

## Symptom Checker for Covid-19 for people with learning disabilities (for use by families and carers)

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National Mental Health and Learning Disability Nurse Directors Forum  
*Influencing and advancing care in mental health and learning disabilities*

### Document Control:

Version	Date	Author	Comments
1	04.05.2020	Rebecca Chester & Dr Aparna Wighe	First Version
2	21.05.2020	Rebecca Chester	Updated advice for change in sense of taste/smell

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**Contents:**

Introduction	P:2
Signs, symptoms, actions and differential diagnosis table	P:3-10
Flowchart	P:11
SBARD	P:12
References	P:12
Feedback/Contacts	P:13

**Introduction:**

People with learning disabilities have a higher level of health needs than people without learning disabilities and are more likely to have other health problems (comorbidities) that may place them at an increased risk if they are exposed to and infected by coronavirus (Covid-19). Many people with learning disabilities will need you to help them get medical attention.

A person with a learning disability might not be able to tell you they feel unwell, they might not recognise any symptoms that they have, and it can be difficult for them to tell you about them. Some people might struggle to follow current social distancing guidance and they are likely to need supervision and support to follow the government and NHS England’s advice (NHSE & NHSI 2020a). As a family member, carer or care provider for a person with a learning disability you will be able to see changes in the person and their health which puts you in the best position to help that person get the health care they need.

People with learning disabilities often have other health issues (co-morbidities). It is easy for people (carers and health professionals) to think that the person’s health problem is something else, we call this diagnostic overshadowing. Respiratory problems are much more likely for people with learning disabilities and prior to the coronavirus pandemic over 40% of deaths of people with learning disabilities were reported to be due to respiratory disease (NHSE/NHSI 2020b). It is important that respiratory symptoms are spotted early for people with learning disabilities, in order to seek medical attention when needed. It is also important that whilst coronavirus is a significant risk to people with learning disabilities, that we don’t always assume that symptoms are coronavirus related and we should consider potential differential diagnoses to coronavirus and other common acute respiratory disorders. This tool gives some guidance on what the symptoms the person is displaying could be (but is not an exhaustive list). Many of the symptoms of coronavirus look like other health problems. It is important that the person gets access to healthcare when they need it. This tool can help your decision making to ensure that the right care and treatment is provided to people in the right place and at the right time.

Please note that whilst this guidance aims to support decision making, everyone is unique and different and what is one person’s baseline is different to another person. Based on this, the symptom checker is to be used in collaboration with the person, using existing knowledge about the person and in line with their health passport or care/support plans and with people that know the person best. The symptom checker is not a definitive guide for all situations, and it is important to recognise that the virus can mutate and change. Therefore, if you continue to be worried for a person’s health and wellbeing you should seek further advice/help from 111 / 999 as appropriate to the urgency.

On p.3 – 10 There is a table with symptoms, signs (how these may present), recommended actions and other potential causes for symptoms (differential diagnosis). There are hyperlinks throughout the table to guide you towards further information for specific health needs. In addition to this, a flow chart summarising the table is available on p.11. How we communicate signs and symptoms is also important and so on p.12 is an example of a communication tool (SBARD) and how it can be used to communicate information about a person, in order to get the medical advice, support and outcomes needed. Throughout this document coronavirus has been used to describe Covid-19 as this is a familiar term that people recognise. We hope that you find this information helpful.

**Coronavirus (Covid-19)**

Please note that whilst a Fever and/or a new continuous (persistent) cough are considered as key symptoms of coronavirus, it has been identified that people with learning disabilities may present with other symptoms listed below without a fever or cough. Based on this if you are concerned regarding the wellbeing of your family member or the person you support, particularly if they have 2 or more of the other symptoms, please seek medical advice.

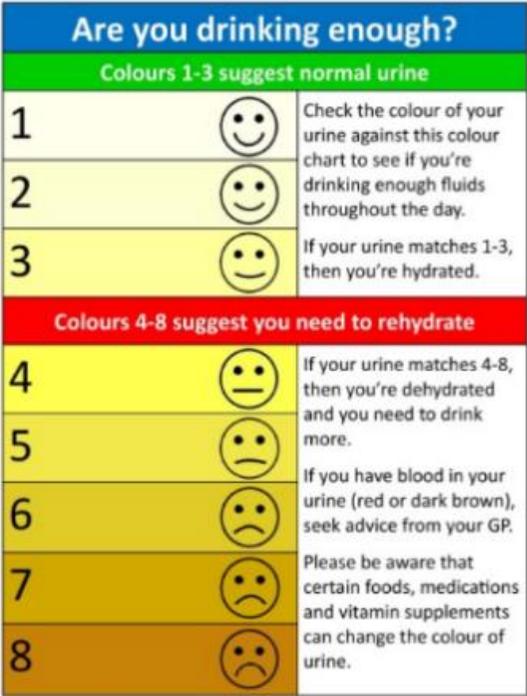
\* < refers to less/lower than > refers to greater/higher than.

Symptoms	Signs	Actions	Other possible health needs/differential diagnosis
Fever	<p>Fever - 37.8°C or higher (or if you don't have a thermometer the Chest or Back feel hot to touch).</p> <p>The person may look hot/flushed and may be sweating excessively. There may also be changes in the persons behaviour such as taking their clothes off to try and cool down.</p>	<p>Temperature is within normal range approximately Between 36.5 - 37°C with a low fever being 37°C - 37.8°C. If low fever with other symptoms of coronavirus, consider following amber advice below.</p> <p>* Individual body temperatures can vary and fluctuate over a day - consider monitoring temperature minimum of 2 x daily to check if a person may be developing fever.</p> <p>Temperature between 37.8-39°C - Refer the person to be tested for coronavirus by calling 111. Monitor the persons temperature a minimum of twice daily preferably 4 times daily. Follow advice on isolation <a href="#">PHE COVID-19: guidance for households with possible coronavirus infection</a> &amp; <a href="#">PHE covid-19-residential-care-supported-living-and-home-care-guidance</a></p> <p>Continue to encourage food or fluid intake. A low temperature (&lt; 36.5°C) can also indicate infection in some people – liaise with GP/111</p> <p><b>Call 111/999 &amp; seek urgent medical advice if:</b></p> <p>Temperature of &gt; 39.1°C</p> <p><b>Call 999</b> if temperature &lt; 35°C OR fever is associated with confusion, acute dehydration, rapid and weak pulse, loss of consciousness or new seizure</p> <p><i>(Please note that a very high temperature (hyperthermia) or very low temperature Hypothermia can be a sign of sepsis. Please see information provided on Sepsis and (Red Flag Sepsis)</i></p>	<ul style="list-style-type: none"> <li>• Urinary Tract Infection – smelly &amp;/or cloudy urine, pain or burning when urinating, needing to pee more often, blood in urine, painful lower tummy <a href="#">Information on UTI NHS</a> <b>Monitor fluid intake and urine output.</b> <b>Request Urinalysis from GP</b></li> <li>• Other respiratory infection i.e. <a href="#">Information on chest infection</a> <a href="#">Information on pneumonia</a> Consider history of respiratory health. People in receipt of Social Care should be tested for coronavirus. If this doesn't happen and there is a high risk of other respiratory infections, consider sputum sample with GP.</li> <li>• Sepsis – please use <a href="#">Community Carers Sepsis Screening &amp; Action Tool</a></li> <li>• Other infections (consider historical risk factors and recent risk factors).</li> <li>• Dehydration <a href="#">Information on dehydration</a></li> </ul>

<p>New Continuous Cough</p>	<p>New cough, or if the person has an existing cough is there an increase or change in coughing. Is the cough continuous - coughing a lot, for more than an hour, or 3 or more coughing episodes in 24 hours?</p> <p>(if the person is coughing after meals, please see advice under Other possible health needs/differential diagnosis and swallowing difficulties/dysphagia).</p>	<p><b>Call GP or 111 in case of the following:</b> If new continuous cough request testing for Covid-19. Follow advice on isolation <a href="#">PHE COVID-19: guidance for households with possible coronavirus infection</a> &amp; <a href="#">PHE covid-19-residential-care-supported-living-and-home-care-guidance</a> Breathing difficulties associated with fever &amp; new, persistent cough causing tiredness. Cough leading to phlegm which is yellow/green/rust coloured. Pain in chest while breathing/coughing. (The above should not be associated with lethargy, unsteadiness/ falls/ confusion, blue lips and face, skin looking cold or clammy). Wheezing at rest. Breathlessness while talking or doing daily activities. Respiratory rate: 21 –25 / minute. SpO2: 90-95% Heart rate 100-130 beats/ minute.</p> <p><b>Call 999 for the following:</b> <u>If pulse-oximeter not available:</u> Breaths per minute, &gt;25/minute. Heart rate &gt;131 beats/minute. (*for someone with learning disability &amp; complex health needs you may need to contact 999 for &gt;110 beats/minute). Breathlessness at rest (new or increase from before). Coughing up blood, laboured breathing, Blue lips or face, little/no urine output, confusion/fainting/drowsiness. Temperature &gt;39.1°C or &lt;35°C Blood pressure &lt; 90/60 mm Hg <u>If pulse oximeter available as above &amp;:</u> Oxygen saturation (SpO2) &lt; 90% Encourage the person to drink plenty of fluids &amp; to rest.</p>	<ul style="list-style-type: none"> <li>• Cough, cold or flu. <a href="#">Information on cough NHS</a> <a href="#">Information on common cold</a> <a href="#">Information on flu</a></li> <li>• If the person is coughing after eating or drinking, consider if there is a change in their swallow and liaise with the Community Team for People with Learning Disabilities SaLT. <a href="#">Information on Dysphagia/Swallowing Difficulties</a></li> <li>• The colour of the sputum can help to indicate what the potential underlying cause of the cough is.</li> </ul>
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<p>Changes to sense of taste or smell</p>	<p>People have reported changes/loss of taste or smell. If someone is unable to describe this, you may observe changes in their appetite, or they may not be able to recognise familiar smells i.e. the smell of baking, lemons or soap.</p>	<p>Changes to sense of taste or smell is commonly reported by people diagnosed with Covid-19 and is now recognised as a main symptom. Therefore, if the person experiences changes to the sense of taste or smell they should be referred for testing of Covid-19 via 111 or the Local Health Protection Team.</p>	<ul style="list-style-type: none"> <li>• A cold or Flu <a href="#">Information on common cold</a> <a href="#">Information on flu</a></li> <li>• Sinusitis <a href="#">Information on sinusitis-sinus-infection</a></li> <li>• An allergy (i.e. hay fever) <a href="#">Information on hay fever</a> <a href="#">Information on allergies</a></li> <li>• Growths in your nose (i.e. nasal polyps) <a href="#">Information on nasal polyps</a></li> <li>• Oral Thrush – white coating on the tongue and in the mouth. Can impact on taste and cause pain in the mouth leading to difficulties eating and drinking. <a href="#">Information on Oral Thrush</a></li> </ul>
<p>Aches and Pains</p>	<p>Consider how the person usually communicates pain. Are they vocalising more, signs of distress, lethargy, reluctant to move/mobilise etc. You can use a tool like the Abbey Pain Scale or DisDat to monitor pain: <a href="https://www.apsoc.org.au/PDF/Publications/Abbey_Pain_Scale.pdf">https://www.apsoc.org.au/PDF/Publications/Abbey_Pain_Scale.pdf</a> <a href="https://www.choiceforum.org/docs/asst.pdf">https://www.choiceforum.org/docs/asst.pdf</a></p>	<p>Mild aches and pains but no fever or persistent cough: Take over the counter analgesics (paracetamol) if needed and tolerated (in line with prescription/care plans if in living in a social care provision). Drink adequate fluids, especially in hot weather. Rest</p> <p>Joint pains/back pain/headaches/ muscle aches <u>with</u> fever and/or cough, runny nose, sore throat, diarrhoea or loss of taste and smell: Call GP and 111 to refer for Covid-19 testing and follow guidelines on isolation <a href="#">PHE COVID-19: guidance for households with possible coronavirus infection</a> &amp; <a href="#">PHE covid-19-residential-care-supported-living-and-home-care-guidance</a></p> <p><b>Call 999 if the person has the symptoms below:</b> Severe Chest Pain, Severe muscle pain with fever, cough, laboured breathing AND/OR altered consciousness alertness - confusion, drowsiness or loss of consciousness.</p>	<p>Pain can be caused by a range of different health conditions. It is important to identify the site of pain to know the potential cause as well as any history that may help in knowing the cause of the pain as this will inform treatment. Below is a list of common causes of pain:</p> <ul style="list-style-type: none"> <li>• Dental</li> <li>• Muscular injury</li> <li>• Menstrual</li> <li>• Headaches</li> <li>• Bone fractures</li> <li>• Viral infections i.e. flu</li> <li>• Stomach pain</li> </ul> <p>Seek advice from the GP, 111 or 999 based on the severity of pain. <a href="#">Information on potential causes of chest-pain</a></p>

<p>Breathing Difficulties</p>	<p>Listen to the person breath, can you hear them wheezing or shortness of breath? Is breathing causing pain? How deep or shallow is their breathing? (Do the muscles in the neck and abdomen look prominent when the person is breathing? Do the nostrils flare. Is their breathing rapid or slow? What is the colour of the persons skin (if there is a blue tone this may be cyanosis and means that the person may not be getting enough oxygen)? If you have an oximeter you can check the persons oxygen saturation levels.</p> <p><u>Signs of respiratory distress:</u></p> <ul style="list-style-type: none"> <li>• <b>Breathing rate.</b> An increase in the number of breaths per minute (&gt;20/minute) may mean that a person is having trouble breathing or not getting enough oxygen.</li> <li>• <b>Colour changes.</b> A bluish colour seen around the mouth, on the inside of the lips, or on the fingernails may happen when a person is not getting as much oxygen as needed. The colour of the skin may also appear pale, blue or grey.</li> <li>• <b>Grunting.</b> A grunting sound can be heard each time the person exhales. This grunting is the body's way of trying to keep air in the lungs so they will stay open.</li> <li>• <b>Nose flaring.</b> The openings of the nose spreading open while breathing may mean that a person is having to work harder to breathe.</li> <li>• <b>Retractions.</b> The chest appears to sink in just below the neck or under the breastbone with each breath or both. This is one way of trying to bring more air into the lungs, and can also be seen under the rib cage or even in the muscles between the ribs.</li> <li>• <b>Sweating.</b> There may be increased sweat on the head, but the skin does not feel warm to the touch. More often, the skin may feel cool or clammy. This may happen when the breathing rate is very fast.</li> <li>• <b>Wheezing.</b> A tight, whistling or musical sound heard with each breath can mean that the air passages may be smaller (tighter), making it harder to breathe.</li> <li>• <b>Body position.</b> A person may spontaneously lean forward while sitting to help take deeper breaths. This is a warning sign that he or she is about to collapse.</li> </ul>	<p>Breathing between coughs is easy/not laboured/can speak full sentence without difficulty breathing &amp; carry out daily tasks without breathlessness. No wheezing at rest. Pulse 60-100 beats/minute. If pulse oximeter available – SpO2 &gt;95%. Heart rate 60 - 100 beats/minute. No fever.</p> <p><u>Management:</u> Rest follow advice from GP regarding inhalers. Monitor any symptoms.</p> <p><u>Call GP or 111 in case of the following:</u> Breathing difficulties associated with fever &amp; new persistent cough. Cough leading to phlegm which is yellow/green. Pain in chest while breathing/coughing. (The above should not be associated with lethargy, unsteadiness/falls/confusion, blue lips and face, skin looking cold or clammy). Wheezing at rest. Respiratory rate between 21-25 breaths/minute. Breathlessness while talking or doing daily activities. Heart rate 100-130 beats/minute. SpO2: 90-95%. Systolic blood pressure &gt; 140 mm Hg OR diastolic &gt; 90 mmHg.</p> <p><b>Call 999 for the following:</b> <u>If pulse-oximeter not available:</u> Breaths per minute &gt;25/minute. Heart rate &gt;131 beats/minute or &lt;40 beats/min. (*for someone with learning disability &amp; complex health needs you may need to contact 999 for &gt;110 or &lt;60 beats/minute). Breathlessness at rest (new or increase from before). Coughing up blood, laboured breathing, Blue lips/face, little/ no urine output, confusion/fainting/drowsiness. Temperature &gt; 39.1 or &lt; 35. Oxygen saturation (if available) (SpO2) &lt; 90%. Systolic blood pressure &gt; 220mm.</p>	<ul style="list-style-type: none"> <li>• Allergic cough / Hay fever (known history), known triggers, associated with itchy eyes and sneezing but no fever and usually not persistent cough when triggers are managed. <a href="#">Information on hay fever</a></li> <li>• Asthma: Usually history known. Wheezing is not associated with fever and usually responds well to use of prescribed inhalers. <a href="#">Information on asthma</a> For further advice on what to do if you have COVID 19 and asthma see the following link: <a href="https://www.asthma.org.uk/coronavirus/">https://www.asthma.org.uk/coronavirus/</a></li> <li>• Heart disease causing breathlessness (congestive heart failure or valvular heart disease) <a href="#">Information on heart failure</a></li> <li>• Chronic lung disease - for further advice : <a href="#">Information on COPD</a></li> <li>• Positioning. For some individuals poor positioning can reduce lung function and therefore the amount of oxygen in the body. Consider postural care to support breathing and maximise oxygen intake.</li> </ul>
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<p>Sore Throat</p>	<p>Pain when swallowing, may be reluctant to eat. Redness in the back of the mouth. Swollen Glands. Consider how the person usually communicates pain. Are they vocalising more, signs of distress, lethargy, reluctant to move/mobilise etc. You can use a tool like the Abbey Pain Scale or DisDat to help identify/monitor pain:</p> <p><a href="https://www.apsoc.org.au/PDF/Publications/Abbey_Pain_Scale.pdf">https://www.apsoc.org.au/PDF/Publications/Abbey_Pain_Scale.pdf</a></p> <p><a href="https://www.choiceforum.org/docs/asst.pdf">https://www.choiceforum.org/docs/asst.pdf</a></p> <p>If someone has a sore throat, they may be reluctant to eat or drink. It is advised to monitor food and fluid intake as well as risk of dehydration.</p>  <p><b>Are you drinking enough?</b></p> <p>Colours 1-3 suggest normal urine</p> <table border="1"> <tr> <td>1</td> <td></td> <td>Check the colour of your urine against this colour chart to see if you're drinking enough fluids throughout the day.</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>If your urine matches 1-3, then you're hydrated.</td> </tr> </table> <p>Colours 4-8 suggest you need to rehydrate</p> <table border="1"> <tr> <td>4</td> <td></td> <td>If your urine matches 4-8, then you're dehydrated and you need to drink more.</td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td>If you have blood in your urine (red or dark brown), seek advice from your GP.</td> </tr> <tr> <td>7</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td>Please be aware that certain foods, medications and vitamin supplements can change the colour of urine.</td> </tr> </table> <p><small>Community Infection Prevention and Control, Hampshire and Dorset NHS Foundation Trust www.nhs.uk/hand-hygiene/2019</small></p>	1		Check the colour of your urine against this colour chart to see if you're drinking enough fluids throughout the day.	2			3		If your urine matches 1-3, then you're hydrated.	4		If your urine matches 4-8, then you're dehydrated and you need to drink more.	5			6		If you have blood in your urine (red or dark brown), seek advice from your GP.	7			8		Please be aware that certain foods, medications and vitamin supplements can change the colour of urine.	<p>Sore throat with no fever and no new/continuous cough - Monitor the person and seek advice from the GP or Pharmacist on administering symptomatic relief (for example paracetamol/ibuprofen and over the counter medications i.e. /lozenges/spray (in line with prescription/care plans if living in a social care provision).</p> <p>If the person has a sore throat and a temperature between 37.8-39°C and/or a new and continuous cough OR If symptoms persist beyond 48 hours AND/OR unable to eat/drink for more than 24 hours AND/OR Showing early signs of dehydration: (dry mouth, dry lips, increased thirst, headaches) <b>Follow advice above regarding Fever and/or cough.</b> <b>Continue with symptomatic relief while at home</b> <b>Encourage food and fluid intake</b></p> <p><b>Call 111/999 &amp; seek urgent medical advice if:</b> If the person has a sore throat &amp; temperature of &gt; 39.1°C <b>Call 999</b> if temperature &lt; 35°C Lack of food and fluid intake for more than 24 hours. No urine output for &gt;24 hours <b>AND/OR</b> Showing signs of acute dehydration as above with confusion, lethargy, agitation, reduced alertness, seizures, persistent dizziness.</p>	<ul style="list-style-type: none"> <li>• Cough, cold or flu. <a href="#">Information on cough NHS</a> <a href="#">Information on common cold</a> <a href="#">Information on flu</a></li> <li>• Hayfever (known history), known triggers, associated with itchy eyes and sneezing but no fever and usually not persistent cough when triggers are managed. <a href="#">Information on hay fever</a></li> <li>• Laryngitis <a href="#">Information on laryngitis</a></li> <li>• Tonsillitis <a href="#">Information on tonsillitis</a></li> <li>• Epiglottitis - This is a serious condition that requires medical assessment. Symptoms may be like Covid-19 with difficulty with breathing &amp; temperature. The person may also develop a hoarse voice, stridor and there can be an increase in drooling. Follow advice above on breathing difficulties and seek urgent medical attention by calling 999 if you suspect Epiglottitis. <a href="#">Information on epiglottitis</a></li> <li>• Oral Thrush – white coating on the tongue and in the mouth. Can impact on taste and cause pain in the mouth leading to difficulties eating and drinking. <a href="#">Information on Oral Thrush</a></li> <li>• Dehydration <a href="#">Information on dehydration</a></li> </ul>
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<p>Diarrhoea and or vomiting</p>	<ul style="list-style-type: none"> <li>Although Diarrhoea and vomiting have not been identified as key defining symptoms of Coronavirus, there has been reports of these symptoms amongst some patient groups, including people with learning disabilities. The Bristol Stool Chart can be used to monitor bowel movements.</li> </ul> <p style="text-align: center;"><b>Bristol Stool Chart</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Type 1</td> <td style="text-align: center; padding: 5px;"></td> <td style="padding: 5px;">Separate hard lumps, like nuts (hard to pass)</td> </tr> <tr> <td style="padding: 5px;">Type 2</td> <td style="text-align: center; padding: 5px;"></td> <td style="padding: 5px;">Sausage-shaped but lumpy</td> </tr> <tr> <td style="padding: 5px;">Type 3</td> <td style="text-align: center; padding: 5px;"></td> <td style="padding: 5px;">Like a sausage but with cracks on its surface</td> </tr> <tr> <td style="padding: 5px;">Type 4</td> <td style="text-align: center; padding: 5px;"></td> <td style="padding: 5px;">Like a sausage or snake, smooth and soft</td> </tr> <tr> <td style="padding: 5px;">Type 5</td> <td style="text-align: center; padding: 5px;"></td> <td style="padding: 5px;">Soft blobs with clear-cut edges (passed easily)</td> </tr> <tr> <td style="padding: 5px;">Type 6</td> <td style="text-align: center; padding: 5px;"></td> <td style="padding: 5px;">Fluffy pieces with ragged edges, a mushy stool</td> </tr> <tr> <td style="padding: 5px;">Type 7</td> <td style="text-align: center; padding: 5px;"></td> <td style="padding: 5px;">Watery, no solid pieces. <b>Entirely Liquid</b></td> </tr> </table>	Type 1		Separate hard lumps, like nuts (hard to pass)	Type 2		Sausage-shaped but lumpy	Type 3		Like a sausage but with cracks on its surface	Type 4		Like a sausage or snake, smooth and soft	Type 5		Soft blobs with clear-cut edges (passed easily)	Type 6		Fluffy pieces with ragged edges, a mushy stool	Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>	<p style="background-color: #d4edda; padding: 5px;">No Diarrhoea and / or Vomiting No Action</p> <p style="background-color: #fff3cd; padding: 5px;"><b>Seek advice from GP or 111 if:</b> Diarrhoea and/or Vomiting are frequent OR persist for more than 24 hours signs of early dehydration (dry mouth, dry lips, increased thirst, headaches, peeing &lt; 4 times/day) <i>* Vomiting will usually cease within 1-2 days and diarrhoea will usually cease within 5 days. However based on the complexities of the health needs of people with learning disabilities it would be advisable to seek medical advice if you are concerned about the person and if they have any co-existing symptoms as identified in other sections of this chart i.e. temperature, difficulty breathing, pain etc.</i> Support the person by: Ensure adequate hydration and nutrition Monitor fluid and dietary intake and output (please see chart for recognising dehydration above). If other symptoms of Covid-19 are also present discuss referral for testing via NHS 111 and follow advice on isolation <a href="#">PHE COVID-19: guidance for households with possible coronavirus infection</a> &amp; <a href="#">PHE covid-19-residential-care-supported-living-and-home-care-guidance</a></p> <p style="background-color: #f8d7da; padding: 5px;"><b>Call 999</b> If signs of severe dehydration (confusion, lethargy, agitation, reduced alertness, seizures, persistent dizziness, Lack of food and fluid intake for more than 24 hours, No urine output for &gt; 24 hours)</p>	<ul style="list-style-type: none"> <li>Diarrhoea and vomiting <a href="#">Information on diarrhoea and vomiting</a></li> <li>Stomach Bug <a href="#">Information on stomach-ache</a></li> <li>Viral Infections i.e. flu <a href="#">Information on flu</a></li> <li>Constipation leading to overflow. When someone is severely constipated this can lead to the poo in the bowel being too hard to push out. The bowel can then start to leak watery stools as it seeps past the blockage and can look like diarrhoea. <a href="#">Information on constipation</a></li> <li>If Diarrhoea or vomiting is present always monitor food and fluid intake and consider if the person is dehydrated. Also monitor for weight loss.</li> <li>Dehydration <a href="#">Information on dehydration</a></li> </ul>
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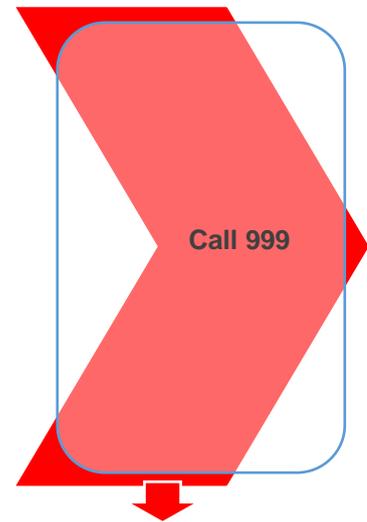
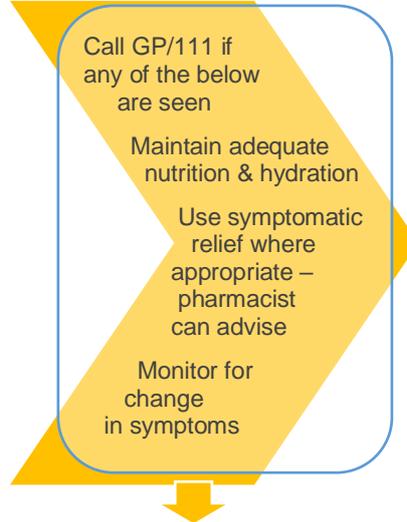
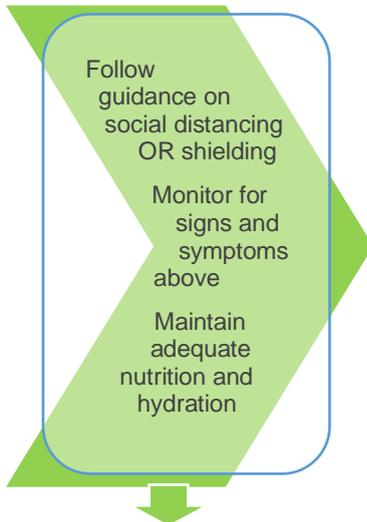
<p>Dizziness, drowsiness or change in level of alertness (new or increased from before)</p>	<ul style="list-style-type: none"> <li>• Being unsteady on feet/ falls</li> <li>• Excessive tiredness</li> <li>• Appearing more sleepy, lethargic or loss of consciousness</li> <li>• Appearing confused</li> <li>• New neurological symptoms (seizures)</li> </ul>	<p>If unsteady on feet but conscious and alert, check temperature, pulse and blood pressure. Encourage food and fluid intake. Seek advice from the GP.</p> <p>If known diabetic and blood sugar low or high, follow care and support plans for diabetes management and seek advice from GP, diabetic nurse, district nurse.</p> <p>Any new neurological symptoms part from seizure or stroke, record symptoms, seek urgent advice from GP or 111.</p> <p>If suspected seizure with past history of epilepsy, follow epilepsy care plan.</p> <p>If drowsy, loss of consciousness/ reduced responsiveness, call 999 For a person with known epilepsy, follow epilepsy care plan For new seizures call 911</p>	<ul style="list-style-type: none"> <li>• High blood pressure (Hypertension) <a href="#">Information on high blood pressure-hypertension</a></li> <li>• Low blood pressure (Hypotension) <a href="#">Information on low blood pressure-hypotension</a></li> <li>• Diabetes presenting with low blood sugar (hypoglycemia) or high blood sugar (hyper-glycemia) <a href="#">Information on type-1-diabetes</a> <a href="#">Information on type-2-diabetes</a> <a href="https://diabetes.org.uk/about_us/news/coronavirus">diabetes.org.uk/about_us/news/coronavirus</a></li> <li>• Side-effects from medication, especially psychotropic or anti-epileptic medication: <b>consult your GP or psychiatrist for further advice</b></li> <li>• Interaction between medication: <b>consult your GP or psychiatrist for further advice</b></li> <li>• Non COVID infections</li> <li>• Dehydration <a href="#">Information on dehydration</a></li> <li>• Urinary Tract Infection – smelly &amp;/or cloudy urine, pain or burning when urinating, needing to pee more often, blood in urine, painful lower tummy <a href="#">Information on UTI NHS</a></li> <li>• If there has been an increase in falls consider referral to Physiotherapy/Occupational Therapy/Nursing to undertake Falls Risk Assessment</li> <li>• Under or overactive thyroid <a href="#">Information on underactive-thyroid-hypothyroidism</a> <a href="#">Information on overactive-thyroid-hyperthyroidism</a></li> </ul>
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<p>Rash</p>	<p>Some people have reported a rash, before other symptoms appear (cough, fever etc). The rash can vary, but some people have described it as mottled.</p>	<p><b>No action required if:</b> Rash is due to known skin conditions (eczema/ other known allergy) - follow advice given by GP/specialist No other symptoms such as cough, fever, sore throat etc If other symptoms develop, seek advice from GP or 111.</p> <p><b>Seek advice from GP or 111 if:</b> Rash which is new or spreading to other parts of the body and associated with other COVID 19 symptoms Self-isolate and ensure good hygiene</p> <p><b>Call 999 if</b> Rash is associated with severe breathing difficulties, fever, altered consciousness OR Rash spreading and causing blisters on skin or inside mouth causing difficulties with swallowing and breathing, reduced urine output</p>	<ul style="list-style-type: none"> <li>• Non COVID 19 infections: Viral and bacterial infections can present with a rash and can be infective.</li> <li>• Allergies: following contact with a known or unknown allergen (pollen, chemicals, drugs, fumes etc) <a href="#">Information on allergies</a></li> <li>• Heat rash /sunburn <a href="#">Information on heat rash/prickly heat</a> <a href="#">Information on sunburn</a></li> <li>• Eczema</li> <li>• Atopic dermatitis <a href="#">Information on atopic eczema</a></li> <li>• <a href="#">Information on common skin conditions</a></li> <li>• Sepsis <b>If possible Sepsis please use <a href="#">Community Carers Sepsis Screening &amp; Action Tool</a> and contact 999 if sepsis is suspected.</b></li> </ul>
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**Flow Chart**

**Common signs and symptoms of COVID 19 / similar conditions:**

Fever, Continuous cough, Aches and pains, Rash, Sore throat, Drowsiness, dizziness, change in level of consciousness, Breathing difficulties, Diarrhoea and vomiting



- Temperature Between 36.5 - 37°C is within normal range.
- A mild fever 37-37.8°C (if low fever and other symptoms of coronavirus present consider if coronavirus testing is needed via 111/GP).
- Low temperature of < 36.5°C can also indicate possible infection – see amber section.
- Heart rate between 60-100 beats/minute.
- If pulse oximeter available – SpO2 95 - 100%
- Breathing between coughs is easy / not labored / can speak full sentence without difficulty breathing and carry out daily tasks without breathlessness. No wheezing at rest.
- Sore throat with no fever and no new/continuous cough -
- Mild aches and pains but no fever or persistent cough or other symptoms
- No diarrhea and/or Vomiting
- Rash is due to known skin conditions (eczema / other known allergy)

- Temperature 37.8 - 39°C
- Temperature < 36.5°C
- Respiratory rate: 21 –25 / minute
- Heart rate 100-130 beats/minute.
- SpO2: 90 - 95%
- BP 140/90 mm Hg
- Breathing difficulties associated with fever and new, persistent cough causing tiredness.
- Cough leading to phlegm which is yellow / green / rust coloured
- Pain in chest while breathing/coughing.
- Wheezing at rest.
- Breathlessness while talking or doing daily activities.
- Sore throat, fever, breathing difficulties or diarrhoea & vomiting persist beyond 48 hours AND / OR unable to eat / drink for more than 24 hours AND / OR showing early signs of dehydration:
- Joint pains/back pain/headaches/ muscle aches with fever and/or cough, runny nose, sore throat, diarrhea or loss of taste and smell
- Any new neurological symptoms part from seizure or stroke
- Rash which is new or spreading to other parts of the body and associated with other COVID 19 symptoms

- Temperature > 39.1°C or < 35°C
- Respiratory rate>25/minute
- Heart rate >131 beats per minute.
- Oxygen saturation (SpO2) < 90%
- Breathlessness at rest (new or increase from before).
- BP > 220 mm Hg
- Coughing up blood, laboured breathing, Blue lips or face, little / no urine output, confusion / fainting / drowsines
- Lack of food and fluid intake for more than 24 hours
- No urine output for >24 hours AND/OR showing signs of acute dehydration as above with confusion, lethargy, agitation, reduced alertness, seizures, persistent dizziness
- Severe Chest Pain, Severe muscle pain with fever, cough, laboured breathing AND / OR altered consciousness alertness - confusion, drowsiness or loss of consciousness.
- drowsy, loss of consciousness / reduced responsiveness,
- New seizures
- Rash is associated with severe breathing difficulties, fever, altered consciousness OR Rash spreading and causing blisters on skin or inside mouth causing difficulties with swallowing and breathing, reduced urine output

## Using SBARD to Communicate Symptoms:

The SBARD Tool is a useful way to communicate information and is often used in health services to ensure clarity of information being shared to inform decision making.

SBARD stands for **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation and **D**ecision.

The tool below can be used to support you in communicating about a person(s) health and wellbeing when contacting 111/999. Below is an example of SBARD for someone presenting with symptoms of Coronavirus.

For further information on SBARD please visit [NHS-improvement-sbar-communication-tool](#)

<p>Situation</p>	<ul style="list-style-type: none"> <li>• I am (name), I'm calling from (service), I am calling about (persons name)</li> <li>• I am calling because I am concerned that..... (e.g. temperature is..... isn't eating and drinking..... is having difficulties breathing.</li> </ul>
<p>Background</p>	<ul style="list-style-type: none"> <li>• (person's name) usually eats well, they have refused some food for the last 2 days. They have eaten soft foods and icecream and have been drinking.</li> <li>• We have recently had another person in the house who has a high temperature of 39°C who was tested positive for coronavirus. The person usually communicates using makaton. They are signing they feel poorly.</li> </ul>
<p>Assessment</p>	<ul style="list-style-type: none"> <li>• We think the problem might be coronavirus, but the person does have a previous history of chest infections.</li> </ul>
<p>Recommendation</p>	<ul style="list-style-type: none"> <li>• We would like the person to be tested for coronavirus.</li> </ul>
<p>Decision</p>	<ul style="list-style-type: none"> <li>• Arrange for the person to have a Swab for coronavirus.</li> <li>• Monitor eating and drinking.</li> <li>• Undertake physical observations (Temperature, Respiration Rate, Oxygen Saturations, Pulse and Blood Pressure and identify if medical assessment is needed from GP</li> </ul>

## References:

NHS England & NHS Improvement (2020a). Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic, 30 March 2020, Version 1. NHSE.

NHS England & NHS Improvement (2020b). Speciality guides for patient management during the coronavirus pandemic; Clinical guide for front line staff to support the management of patients with a learning disability, autism or both during the coronavirus pandemic – relevant to all clinical specialities 24 March 2020 Version 1. NHSE.

NHS Improvement (2018). Act Academy, Online library of Quality, Service Improvement and Redesign tools, SBAR Communication Tool: situation, background, assessment, recommendation. NHS Improvement. <https://improvement.nhs.uk/documents/2162/sbar-communication-tool.pdf> accessed 04.05.2020.

If you have any questions or feedback regarding this document, please contact:

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and/or
- Dr Aparna Wighe ([Aparna.Wighe@berkshire.nhs.uk](mailto:Aparna.Wighe@berkshire.nhs.uk))

If you have any questions or concerns regarding individuals that you are supporting please access medical advice and support as required via your GP, 111, 999 as appropriate. Your local Community Team for People with Learning Disabilities (CTPLD) can also be contacted for non-urgent advice and support.