Identification and introduction (nature of the visit, confidentiality, consent)

Previous medical history:
Any serious pre-existing medical conditions diabetes, Asthma, COPD, Heart disease, cancer, immunosuppression.
Previous pneumonia? bronchitis?
Previous (recent) antibiotics use?
Does this feel like an usual asthma exacerbation?
Have you ever used tobacco products?

Current medications

Allergies

Travel history in last 14 days or contact with someone with or under investigation for COVID

Current symptoms:
Viral symptoms: sore throat, runny nose, sneezing, fatigue, anorexia, muscle aches, headache, Fever (axillary or oral >37.5) Night sweats, Chills, Cough (dry or wet)
Shortness of breath? on exertion? walking uphill? S.O.B. while speaking? at rest?

*** Assess for deterioration of overall health, any deterioration in control of comorbid conditions

*** Assess duration of symptoms; are they improving, stable or worsening?****

VIRTUAL PHYSICAL EXAM

General appearance
Look for cyanosis

Vitals obtained by patient:
Temperature:
Pulse:
Respiratory Rate
Blood pressure:

Chest:
Accessory muscle use
Audible wheezing
Cough

Neuro:
Screen for confusion
TREATMENT AND PLAN

**Low Threshold for Empiric Antibiotics**
COPD
Smokers
Diurnal pattern of symptoms (was sick, got better then got worse again)
Asthma
Immunosuppression
Active cancer

**When to consider Chest X-Ray:**
Viral symptoms, getting better and then getting worse again
Worsening of symptoms after 4-5 days or prolonged/not improving after 7 days

**When to consider sending to ER:**
Low Blood Pressure
Confusion
Shortness of breath at rest or if severe
Cyanosis
Respiratory rate > 22
Chest pain

**When to Consider testing for COVID:**
Travel or contact in last 14 days and viral respiratory symptoms (more than just coryza)
Patient can call: 514-734-9909 for testing

**Things to consider:**
Increased work of breathing and known asthmatic: use puffers – asthma action plans

Coronavirus [COVID-19]