

Virtual adult respiratory assessment – Process flowchart

Adapted from Covid-19: Remote assessment in the Primary Care¹

1. SET UP



- Does the patient have basic medical and monitoring equipment required?
- What device will the patient use to connect?
- What videoconferencing platform will be used?
- Has the patient received information to support a successful assessment and connection e.g. suitable location, equipment, environmental factors and a back-up strategy if the technology fails
- Do the patient and the clinician have headphones (hands free – for accessing health record or monitoring equipment; reduces background noise)
- Open electronic medical record

2. CONNECT



- Check the quality of the video/audio connection: **Can you see/hear me?**
- Confirm the patient's identity – **name/date of birth**
- Check where the patient is joining from and who is present (home, elsewhere)
- Have the patient's phone number in case internet connection fails
- Ensure the patient is in a suitable environment with good lighting and privacy

3. RAPID ASSESSMENT



- Quick assessment to see how sick the patient is
- Too breathless to speak? Ask key clinical questions:
 1. Presence of any of the symptoms below
 2. Any changes in current symptoms
 3. The development of new symptoms.

Symptoms include:

 - **Fever/chills** – patient's temperature, clammy skin, flushed or cyanosed?
 - **Cough** – dry or productive?
 - **Sputum** – volume, colour and consistency, ease of expectoration?
 - **Fatigue** – difficulty completing activities of daily living/change in sleep pattern?
 - **Dyspnoea/Shortness of breath/difficulty talking** – able to finish sentences?
 - **Wheeze** – audible, continuous or occasional, aggravating activities, relieved by bronchodilator?
- What does the patient want from the consultation? (clinical assessment, referral, reassurance)
- COPD Assessment Test™ (CAT)
- Borg 0–10 dyspnoea scale

4. HISTORY



- Respiratory history/ diagnosis of chronic respiratory condition/current status?
- Most common symptoms?
- Medications and delivery devices? e.g. check inhalers and delivery techniques
- Previous or current tobacco use and/or Nicotine Replacement Therapy (NRT)
- Home O₂ therapy?
- General medical history
- Vaccinations?
- Who is next of kin/GP?
- Social history?

5. FULL RESPIRATORY ASSESSMENT



In good lighting:

- Ask the patient to describe their state of breathing and colour of face and lips
- Look for general demeanour (sitting up/lying down/anxious/skin colour)
- Check respiratory function – ability to talk in full sentences?
- Ask the following questions (as relevant):
 - How is your breathing?
 - Is it worse today than yesterday?
 - What does your breathlessness prevent you from doing?
 - How independent are you with activities of daily living?
 - If the patient has a diagnosed chronic respiratory condition, ask **when was your last exacerbation or hospital admission?**
- Patient reported: Basic Virtual Assessment
 - Breathing/cough/wheeze or difficulty
 - Temperature
 - Pulse
 - Activities of daily living, exercise tolerance, appetite and sleep
- If equipment is available, in addition to the assessment steps above, also complete a Patient Reported: Extended Virtual Assessment
 - Oxygen saturation/pulse oximeter
 - Blood pressure
 - Peak flow meter in context of asthma
 - Action Plan review in context of chronic respiratory disorders
 - O₂ flow rates if on home oxygen
 - Usage of short acting bronchodilators

Interpret self-monitored results with caution and in the context of your wider assessment.

6. DECISION AND ACTION



- Summarise discussion and actions
- Confirm self-management support (i.e. action plan and referral pathways)
- If COPD, has the patient completed or do they want to participate in a pulmonary rehabilitation program?
- Schedule the next appointment
- If red flags (adult respiratory rate >20, temperature >37.5C, Heart rate > 100, Oxygen Saturation <92%) follow escalation pathway
- Document in the patient record (eMR)

1. Greenhalgh, T, Choon Huat Koh, G, Car J. Covid-19: a remote assessment in primary care – 10 minute consultation. British Medical Journal. BMJ 2020;368:m1182/ doi:10.1136/bmj.m1182. <https://www.bmj.com/content/368/bmj.m1182>



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