
- Care is currently focused on comfort and symptom management rather than curative interventions
- Person presents with Goals of Care Designation consistent with treatment in place
- Person is under care of a physician and/or home care providing palliative care services

Essentials⁵:

1. **Set-up:** Before initiating a virtual visit, make sure you are set up properly, have access to the patient chart, and any additional information that may be required.
2. **Connect:** Determine the most appropriate method for communicating with the patient (either phone or video chat). Confirm that your audio and video connections are working properly.
3. **Get started:** Once you begin the visit, perform a rapid assessment to determine if any immediate interventions are needed. For example, does the patient appear very sick, or are they too short of breath to speak? If so, go directly to asking key clinical questions. If no immediate interventions are required, establish what the patient hopes to gain from the visit (i.e., clinical assessment, referral, reassurance).
4. **History:** Ask questions to determine a history of the present illness.
5. **Examination:** Perform a modified physical exam and ask functional inquiry questions.
6. **Vitals:** The patient may be able to take their own measurements if they have access to vitals equipment at home (i.e., blood pressure monitor, pulse oximeter, scale). Interpret results with caution and use them to support findings in the context of your wider assessment.
7. **Decision and action:** Based on your findings, decide if the patient is able to receive the most appropriate care for their condition and if their symptoms can be successfully managed in their location of choice, or if they exhibit red-flag symptoms and require conveyance to hospital.
8. **Report to the patient's most responsible provider.**



Assessment Overview⁶:

1. The purpose of the Virtual Palliative Assessment CPG is to provide paramedics with guidance in assessing and supporting management of symptoms for people who are currently undergoing palliative care or end-of-life experience. These symptoms are most likely to be nausea/vomiting, pain, delirium/agitation, or dyspnea.
2. Drug and non-drug therapies are equally important.
3. Palliative care is an approach that aims to reduce suffering and improve the quality of life for people who are living with a life-limiting illness.
4. The intent of this care is to provide relief from distressing symptoms, not the treatment of any underlying disease process.
5. Palliative care patients are sometimes conveyed to hospital by ambulance when they would have preferred to remain in their own home. The aim of the palliative care pathway is to ensure that palliative care patients receive the most appropriate care for their condition and remain in their own home as per their wishes, when appropriate.
6. Patients approaching end-of-life may experience pain or other symptoms that cause severe distress. These symptoms are usually managed very well by appropriate interventions and medications administered by the primary care/community health/specialty palliative care team, and sometimes by the family members.
7. Patients who are on the BC Palliative Care Benefits Program have a life expectancy of up to 6 months.
8. Hospice services are available in many communities and can serve to offer additional services to people and their families.

Virtual Assessments:



Palliative Assessment ⁽⁷⁾		
Section	Component	Question
MODIFIED EXAM	Neurological	Does the patient appear restless, and easily distracted?
		Does the patient appear agitated?
		Does the patient appear to be hallucinating?
		Does the patient appear drowsy or lethargic?
		Does the patient appear to have a decreased level of consciousness?
		Does the patient appear physically or emotionally withdrawn?
	Respiratory	Does the patient appear to have an increased work of breathing?
		Do the patient's respirations appear to be unusually slow or unusually fast?
		Is the patient able to complete a sentence without stopping to breathe?
		Does the patient have a cough? <ul style="list-style-type: none"> • If so, does it sound dry or wet? • Is the cough new onset?
	Circulatory	Does the patient's skin appear pale or cyanosed?
		Does the patient's skin appear clammy or diaphoretic?
FUNCTIONAL INQUIRY	Psychological	Does the patient feel restless, or unable to maintain concentration?
		Does the patient feel agitated?
		Is the patient hallucinating?
		Does the patient feel depressed or emotionally withdrawn?
	Neurological	Does the patient feel drowsy?
		Does the patient feel a newer onset of extreme fatigue?
	Pain	Does the patient feel any new pain?
		Has the patient been able to manage their pain effectively?
		Has the patient changed their pain medications since the last visit?

	Respiratory	<p>Does the patient have difficulty breathing?</p> <ul style="list-style-type: none"> Is this new for them, or has their breathing become worse? <ul style="list-style-type: none"> What makes their breathing feel worse (position, exertion, etc.)? What has the patient tried to feel less short of breath? <ul style="list-style-type: none"> Have any of these treatments helped?
		<p>Does the patient have a new cough?</p> <ul style="list-style-type: none"> If so <ul style="list-style-type: none"> Is the cough productive? What colour is the phlegm?
	Circulatory	Does the patient feel any new chest pain/pressure of discomfort?
	Delirium	<p>Assess for predisposing factors, which include:</p> <ul style="list-style-type: none"> Age over 65 years Dementia Visual or hearing impairment Immobility Functional dependence Malnutrition Substance use Multiple chronic comorbidities Multiple medications Admission to hospital <p>Assess for signs and symptoms of delirium, including: Acute onset.</p> <ul style="list-style-type: none"> Fluctuating over the course of a day. Attention disturbance; restlessness. Altered reasoning/rambling thinking. Agitated, angry, emotionally labile, depression, lethargy. Disorientation to: time, person and place. Sleep-wake cycle disturbance. Memory impairment. Hallucinations – visual; nightmares. Language fluency disturbance. Myoclonus, miosis, seizures, tremors (opioid neuro-toxicity) – specific symptoms. Tachypnea (sepsis, hypoxemia, central processes) – specific symptoms. <p>Delirium assessment</p> <ul style="list-style-type: none"> Onset <ul style="list-style-type: none"> When did it begin? How long does it last? How often does it occur? Provoking /Palliating <ul style="list-style-type: none"> What brings it on? What makes it better? What makes it worse? Quality <ul style="list-style-type: none"> What does it feel like?
FOCUSED ASSESSMENT		

		<ul style="list-style-type: none"> ○ Can you describe it? ○ Do you feel confused? ○ Are you seeing or hearing anything unusual? ○ How are you sleeping?
		<ul style="list-style-type: none"> ● Region/Radiation <ul style="list-style-type: none"> ○ Not Applicable ● Severity <ul style="list-style-type: none"> ○ How bothered are you by this symptom? ○ What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)? <ul style="list-style-type: none"> ■ Right now? ■ At worst? ■ On average? ○ Are there any other symptom(s) that accompany this symptom? ○ Do you know what day/month/year it is? ○ Do you know where you are right now? ○ Can you tell me your full name? ● Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past? ○ Do you have concerns about side effects or cost of treatments? ● Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom? ○ How is it affecting you and/or your family? ○ What is most concerning to you? ● Values <ul style="list-style-type: none"> ○ What overall goals do we need to keep in mind as we manage this symptom? ○ What is your acceptable level for this symptom (0-10)? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family?
	Fatigue	<p>Assess for underlying causes of fatigue:</p> <ul style="list-style-type: none"> ● Advanced aging-Frailty ● Liver Failure (end-stage) ● Anemia ● Medications – monitor regularly ● Anorexia - cachexia ● Metabolic disorders ● Autonomic dysfunction ● Muscle abnormalities ● Bleeding ● Neuro-muscular Diseases (ALS, MS) ● Cancer: tumor, host-derived factors, cytokines ● Nutritional deficiencies

		<ul style="list-style-type: none"> • Cardiac disease (CHF) • Paraneoplastic neurological syndromes • Central nervous system (CNS) abnormalities • Psychological issues • Deconditioning (bed rest/immobility) • Renal Failure (end-stage) • Dementia (end-stage)
		<ul style="list-style-type: none"> • Respiratory disease (copd, ild) • Dehydration • Side-effects of Treatment • Endocrine disorders • Sleep disorders (insomnia) • Electrolyte imbalances • Unrelieved symptoms • Gastro-intestinal symptoms • HIV-AIDS (end-stage) • Hypoxemia • Infection • Other symptoms (dyspnea, pain, drowsiness, depression) • Over-exertion
		<p>Fatigue Assessment</p> <ul style="list-style-type: none"> • Onset <ul style="list-style-type: none"> ○ When did you start to feel fatigued? ○ How long does it last? ○ How often does it occur? • Provoking /Palliating <ul style="list-style-type: none"> ○ What brings it on? ○ What makes it better? ○ What makes it worse? • Quality <ul style="list-style-type: none"> ○ What does it feel like? ○ Can you describe it? • Region/Radiation <ul style="list-style-type: none"> ○ Not Applicable • Severity <ul style="list-style-type: none"> ○ How severe is this symptom? ○ What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)? <ul style="list-style-type: none"> ■ Right now? ■ At worst? ■ On average? ○ How bothered are you by this symptom? • Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past? ○ Do you have concerns about side effects or cost of treatments?

		<ul style="list-style-type: none"> • Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom? ○ How is it affecting you and/or your family? ○ What is most concerning to you? ○ How is this affecting your emotional, spiritual and social health? ○ Have you had to change any of your daily activities? ○ Does it impact your ability to <ul style="list-style-type: none"> ■ Work? ■ Enjoy hobbies?
		<ul style="list-style-type: none"> ■ Exercise? ■ Visit with family and friends? ○ Are there any other symptom(s) that accompany this symptom (e.g., shortness of breath)? • Values <ul style="list-style-type: none"> ○ What overall goals do we need to keep in mind as we manage this symptom? ○ What is your acceptable level for this symptom (0-10)? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family
	Pain	<p>Assess for possible causes of pain</p> <p>Ask the patient to describe their pain</p> <ul style="list-style-type: none"> • Onset <ul style="list-style-type: none"> ○ When did it begin? ○ How long does it last? ○ How often does it occur? • Provoking /Palliating <ul style="list-style-type: none"> ○ What brings it on? ○ What makes it better? ○ What makes it worse? • Quality <ul style="list-style-type: none"> ○ What does it feel like? ○ Can you describe it? <ul style="list-style-type: none"> ■ If unable to describe, ask is the pain <ul style="list-style-type: none"> • sharp • Dull • Aching • Burning • Pins and needles • Region/Radiation <ul style="list-style-type: none"> ○ Where is it? ○ Does it spread anywhere? <ul style="list-style-type: none"> ■ Use a body map to illustrate location and number of pain areas • Severity <ul style="list-style-type: none"> ○ How severe is this symptom? ○ What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)? <ul style="list-style-type: none"> ■ Right now? ■ At worst? ■ On average?

		<ul style="list-style-type: none"> ■ On average <ul style="list-style-type: none"> ○ How bothered are you by this symptom? ○ Are there any other symptom(s) that accompany this symptom? ● Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past? ○ Do you have concerns about side effects or cost of
		<p>treatments?</p> <ul style="list-style-type: none"> ● Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom? ○ How is it affecting you and/or your family? ○ What is most concerning to you? ○ What are your beliefs about opioid/narcotic medications? ● Values <ul style="list-style-type: none"> ○ Are you having to make compromises such as decreasing activities or enduring side effects to deal with your pain? ○ What overall goals do we need to keep in mind as we manage this symptom? ○ What is your acceptable level for this symptom (0-10)? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family
	Dyspnea	<p>Assess for possible causes of dyspnea, including:</p> <ul style="list-style-type: none"> ● Pulmonary <ul style="list-style-type: none"> ○ Airway obstruction ○ COPD/asthma ○ Damage from chemotherapy, radiation or surgery ○ Emboli ○ Fibrosis ○ Effusion ○ Primary or metastatic tumour. ● Cardiac <ul style="list-style-type: none"> ○ CHF ○ CAD ○ Arrhythmias ○ Pericardial effusion. ● Neuromuscular <ul style="list-style-type: none"> ○ ALS ○ CVA ○ Poliomyelitis ○ Myasthenia gravis ● Other <ul style="list-style-type: none"> ○ Anxiety ○ Fatigue/deconditioning

		<ul style="list-style-type: none"> ○ Weakness ○ Pain ○ Severe anemia ○ Infection ○ Carcinomatosis ○ Hepatomegaly ○ Phrenic nerve lesion ○ Peritoneal effusion
		<p>Dyspnea Assessment</p> <ul style="list-style-type: none"> ● Onset <ul style="list-style-type: none"> ○ When did it begin? ○ How long does it last? ○ How often does it occur? ● Provoking /Palliating <ul style="list-style-type: none"> ○ What brings it on? ○ What makes it better? ○ What makes it worse?
		<ul style="list-style-type: none"> ● Quality <ul style="list-style-type: none"> ○ What does it feel like? ○ Can you describe it? ○ Is it worse lying down or sitting? ● Region/Radiation <ul style="list-style-type: none"> ○ Not Applicable ● Severity <ul style="list-style-type: none"> ○ How severe is this symptom? ○ What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)? <ul style="list-style-type: none"> ■ Right now? ■ At worst? ■ On average? ■ When you are walking, climbing stairs, or doing activities of daily living? ○ How bothered are you by this symptom? ○ Are there any other symptom(s) that accompany this symptom (e.g., pain in your chest, anxiety, fatigue)? ● Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past? ○ Do you have concerns about side effects or cost of treatments? ● Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom? ○ How is it affecting you and/or your family? ○ What is most concerning to you? ● Values <ul style="list-style-type: none"> ○ What overall goals do we need to keep in mind as

		<p>we manage this symptom?</p> <ul style="list-style-type: none"> ○ What is your acceptable level for this symptom (0-10)? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family? ○ What are you having trouble doing because of this symptom that you would like to do?
	Respiratory Congestion	<p>Assess for risk factors of respiratory congestion, including:</p> <ul style="list-style-type: none"> ● A Prolonged dying phase ● Cerebral or pulmonary malignancy ● Pneumonia ● Dysphagia ● Head injury
		<p>Respiratory congestion assessment</p> <ul style="list-style-type: none"> ● Onset <ul style="list-style-type: none"> ○ When did it begin? ○ How long does it last? ○ How often does it occur? ● Provoking /Palliating <ul style="list-style-type: none"> ○ What brings it on?
		<ul style="list-style-type: none"> ○ What makes it better? ○ What makes it worse? ○ Can the secretions be cleared by coughing or swallowing? ● Quality <ul style="list-style-type: none"> ○ What does it sound like? ○ Can you describe it? ○ Is it worse lying down or sitting? ● Region/Radiation <ul style="list-style-type: none"> ○ Does it seem to be in the chest? Or throat? ● Severity <ul style="list-style-type: none"> ○ Does the patient appear comfortable? ○ Are the sounds louder or quieter with change of positions? ○ How bothered are you by this symptom? ○ Are there any other symptom(s) that accompany this symptom? ● Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past? ○ Do you have concerns about side effects or cost of treatments? ○ Could other treatments be worsening this symptom (e.g., artificial hydration)? ● Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom?

		<ul style="list-style-type: none"> ○ How is it affecting you and/or your family? ○ What is most concerning to you? ○ Does the patient appear distressed? ● Values <ul style="list-style-type: none"> ○ What overall goals do we need to keep in mind as we manage this symptom? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family?
	Cough	<p>Assess for possible causes of the cough, including:</p> <ul style="list-style-type: none"> ● Cancer state <ul style="list-style-type: none"> ○ Airway obstruction by tumour ○ Pleural tumor ○ Chemotherapy induced ○ Pulmonary aspiration ○ Acute pulmonary embolism ● Non-cancer state <ul style="list-style-type: none"> ○ End stage weakness <ul style="list-style-type: none"> ■ Heart failure ■ Kidney failure ■ Respiratory failure ○ ALS ○ CVA ○ MS ○ Late stage dementia
		<ul style="list-style-type: none"> ● Unrelated to primary disease <ul style="list-style-type: none"> ○ Asthma ○ Chronic bronchitis ○ Infection ○ GERD ○ Sleep apnea
		<p>Cough assessment</p> <ul style="list-style-type: none"> ● Onset <ul style="list-style-type: none"> ○ When did it begin? ○ How long does it last? ○ How often does it occur? ● Provoking /Palliating <ul style="list-style-type: none"> ○ What triggers your cough? ○ What makes it better? ○ What makes it worse? ○ Is it worse in the morning, after a meal, at night? ○ Smoking history/environmental exposures? Is it positional? ○ Can you talk on the phone? Eat? Drink? ● Quality <ul style="list-style-type: none"> ○ What does it sound like? ○ Can you describe it? ○ Sputum? If yes: <ul style="list-style-type: none"> ■ What colour/amount/frequency? ■ Does it contain any blood? ○ Does it affect your voice? ○ Cause anxiety? ● Region/Radiation <ul style="list-style-type: none"> ○ Does it feel like it is coming from your chest or

		<ul style="list-style-type: none"> ○ Does it feel like it is coming from your chest or throat? ● Severity <ul style="list-style-type: none"> ○ How severe is this symptom? ○ What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)? <ul style="list-style-type: none"> ■ Right now? ■ At worst? ■ On average? ○ How bothered are you by this symptom? ○ Are there any other symptom(s) that accompany this symptom? (e.g., pain, shortness of breath)? ○ Does your cough affect these? ○ Do you have <ul style="list-style-type: none"> ■ Chills/fever/joint pain? ■ Wheezing? ■ Night sweats/weight loss? ■ Allergies? ■ Reflux? ● Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past?
		<ul style="list-style-type: none"> ○ Do you have concerns about side effects or cost of treatments? ● Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom? ○ How is it affecting you and/or your family? ○ What is most concerning to you? ● Values <ul style="list-style-type: none"> ○ What overall goals do we need to keep in mind as we manage this symptom? ○ What is your acceptable level for this symptom (0-10)? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family?
	Nausea and Vomiting	<p>Assess for possible causes of nausea and vomiting, including:</p> <ul style="list-style-type: none"> ● Chemical ● Cortical ● Cranial ● Vestibular ● Visceral or serosal ● Gastric Stasis (impaired gastric emptying)
		<p>Nausea and vomiting assessment</p> <ul style="list-style-type: none"> ● Onset <ul style="list-style-type: none"> ○ When did it begin? ○ How long does it last? ○ How often does it occur?

		<ul style="list-style-type: none"> • How often does it occur? • Provoking /Palliating <ul style="list-style-type: none"> ○ What brings it on? ○ What makes it better? ○ What makes it worse? • Quality <ul style="list-style-type: none"> ○ What does it sound like? ○ Can you describe it? ○ Do you vomit or just feel nauseated? ○ Does it change when you change position? • Region/Radiation <ul style="list-style-type: none"> ○ Not applicable • Severity <ul style="list-style-type: none"> ○ How severe is this symptom? ○ What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)? <ul style="list-style-type: none"> ■ Right now? ■ At worst? ■ On average? ○ How bothered are you by this symptom? ○ Are there any other symptom(s) that accompany this symptom? • Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past? ○ Do you have concerns about side effects or cost of
		<p>treatments?</p> <ul style="list-style-type: none"> • Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom? ○ How is it affecting you and/or your family? ○ What is most concerning to you? • Values <ul style="list-style-type: none"> ○ What overall goals do we need to keep in mind as we manage this symptom? ○ What is your acceptable level for this symptom (0-10)? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family?
	Constipation	<p>Assess for causes of constipation, including:</p> <ul style="list-style-type: none"> • Advanced age • Decreased intake • Inactivity • Low fiber diet • Depression • Poor fluid intake • Sedation • Physical or social impediments • Bowel obstruction

		<p>Constipation assessment</p> <ul style="list-style-type: none"> ● Onset <ul style="list-style-type: none"> ○ When did it begin? ○ How long does it last? ○ How often does it occur? ○ When was your last bowel movement? ● Provoking /Palliating <ul style="list-style-type: none"> ○ What brings it on? ○ What makes it better? ○ What makes it worse? ○ What is your appetite like? ○ How is your daily intake of food and fluids? ○ How is your mobility? ○ Do you need help to the bathroom/commode? ○ Do you have enough privacy? ○ Do you have pain or any other problems? ● Quality <ul style="list-style-type: none"> ○ What is your normal bowel pattern? ○ Are your bowel movements (BM) less frequent than usual? ○ What do the stools look like? ○ Are they smaller or harder than usual? ○ Do you have discomfort or strain when passing stool? ○ Is there controllable urge or sensation, prior to BM? ○ Are you able to empty your bowels completely when desired? ○ Do you have stool leakage or incontinence? ● Region/Radiation <ul style="list-style-type: none"> ○ Not applicable ● Severity <ul style="list-style-type: none"> ○ How severe is this symptom? ○ What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)?
		<ul style="list-style-type: none"> ■ Right now? ■ At worst? ■ On average? ○ How bothered are you by this symptom? ○ Are there any other symptom(s) that accompany this symptom? ● Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past? ○ Do you have concerns about side effects or cost of treatments? ● Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom?

		<ul style="list-style-type: none"> ○ How is it affecting you and/or your family? ○ What is most concerning to you? ○ Do you get any other symptoms: <ul style="list-style-type: none"> ■ Pain ■ Nausea/vomiting ■ Loss of appetite ■ Bloating ■ Gas ■ Blood or mucous in stools ■ Headaches or agitation? ○ Do you have any urinary problems? ○ Do you have any previous trauma which may impact how we manage your bowel movements <ul style="list-style-type: none"> ■ (e.g., rectal interventions may re-traumatize people with past abuse)? ○ How can we make sure you feel safe and respected? Are you worried about incontinence? ● Values <ul style="list-style-type: none"> ○ What overall goals do we need to keep in mind as we manage this symptom? ○ What is your acceptable level for this symptom (0-10)? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family?
	Dehydration	<p>Dehydration assessment</p> <ul style="list-style-type: none"> ● Onset <ul style="list-style-type: none"> ○ When did you start feeling dehydrated? ○ Have you experienced this before? ○ How long does it last? ○ How often does it occur? ● Provoking /Palliating <ul style="list-style-type: none"> ○ What brings it on? ○ What makes it better? ○ What makes it worse? ● Quality <ul style="list-style-type: none"> ○ What does it feel like (dry mouth / skin, thirst)? ○ Can you describe it?

		<ul style="list-style-type: none"> ● Region/Radiation <ul style="list-style-type: none"> ○ Not applicable ● Severity <ul style="list-style-type: none"> ○ How severe is this symptom? ○ What would you rate it on a scale of 0-10 (0 being none and 10 being the worst possible)? <ul style="list-style-type: none"> ■ Right now? ■ At worst? ■ On average? ○ How bothered are you by this symptom? ○ Are there any other symptom(s) that accompany this symptom? ● Treatment <ul style="list-style-type: none"> ○ What medications and treatments are you currently using? ○ Are you using any non-prescription treatments, herbal remedies, or traditional healing practices? <ul style="list-style-type: none"> ■ How effective are these? ○ Do you have any side effects from the medications and treatments? ○ What have you tried in the past? ○ Do you have concerns about side effects or cost of treatments? ● Understanding <ul style="list-style-type: none"> ○ What do you believe is causing this symptom? ○ How is it affecting you and/or your family? ○ What is most concerning to you? ● Values <ul style="list-style-type: none"> ○ What overall goals do we need to keep in mind as we manage this symptom? ○ What is your acceptable level for this symptom (0-10)? ○ Are there any beliefs, views or feelings about this symptom that are important to you and your family?
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Risk Identification:

Traffic light system for identifying risk in palliative patients			
	<ul style="list-style-type: none"> Green Flag - Low Risk Document visit and report as normal 	<ul style="list-style-type: none"> Yellow Flag - Medium Risk Report to Primary Care Provider 	<ul style="list-style-type: none"> Red Flag - High Risk Arrange Transport to Hospital
Colour (of skin, lips, fingers)	<ul style="list-style-type: none"> No new rashes, wounds, or open areas since last contact 		<ul style="list-style-type: none"> New rashes, wounds, or open areas since last contact
Activity	<ul style="list-style-type: none"> No change in activity Walks independently Walking using aids No falls since last contact No new problems with sleeping 	<ul style="list-style-type: none"> Spends most time in bed, but can get out New difficulties sleeping 	<ul style="list-style-type: none"> Always in bed Patient has fallen since last contact
Neurological	<ul style="list-style-type: none"> Alert 		<ul style="list-style-type: none"> Confusion Decreased level of consciousness New onset distraction Hallucinations
Respiratory	<ul style="list-style-type: none"> No new onset of shortness of breath 		<ul style="list-style-type: none"> New onset of shortness of breath
GI/GU	<ul style="list-style-type: none"> Eating and drinking normal, or less than normal Normal bowel movements 	<ul style="list-style-type: none"> Eating little due to nausea and/or vomiting Increased bowel movements Decreased bowel movements 	<ul style="list-style-type: none"> Not hungry at all, only drinking fluids No bowel movements for more than 3 days
Pain	<ul style="list-style-type: none"> No new onset of pain Pain level of <3/10 on pain medication Utilizes <3 breakthrough doses in 24 hrs 	<ul style="list-style-type: none"> New onset of pain Pain level of 3-6/10 on pain medication Utilizes 3 breakthrough doses in 24 hrs 	<ul style="list-style-type: none"> Pain >6/10 on pain medication Utilizes >3 breakthrough doses in 24 hrs
Other	<ul style="list-style-type: none"> Feels better or the same as the day before No change in family support No change to medications No new problems with anxiety 	<ul style="list-style-type: none"> Feels worse than the day before Decrease in family support Change to medications New onset of anxiety 	

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Decision and Action:

1. All patients with worsening symptoms (yellow) should be referred to their primary care provider for assessment.
2. Patients with red flag symptoms should be managed without delay. Consult with the patients' usual care team for the creation of a collaborative symptom management plan. If the patients' usual care team is not available, contact the AHPNS. If neither is available or the patient is not under a care team, contact ClinCall (1-833-829-4099 or 604 829-4099) for the creation of a collaborative symptom treatment plan.

References & Further Reading:

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