



COVID19 Autotexts

Dr Simon Wallace, Chief Clinical Information Officer

Wednesday 18th March 2020

COVID-19 Note

PRESENTING COMPLAINT: [Exposed to, Suspected, Confirmed] COVID-19

HISTORY OF PRESENTING COMPLAINT : ["COVID-19 History"]

CO-MORBIDITIES: The patient is at increased risk due to the following co-morbidities (for example: chronic respiratory failure, COPD, diabetes, cancer, hypertension, coronary heart disease, heart failure, chronic kidney disease, etc.): The patient has [no associated co-morbidities].

IMMUNE SYSTEM: The patient is at increased risk due to the following (for example: Cancer treatment, treatment for autoimmune diseases, HIV, organ or bone marrow transplant, etc.): The patient does [not have a weak immune system].

CONTACTS: Does the patient have contact with a confirmed or probable case of COVID-19 in the 14 days prior to symptom onset? [YES/NO]

TRAVEL: Has the patient travelled to a country/area or territory reporting local transmission of COVID-19 in the 14 days prior to symptom onset? [YES/NO]

HOME: Patient lives [alone/not alone] and [has/has not] someone who can take care of him/her.

PATIENT PROTECTION: The patient was [given/not given] a facial mask and [isolated/not isolated] in a separate room.

STAFF PROTECTION: Staff were [wearing/not wearing] a protective suite, gloves and surgical mask.

EXAMINATION:
["COVID-19 EXAMINATION"]

IMPRESSION:
[]

COVID-19 Note

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- Insert short paediatric e...
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- Lumbar puncture proce...
- Mental Health Note
- Musignature

Name *

COVID-19 Note

Description

Spoken form *

covid nineteen note

Content *

PRESENTING COMPLAINT: [Exposed to, Suspected, Confirmed] COVID-19

HISTORY OF PRESENTING COMPLAINT: ["COVID-19 History"]

CO-MORBIDITIES: The patient is at increased risk due to the following co-morbidities (for example: chronic respiratory failure, COPD, diabetes, cancer, hypertension, coronary heart disease, heart failure, chronic kidney disease, etc.): The patient has [no associated co-morbidities].

IMMUNE SYSTEM: The patient is at increased risk due to the following (for example: Cancer treatment, treatment for autoimmune diseases, HIV, organ or bone marrow transplant, etc.): The patient does [not have a weak immune system].

CONTACTS: Does the patient have contact with a confirmed or probable case of COVID-19 in the 14 days prior to symptom onset? [YES/NO]

TRAVEL: Has the patient travelled to a country/area or territory reporting local

Fields marked with * are mandatory

Apply All Close

COVID-19 History

This [insert age] year old patient presented with a [x day] history of [fever, a new continuous cough, shortness of breath, muscle pain, fatigue, anorexia, sputum production/expectoration, and sore throat]. These symptoms were [mild, moderate, severe].

COVID-19 History

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- My signature

Name *

COVID-19 History

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COVID nineteen history

Content *

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Apply All Close

COVID-19 ExaminationTemplate

PHYSICAL EXAMINATION: [was/was not] performed under recommended hygienic precautions.

GENERAL APPEARANCE: [Looks well. Well nourished. No clubbing. No anaemia. No cyanosis. No Jaundice.]

VITAL SIGNS: [Afebrile. P 60 SR, 120/70. RR 16. Oxygen saturation >95%]

HEAD AND NECK EXAMINATION: [Unremarkable. No lymphadenopathy]

ORAL EXAMINATION: [Unremarkable.]

CARDIOVASCULAR SYSTEM: [No JVP, Regular rate and rhythm, no murmurs, no peripheral oedema. Peripheral vascular system normal.]

RESPIRATORY SYSTEM: [Trachea central. Chest expansion normal. Chest percussion normal. Clear to auscultation bilaterally.]

ABDOMEN: [Soft, nondistended, no rebound tenderness, no masses, no hepatosplenomegaly.]

INVESTIGATIONS: []

COVID-19 Examination Template

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Name *

COVID-19 Examination

Description

Spoken form *

COVID nineteen examination

Content *

Physical examination [was/was not] performed under recommended hygienic precautions.

GENERAL APPEARANCE: [Looks well. Well nourished. No clubbing. No anaemia. No cyanosis. No Jaundice.]

VITAL SIGNS: [Afebrile. P 60 SR, 120/70. RR 16]

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ABDOMAN: [Soft, nondistended, no rebound tenderness, no masses, no hepatosplenomegaly.]

INVESTIGATIONS: []

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Apply All Close

COVID-19 Isolation Advice

I gave the following advice:

As you have symptoms, you should stay at home for at least 7 days.

If you live with other people, they should stay at home for at least 14 days, to avoid spreading the infection outside the home.

After 14 days, anyone you live with who does not have symptoms can return to their normal routine.

But, if anyone in your home gets symptoms, they should stay at home for 7 days from the day their symptoms start. Even if it means they're at home for longer than 14 days.

Other Information:

If you live with someone who is 70 or over, has a long-term condition, is pregnant or has a weakened immune system, try to find somewhere else for them to stay for 14 days.

If you have to stay at home together, try to keep away from each other as much as possible.

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COVID nineteen history

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