Clinical Triage for Current Caseloads COVID-19 District Nursing

COVID-19 presents unique challenges to care delivery with the activation of Pandemic flu plans. Professional guidance was developed and issued to support clinical decision making within District Nursing and this was in conjunction with Pandemic Flu plans. However the unprecedented current situation necessitates a guidance to support Clinical Triage in order to accept and define limitations within the service, along with supported escalation where appropriate through Tiers. There is a need to demonstrate assessment and mitigation of risk, whilst optimising use of staffing resource and care delivery.

Prioritisation of Clinical Services when Demand Exceeds Capacity - General Principles

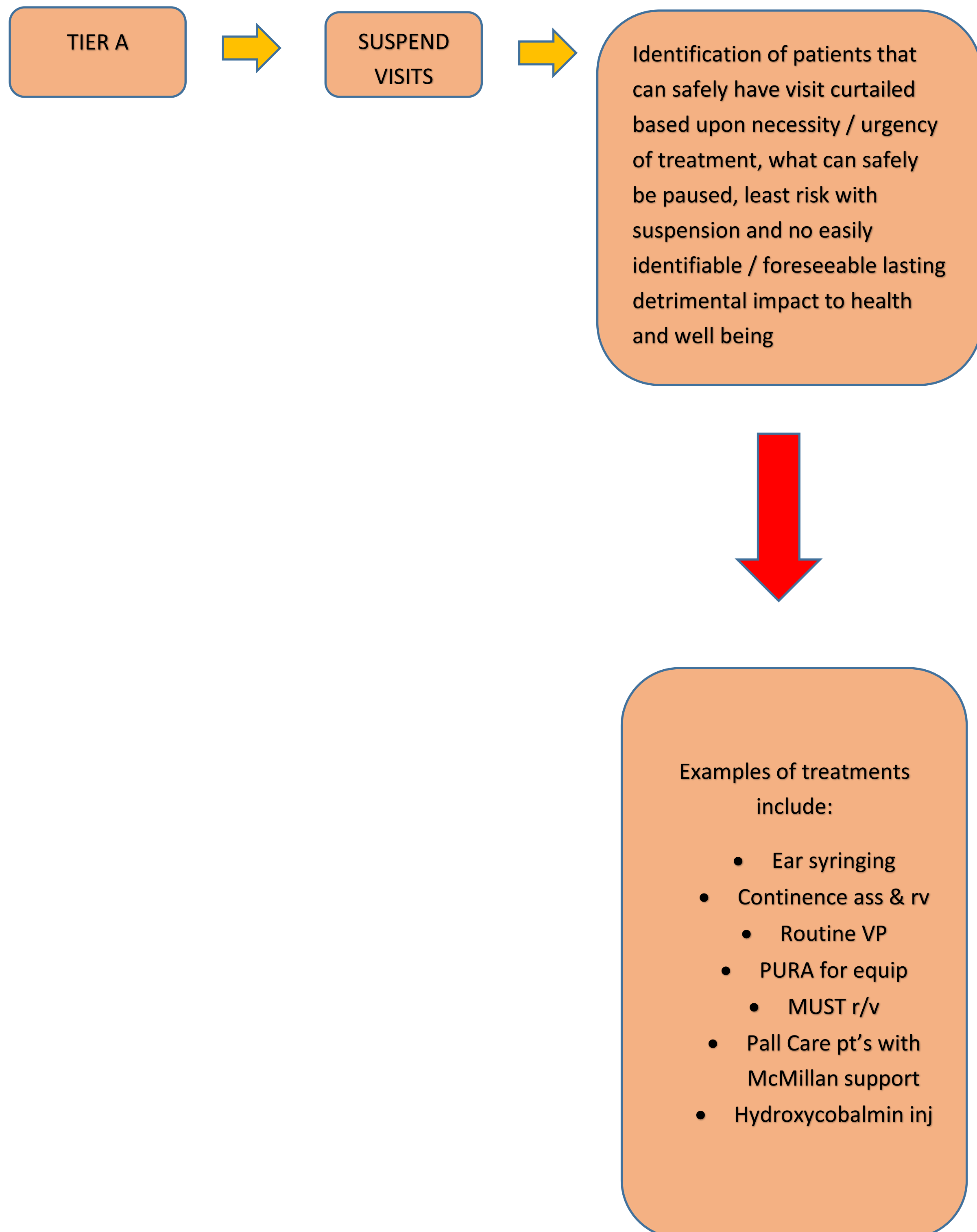
The likelihood is that District Nursing Teams will have to manage increased demand for services over several weeks coupled with a likely and predicted significant staff shortage through self-isolation, illness / symptoms of COVID-19 and care commitments. The peak demand may require that the NHS temporarily withdraws all service in some areas of care to better concentrate on core service. Likely measures which will be put in place is the curtailment and suspension of services to patients.

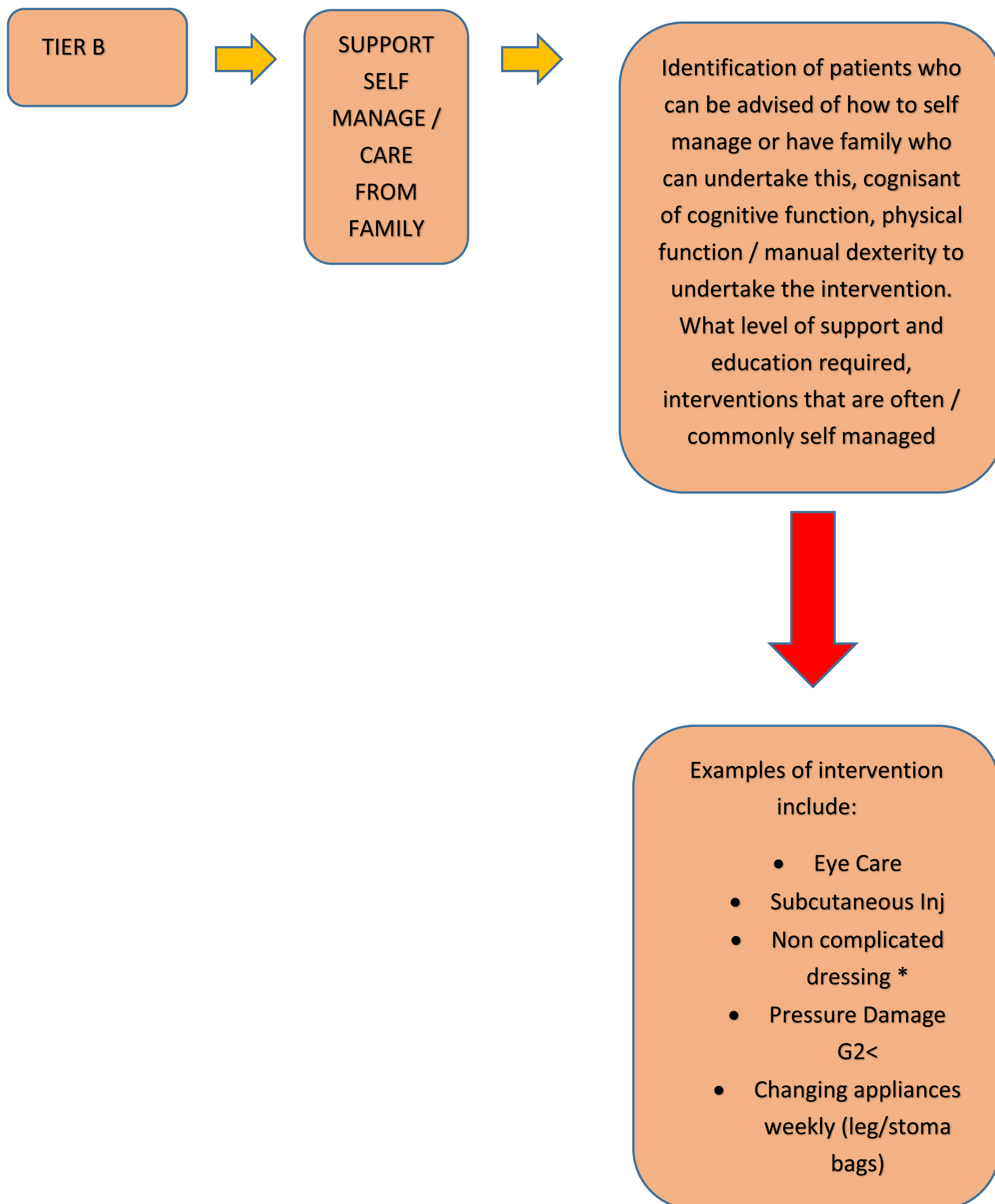
Guidance below illustrates a Clinical Triage Model based on 4 Tiers. Consideration at every Tier will require assessment of vulnerability, social supports, service involvement and capacity versus risk of not undertaking intervention.

Support for our caseload holders and front line staff will be crucial in this process. The necessity of triage to determine best deployment of reduced resources with increasing in demand will be difficult position for staff. Senior Leadership is imperative at this time to support clinical decision making and prioritisation of care that maintains patient and staff safety whilst acknowledging the risks of caring for individuals in the pandemic period.

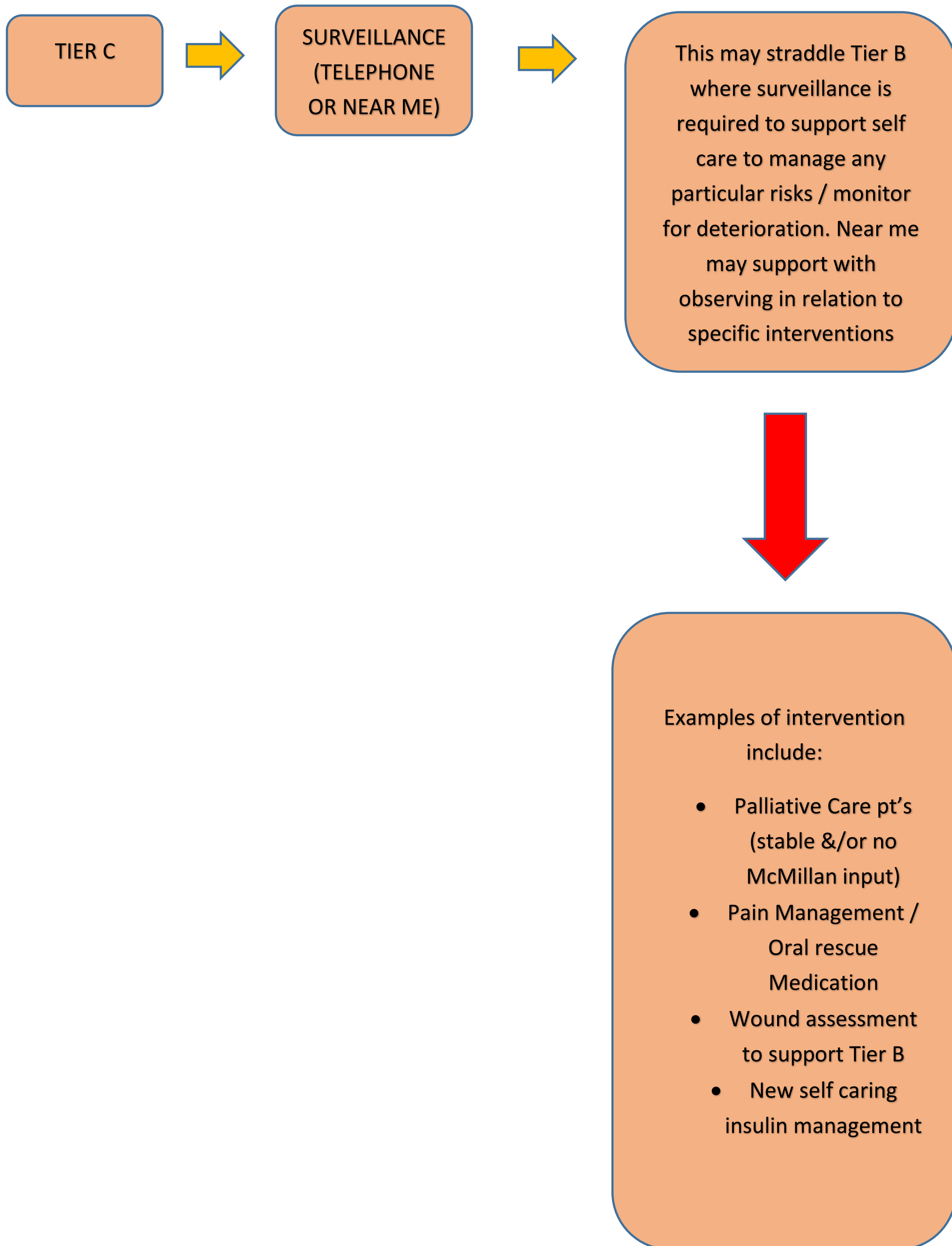
Clinical pathways are currently in development and subject to continuous review to support the decision making and triage described within this model below. This is a fast paced and ever changing evolution which requires constant dialogue to support the decisions that are being made and implemented.

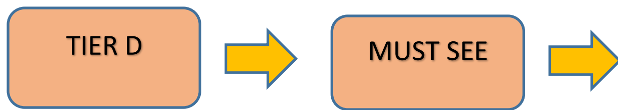
Clinical Triage Guidance



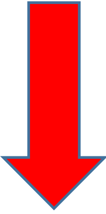


*Non complicated dressings can include dressings where patients can be instructed to apply 2 products in easily accessible areas. Consideration to healing leg ulcers (non leaking). Tier B should also consider appropriate introduction of JIC boxes


TIER C
SURVEILLANCE (TELEPHONE OR NEAR ME)
This may straddle Tier B where surveillance is required to support self care to manage any particular risks / monitor for deterioration. Near me may support with observing in relation to specific interventions
Examples of intervention include:
• Palliative Care pt's (stable &/or no McMillan input)
• Pain Management / Oral rescue Medication
• Wound assessment to support Tier B
• New self caring insulin management



Having identified patients on the caseload and undertaken tiered triage, this is the group of patients that must receive home visit either due to risk, lack of ability to self care, lack of function to self care or where there would be identifiable / foreseeable lasting detrimental impact to health and well being if not undertaken



Examples of interventions that will require home visit will be:

- CVAD
- End of Life Care *
- Protection Activity
- Urgent Diagnostic VP
- INR / Specific VP
- Enteral Feeding
- Blocked / routine Catheterisation
- Bowel Care – autonomic dysreflexia risk
- Insulin Administration**
- Pressure Ulcers G3>
- Confirmation Death

*Some patients requiring end of life care may be exclusively supported by McMillan Team (including syringe pump management)

**Patients requiring insulin administration with no ability to self care or isolated with no support to do so