



# Physical Health Assessment & Management – COVID-19

## ROUTINE PHYSICAL HEALTH GUIDELINES

PHYSICAL HEALTH GUIDELINES – TO UPDATE THE BSMHFT PHYSICAL HEALTH POLICY V9

<b>POLICY NUMBER &amp; CATEGORY</b>	<b>C38</b>	<b>Clinical</b>
<b>RATIFYING COMMITTEE</b>	Clinical Effectiveness Group	
<b>DATE AMMENDMENT RATIFIED</b>	June 2020; September 2020 , December 2020	
<b>NEXT AMMENDMENT REVIEW DATE:</b>	March 2021	
<b>EXECUTIVE DIRECTOR</b>	Executive Director of Nursing	
<b>AMMENDMENT AUTHOR</b>	XXXX, Lead nurse for physical health care & XXXX, Deputy Medical Director Quality & Safety	

This guideline is written in response to the Covid 19 pandemic and addresses the changes that are being made to routine, non-urgent physical health care for inpatients and outpatients of BSMHFT. These changes are reviewed on a regular basis according to national guidance and local clinical/Infection Prevention and Control needs

It should be read in conjunction with the Deteriorating Patient policy and the associated guidelines in managing patients with Covid19 infection- these can be found here:

<http://connect/corporate/corporate-clinical-services/infection-control/Coronavirus-covid19/Clinical/Resources/Physical%20Health%20and%20Clinical%20Guidance/Covid%2019%20combined%20physical%20health%20guideline.pdf>

### Current Situation

At the present time (January 2021), Personal Protective Equipment (PPE) is available within BSMHFT, regular lateral flow testing is available for staff and patient testing for Covid 19 is also available. However, covid 19 cases are currently high across the country and there are a

number of outbreaks on our inpatient units, of service users and staff. There is also a clinical need to identify non-acute physical health problems for service users, as some of these problems may be risk factors for future Covid 19 infection. There is therefore a need to maintain routine physical health monitoring for inpatients, set out below. This started again from 29 June 2020. All staff are encouraged to complete a personal risk assessment with their line manager to address any concerns or risks to the member of staff (eg from BAME community, underlying health factors etc)

For outpatients, whilst a return to routine physical health care is also important, current requirements of social distancing, ongoing liaison with primary care colleagues and other measures required from national guidance means that many outpatient services may not be in a position to carry out full routine physical health monitoring. Nevertheless, some guidance is outlined below.

## Outpatients

- **Annual physical health checks can be carried out remotely** (eg over the phone or video link), and the **new physical health assessment form on Rio** (replacing the Rethink form) can be completed
- At present, procedures requiring face to face contact for routine physical health care can be carried out if safe to do so (blood tests such as lipids, HbA1c, blood pressure and pulse, BMI), with appropriate PPE and handwashing, or can be deferred if considered safe and appropriate to do so. However, if investigations are clinically indicated (ie if you expect a result to be abnormal or if you are doing the test in order to change your management), the investigation should be carried out, using PPE.
- Some blood tests will still need to be taken in relation to medication, for example clozapine blood tests or monitoring for lithium - handwashing and use of PPE again will need to be used. Information regarding monitoring of such medication during the Covid 19 pandemic can be found here:

<http://connect/corporate/corporate-clinical-services/infection-control/Coronaviruscovid19/Clinical/Pages/default.aspx?RootFolder=%2Fcorporate%2Fcorporate%2Dclinica%2Dservices%2Finfection%2Dcontrol%2FCoronavirus%2Dcovid19%2FClinical%2FResources%2FMedication%20guidelines&FolderCTID=0x01200010A9EF126C0FF74D9A0FCB9F3FFEBA9&View={1C62C007-93AE-4A30-8279-EF749DA27337}>

- Some patients will have an agreed Effective Shared Care Agreement (ESCA) with the GP involved in their care- in these cases, the GP will be responsible for medication monitoring
- Risk factors for Covid 19 infection such as diabetes are important to identify- if you think that carrying out an Hba1c test if clinically indicated, and this cannot be done by the service user's GP, this should be carried out
- The **ECG service within BSMHFT is available** and will carry out routine ECG
- If there is key physical information about underlying health conditions, this should be recorded as usual within the case record
- If an outpatient is suspected of **suffering from Covid19**, this must be recorded in the Infection Control section of Rio (Assessments, Physical Health Assessments, Infection Control) - this will send a notification to the Infection Control team

- If an outpatient has already had a Covid 19 infection, consider any possible long term complications, including respiratory symptoms, fatigue or cognitive problems. - There is now a referral process for service users who may be suffering from **PostCovid syndrome** - use the usual referral processes to physiotherapy, dietetics or Speech and Language Therapy

## **Inpatients**

- Prior to admission, the admitting team will ask screening questions of the patient to check if there are suspicions of infection with covid 19 (new, persistent cough, fever above 37.8, or a new loss of smell or taste) and all patients will be swab tested for Covid 19 – the patient should be isolated until the results of the test are available, and if positive, isolation should continue according to advice from the Infection Control Team
- When the patient is admitted, history taking is still essential and has never been stepped down
- The new Rio physical assessment form must be completed along with the systemic enquiry and physical examination form (but precautions must be taken if suspected or confirmed covid 19 case, such as use of PPE)
- If there are concerns that a patient may have a Covid 19 infection, the physical examination may be delayed until the results are back, if there is no clinical indication to carry out an examination. If there is a clinical indication, then PPE must be worn when carrying out the examination. Any infection control concerns can be discussed with the Infection Prevention and Control team
- Core assessment- physical observations must still be taken by nursing or medical staff
- Pregnancy testing must be arranged if relevant
- Blood borne virus testing may still be relevant, and other blood tests (routine or if clinically indicated) should be arranged
- Malnutrition risk – especially in the presence of any positive diagnosis. – use MUST tool and refer to dietician
- Falls risk, pain management and mobility may also need assessing - refer to physio team if required
- Choking risk-use dysphagia screening tool and refer to Speech and Language Therapist .
- ECG should be arranged as soon as possible after admission. If this is urgent, the medical staff or ward staff should undertake this, alternatively the ECG service is also available for this and referrals can be made as usual via Rio

## **Liaison with primary care**

- At the current time, you must still share essential clinical information with primary care colleagues – for example results indicating a new, significant physical illness which needs immediate treatment , medication changes and so on
- Electronic discharge summaries are still required to be sent to primary care services

### **Other physical health advice:**

- Drugs and the immune system: The use of substances for example cannabis, cocaine, heroin, including alcohol and tobacco are all substances can all have an

impact on the immune system. Substance use may contribute to a higher risk of infections and with a lower immune response. This in turn may cause the body to become more susceptible to other infections. It is unclear at this point whether substance users are more susceptible to COVID19, however, reducing or stopping substance use may minimise the risk of catching the virus and lessen subsequent complications. Those smoking substances e.g. crack cocaine, cannabis and tobacco may be particularly at risk of the negative effects of the virus on the lungs.

- National advice regarding supporting with alcohol dependence can be found here: [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0157-Specialty-guide\\_-Alcohol-Dependence-andcoronavirus\\_8-April.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0157-Specialty-guide_-Alcohol-Dependence-andcoronavirus_8-April.pdf)

**Please refer to full policy for further details regarding Physical Health located in the Clinical section of the policy page under C 38.**

**To view the Quality Impact Assessment for this document please click on the below link:**

[Quality Impact Assessment](#)