

RNZCGP COVID-19 GP case presentation survey responses

If you have encountered a COVID19 confirmed case whether the case was hospitalised or not, how did the patient present?	How was the patient's ongoing care administered (and were you involved)?	If you managed the patient yourself, what was the clinical course like?	If one of your patients was diagnosed with COVID-19 without your involvement in the testing process, were you notified of their test results? If so, how?	If this patient was not hospitalised, were you involved with any medical care? If so, how? (phone-based, second-hand with DHB taking lead, etc).
Mild resp symptoms	Home isolation	Mild respiratory illness	N/A	Phone-based then PHU took lead
Initially mild cold, running nose. Cough by day 4. Fever by day 5. Hospitalised after day 10. Pregnant wife similar but nose blocked but not running and sore throat. Child looked like urti. Off food and grizzly.	I did ad hoc phone follow ups after hospital discharge of both parents	Loooooong. Seemed to relapse and remit in 2nd week coughing/breathlessness phase. But scary. Had to send for reassessment. Initial admission after I thought one was improving.	Happened after I x-rayed index who I thought had post flu lobar pneumonia	Child not hospitalised. Brief phone enquiry when on phone with mum.
Abdominal pains	Yes, the 2 GPs at our practice followed him up	He got swabbed at 24hr sx for a viral rash 6 days after being seen at our surgery then he got sicker and went to hospital for a day.	Yes, notified the day of the results, the day after the swab taken	Phone based and face to face consults
They called ambulance due to breathing difficulties. Ambulance declined to visit and asked me as Prime doctor to do house visit to assess patient	I contacted the Christchurch hospital team and referred 1 patient to them. The other less unwell partner I kept in phone contact daily.	Clinical course was fine, she recovered quickly and did not need further assessment. Sicker patient had to wait 3 hours for ambulance to come from major centre as local ambulance declined to transport him. I kept in cellphone contact in case he deteriorated. They were both seen in their home. I had to don the PPE gear in the dark in the rain outside their front door!	Not applicable, but we did have another positive case where Public health had notified the patient but the results were not yet available for us.	Did phone consult at night when advised of high CRP result. They were called by colleagues to check progress regularly. Seen again face to face when not improving. Repeat Covid swab negative 3 weeks later.
Fever, sore throat, anosmia	Symptomatic treatment	Family of four adults and two kids under the age of 6	Yes, for two of my patient. We had to request a copy of the result for the young child	Phone based support and regular follow up
Yes, for Covid swab by phone consult	By phone support	Moderate disease managed by phone	We weren't. Had to look up healthline to check result!	By phone
Called the clinic requesting for review	Tele-consultation was conducted	The patient arrived and waited in the car. Our nurse with full PPE, took a swab and was sent it for testing. Patient's temperature was measured. As he was clinically stable, he was sent home and managed supportively.	n/a	n/a
Cough and fever	Phone consult and then public health	Mild course of symptoms	Yes, through inbox	Yes, phone consult

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Present with mild flu symptoms while mainly came for his usual long term condition, not needed hospitalization.	In fact I was not involved in the mx process, He recuperated with symptomatic treatment at home.	In fact I was not involved fully, at the last wk of his recuperation, I have been informed about my patient then I had virtual consultation when he was in better phase of recuperation.	Public health notified on day 14 of my consultation when patient was on day 7 or 8 of his illness process and was getting better. He himself went for COVID swab done and came positive.	Public health informed me on patients day 14 of my visit that one of my patient came positive, if I have any sx and needs to do my own swab. Proceeded which came negative. I then following him up over the phone when he was recuperating at home quarantine.
Went to CBAC	I was not involved other than phoning to check on her. She was diagnosed at a CBAC. She represented to a CBAC for assessment when became SOB but was not hospitalised.	I didn't manage the case	Yes. I received a positive swab in my inbox.	One phone consultation
Fever and cough, mild SOB	Telephone consultation. Swabbed at CBAC. Follow up with regular GP and public health	Fever for 3 days and cough for 1 week. SOB on exertion for 48 hours	Yes...our locum organised the COVID swab after a telephone consult. We did not get the faxed confirmation until 6 days later but we had already been in contact with Pt at this point for telephone follow up and he had informed us of the positive result.	Phone based follow up of sxs. Public health also following up
Cough fever	By nursing staff at rest home. Monitored by myself with daily briefings held outside	Smooth for 6/7 patients. Fevers for 7 days approx, cough subsiding over that time. These were dementia sufferers so clinical course and complaints tempered by inability to detail their experiences. One complicated by delirium+++++	Not notified	Daily consult in garden with nurse in charge. Delirium sufferer managed in conjunction with public health, psychogeriatric service
Positive swab in my inbox - done at her rest home work-place, mild flu-like illness	Myself - via ongoing calls, and public health	Up/down, flu-like illness, resp symptoms, now rash - exanthem like	Result arrived in my inbox - no contact from public health at any stage	Yes, phone/email

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With respiratory symptoms	Via Public Health, then hospital staff	Didn't manage the person	Yes - electronically into my PMS inbox	Was hospitalised a week after diagnosis, then managed by the 'Acute Demand' team (specialised GP team) when discharged from hospital & then handed back to my oversight, but still in airport isolation hotel with resident nurse checking regularly, liaising with me if needed
Fever, extreme tiredness cough malaise and myalgia, one was having difficulty breathing at night and had no taste	No ARHPS took over x2	Younger one recovered quickly, older one was unwell for 3 weeks	NA	NA
N/A	N/A	N/A	None	None
	checked on the patient but overall managed by public health		Incidentally (but we don't have normal practice or practice population). They are widely dispersed	Patient only mildly unwell, phone based contact to keep in touch, not charged with decision making
Was tested with mild symptoms as in a known cluster	Phoned daily by CBAC team. I was not involved, besides getting copy of result	N/A	Yes, in electronic inbox, cc to myself	No
n/a	n/a	n/a	sent from Regional Public Health	Phone consult - was only mildly unwell & no specific Rx needed
Cough and sore throat after overseas travel to USA	Isolated at home with his wife, daily phone calls from me	Slow recovery, some diarrhoea in the second week	Yes, electronic mail	phone based
Not hospitalised. Flu like symptoms, recent return from travel to UK	Self-isolated, self-care. Advice only.	Patient described as unpleasant but not severe flu-like illness lasting only about 5 days	No. Patient was informed and contacted me	He was improving by the time he contacted me, so no.

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Cough fever SOB fatigue	In car at clinic and by phone daily - check by phone by us and in patient if required in pm - for peak illness most days daily rv	Managed 2 confirmed and 3 possible early on that were denied testing due to case definition at the time but all Presented at day 5-7 fever cough sob - progressed to tiredness and extreme fatigue and by day 8-10 heaviness in chest/ spongy fluid feeling in chest with worsening fatigue and sob that peaked day 10-14 and then started to improve - one probable later downgraded to negative by pub health but still fitted every other aspect had diarrhoea on day 11		Already mentioned
Post trip USA present to CBAC with respiratory symptoms in early April	Self-isolation as mild symptoms	Managed only over the telephone	Yes, as noted previously	Phone based
History of recent travel, exposure to persons with COVID-19	Saw the patient in the car park along with a nurse, performed nasopharyngeal swab, administered essential medications, advised about self-isolation and the need to seek help if necessary. Couple of days later rang the patient to find out about he/she felt	The swab turned out to be negative, patient responded to treatment that was instituted	Yes, I was notified of their results, it was sent to my inbox	I was involved in medical care, virtually over the phone
Runny nose, cough, fatigue, anosmia	2 pxts- both I remained involved in care. Also daily public health calls	Both young people had mild-mod symptoms and mainly needed reassurance and factual info re self-isolation	Via Erms	Both phoned based care. 1 face to face assessment post diagnosis. No DHB involvement in either case
For swabbing	Swab and managed at home	As above	n/a	Examination in PPE when needed, otherwise phone support for phone scripts etc
With respiratory symptoms, by phone	Only the practice nurse sent him for a swab, then he didn't require further help	I spoke to him by phone, he said it was flu-like and only lasted 5 days	To inbox	No, I phoned him only to see how he was. ARPHS phoned him daily
Fever, loss of smell	Through CBACS	Mild symptoms. Home based	Yes	Phone based

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2 patients seen both initially managed in primary care and 1 needed to go to hospital later, both were systemically well with good obs and were 30 + 50 years old roughly. Both had bad musculoskeletal pains and cough and mild temp just below 38	We tested and both initial tests returned negative and on f/u we retested and both were positive	Expectant management only for both, then the older one collapsed when we just called her to advise of pos. swab results and ambulance was on its way already	Yes	
Presented as patient from cluster - not informing the practice she was in quarantine asking for her daughter to be seen 3 days before lockdown -- then informed us 1 day before lockdown her swab was positive resulting in 2 staff going into isolation and numerous patients having to be traced	MOH involved in contact tracing -- she had minor resp symptoms -- our staff had to be isolated for 2 weeks putting strain on our services	Managed by MOH		Phone based
All 4 phoned with resp symptoms after travel	Phone triaged by nurse then GP, brought into isolated part of practice, assessed and swabbed in PPE, returned home, All managed at home, daily phone contact ARPHS and from us, phone consultations as required from us	3 slow improvement, mild symptoms, 1 high fever 8 days, flu like symptoms	Nil others, we swabbed all our positives	n/a
With a cough	Initially I was involved but she had a negative test when I did it and later a positive test at the testing station so I didn't find out about the positive test until later.	Initially cough and mild intermittent fever, first test negative then ongoing cough, no better 1 week later, positive test at that point. Did not need to be hospitalized but unsure of how long recovery was as we have not been able to contact her.	I was not notified of her positive test. I had to check on testsafe.	Initially I took a swab in car park with PPE (negative) then by phone / text to some extent.
Scratchy throat only. Had a positive contact. NOT hospitalised.	He was well. Public health followed up.	Phone call to follow up after 48 hours. Physically fine. Emotionally very distraught. Guilt about potential spread a major factor.		Phone

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Runny nose and fever	Recovered at home (mother and 15 month old)	Mild	I referred them to CBAC and they sent me copy	Phone based follow up and contact tracing as grandparents had been in for flu vacc b4 we closed waiting room
Hospitalised. Deterioration of a known patient	Yes. Hospitalisation in rural hospital and eventual transfer to base hospital	Stable. Widespread changes on CXR. Elevated RR but not oxygen requirement. D dimer elevated and on the basis of this transferred later following day to base hospital.	NA	NA
Cough and fever	Patient sent video to self-swab, witnessed by me	Protracted, mainly unwell for first week then slow improvement but still symptoms 3 - 4 weeks on	Not had any other positive cases to date	Initial car park assessment and swab then phone
Fever, myalgias(2), anosmia (1), shortness of breath (1)	Self-isolated at home with moderate ILI symptoms	Unwell 7-10 days, recovery phase further 1 week	Healthlink result	Phone based 1 patient, direct supportive care 1 patient
Nasal congestion, anosmia	Isolated at home, daily phone calls/phone support.	Mild, resolved within 3 weeks.	Yes, notified by DHB. Our clinic has had three covid positive patients so varying experiences depending on severity. Have received results on all 3.	Phone based for 2, DHB lead for 1.
Not seen	Primary care and public health	2 or 3 weeks from start of infection	Yes sending automated text	Yes via phone call follow up. Public health
Headaches sweating	She consulted a colleague and was forwarded for a swab in the community that came back initially as negative. She became worse presented to ED mmh fainted then was admitted with a Positive repeat swab	I had the input following her admission and discharge	Not always	I was involved with her follow up over the phone
Cold symptoms.	Mostly via phone and email contact			Phone
Not	No ongoing care required (very mild case)	Very mild case - no ongoing care required	Not applicable	Not applicable
Requested a test as she had been in contact with a confirmed case.	She had recovered by the time the test was done.	N/A	N/A	N/A

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Cough and fever	Swabbing done by myself and advice given	Managed at home	yes	no