

ADULTS

Entry Point = 'Grey Area' patients i.e. triaged by 111 or practice but not obviously well/not obviously needing hospital

Mainly respiratory symptoms

Respiratory symptoms AND fever

Fever without respiratory symptoms

Obviously ill? i.e. very breathless/unwell on first impression

YES

Hospital (unlikely as already screened)

NO

Is main symptom cough?

YES

NO

Does this sound like pneumonia?

- Unwell
- SOB (not just bunged up)
- Possible pleuritic pain
- Sputum (may be blood-stained)

NO

COPD or asthma?

YES

Manage as for normal exacerbation. If no better/worsening → F2F

Manage in usual way e.g. OM, tonsillitis, URTI etc.

YES

NO

High risk? *

YES

NO

Hospital or F2F if unsure

Amoxicillin or Doxycycline
If no better in 48hrs or worsening → F2F
If unsure, F2F

High risk RTI or complications? i.e. >65 yrs and two of the following, or >80yrs and one of the following:

- Hospitalisation in last 1 year
- Diabetes
- Heart failure
- On steroids

YES

NO

Antibiotics as above, unless obvious URTI

Reassurance and safety-netting

SEPSIS SCREEN

Use NICE sepsis charts – much can be done on phone/video

Not sepsis

Unclear OR high risk *

F2F or hospital – use clinical judgement

Possible sepsis

Hospital

SEPSIS SCREEN

Use NICE sepsis charts – much can be done on phone/video

Unclear OR high risk *

F2F or hospital – use clinical judgement

Not sepsis

Consider cause and manage as appropriate, guided by symptoms e.g.:

- Tonsillitis / OM
- Cellulitis
- UTI
- GI cause
- PID

Serious cause unlikely if sepsis screen negative, but consider **meningitis** and **malaria**

If no clear cause, give advice, observe, safety-net

* HIGH RISK =

- > 65 years (use judgement)
- Confused
- Significant co-morbidities e.g. asthma, COPD, CKD, diabetes, CCF, immunocompromised