

K03: Influenza-Like Illness (Covid-19)

Clinical Medical Programs

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Introduction

The role of paramedics and emergency medical responders around the world is shifting away from conveying all patients and moving towards an "Assess, See, Treat, and Refer" (ASTAR) model for appropriate 911 calls. The BCEHS Influenza-Like Illness (ILI) clinical practice guidelines supports paramedics in identifying patients who may be suitable for continued care within the patient's own home, using a combination of thorough assessment, shared decision-making, and appropriate safeguarding measures.

Essentials

- Patients with ILI/COVID MAY be eligible for care within their own home if they are between the **ages of 17 and 60**, have **no 'red flag' symptoms**, **no single NEWS2 score of 3**, and have a **total NEWS2 score of 3 or less**.
- The ASTAR approach to care does not replace paramedic clinical judgement and conveyance should still be provided if there are reasonable concerns or doubts about the nature of the patient's condition, patient or caregiver ability to seek further assistance, or any other elements of concern to the paramedic.
- **Consultation with CliniCall is an essential component of this [ILI/Covid Clinical Pathway](#)** to ensure appropriate safeguarding and follow-up, as required (see referral information below).

Additional Treatment Information

- Where patients do not have access to simple analgesics such as acetaminophen, it may be appropriate for paramedics to provide a single dose on scene prior to discharge from care.
- A [NEWS2](#) score MUST be recorded on the ePCR to support the clinical decision making process employed during patient care.
- The patient, or their substitute decision maker, must display competency and capacity to provide informed consent and to be eligible for inclusion in the [ILI Clinical Pathway](#).

Referral Information

- ILI Clinical Pathway is for use by PCP, ACP and CCP

Low Risk	Medium Risk	High Risk
NEWS2 Score of equal to 3 or less in total and no single NEWS2 score of 3	NEWS2 score between 4-6	Total equal to 7 or more
Suitable for clinical pathway consideration	Convey to Emergency Department	Convey to Emergency Department with Hot Response

- Patients who paramedics deem eligible for inclusion in the ILI Clinical Pathway MUST be referred through the CliniCall service
 - [CliniCall consultation required](#) prior to utilizing the ILI Clinical Pathway.

General Information

- Use BCCDC screening tool as part of initial assessment.
- Red-flag concerns in all ILI patients may include:
 - Severe dyspnea at rest
 - On-going dyspnea
 - Dyspnea on exertion
 - Pain or pressure in the chest
 - Cold, clammy, pale, or mottled skin

- New onset confusion
- Altered mental status
- Cyanosis
- Hemoptysis
- Little to no urine output
- Neck stiffness
- Non-blanching rash
- A systems-based assessment should be recorded within the ePCR, including a review of systems (ROS: nervous; respiratory; cardiovascular; gastrointestinal; genitourinary; musculoskeletal; integumentary; and immune systems).
- Patients and/or caregivers should be provided with sufficient discharge advice to be able to identify potential deterioration in their status and act accordingly. This must be documented in the care planning section of the ePCR.

Interventions

First Responder

- Unable to practice with clinical guideline or Clinical Pathway

Emergency Medical Responder – All FR interventions, plus:

- Unable to practice with clinical guideline or Clinical Pathway

Primary Care Paramedic – All FR and EMR interventions, plus:

- [Acetaminophen](#)

