

Weekly Educational Bulletin: Number 3

As we start entering or nearing the peak of Covid-19 in the UK, we find ourselves dealing with situations we haven't been in before or even anticipated happening. These are challenging times as the pace and intensity of work increases. We recognise the severity of illness and number of deaths have increased dramatically and at this time continue to do so.

All of this will have an impact on our resilience and although we may cope most days, there will be days that are more challenging.

At this time can I remind you of the following support that HEE EoE is offering:

- Professional Support and Well-being Service: <https://heeoee.hee.nhs.uk/psw/east-england-professional-support-and-well-being-service>. There are many useful links on this page as well as details on how to self-refer to the service.

Other Wellness Resources

These applications are currently offered free to NHS workers

- Headspace: Currently "Headspace" www.headspace.com/nhs. This application includes meditation, sleep and movement exercises.
- Unmind: <https://nhs.unmind.com/signup> This application helps you to proactively improve your mental wellbeing. There are tools that help with stress, sleep, coping, nutrition and connection
- Sleepio: <http://sleepio.com/nhs-staff>. This is an evidence-based sleep improvement programme. It is personalised and automated. It uses cognitive behavioural techniques to help improve poor sleep
- Daylight: onboarding.trydaylight.com <https://www.bighealth.com/en-gb/nhs-2020>
- Samaritans: www.samaritans.org
- Doctors Support Network: www.dsn.org.uk
- iTalk: www.italk.org.uk
- Mind -Depression Alliance: www.mind.org.uk/about-us/what-we-do/depression-alliance/
- Mental Health Foundation: www.mentalhealth.org.uk/
- Practitioner Health – access to mental health and addiction support for doctors, dentists and other health care professionals: www.practitionerhealth.nhs.uk/

Recommended Reading

Managing mental health challenges faced by healthcare workers during covid-19 pandemic

<https://www.bmj.com/content/368/bmj.m1211>

This article looks at some of the challenges that healthcare workers may face as the pandemic progresses. Decisions may need to be made that we have not previously been faced with. This article looks at the challenges of providing care to all severely unwell patients within the constraints of the resources. The article discusses the cause and effects of moral injury which may present through these challenges.

The Roth Score and Covid

<https://www.cebm.net/covid-19/roth-score-not-recommended-to-assess-breathlessness-over-the-phone/>

The RCGP has been working with the University of Oxford to develop guidelines for GPs during Covid. There has been quite a lot of discussion about the Roth Score. It was initially thought to be useful in assessing patients in Primary Care who may have Covid 19. It is now deemed not to be a reliable assessment tool used on its own.

CEBM and Oxford University have stated the following:

The Roth score should not be used in the remote assessment of breathlessness in the context of Covid for 3 reasons:

1. It may be normal when the patient is severely hypoxic
2. It may be abnormal when the patient is not hypoxic
3. It could overshadow a more holistic assessment of the patient (Trish Greenhalgh 2.4.20)

What is the Roth Score?

It is a tool used for quantifying the level of breathless, which is assumed to correlate with the level of breathlessness.

It combines the maximal count reached (starting from 1-30 in a patient's native language) during a single exhalation and the time taken to reach the maximal count (the second score is called the "counting time")

The article continues to discuss what should be used instead by clinicians to assess shortness of breath in patients you suspect may have Covid 19.

The article also states that a video consultation will add key detail, such as:

- whether the patient's lips are blue,
- the extent of the respiratory effort
- it will also give the clinician an opportunity to count the respiratory rate of the patient.

WHAT TEST SHOULD BE USED INSTEAD OF THE ROTH TEST?

Pending further research, **the recommendations below are based on expert opinion**. A rapid survey of 50 clinicians who regularly assess patients by phone (on 20.3.20) recommended not using the Roth score (though opinions were mixed) and gave the following advice:

1. Ask the patient to **describe the problem with their breathing in their own words**, and assess the ease and comfort of their speech. Ask open-ended questions and listen to **whether the patient can complete their sentences**.

"How is your breathing today?"

2. **Align with NHS111 symptom checker**, which asks three questions

(developed through user testing but not evaluated in formal research):

"Are you so breathless that you are unable to speak more than a few words?"

"Are you breathing harder or faster than usual when doing nothing at all?"

"Are you so ill that you've stopped doing all of your usual daily activities?"

3. Focus on change. **A clear story of deterioration** is more important than

whether the patient currently feels short of breath. Ask questions like

"Is your breathing faster, slower or the same as normal?"

"What could you do yesterday that you can't do today?"

"What makes you breathless now that didn't make you breathless yesterday?"

4. Interpret the breathlessness in the **context of the wider history and**

physical signs. For example, a new, audible wheeze and a verbal report of blueness of the lips in a breathless patient are concerning.

(Trish Greenhalgh 2.4.20: CEMB)

Also read:

The BMJ 10 minute Consultation: A Remote Assessment in Primary Care

<https://www.bmj.com/content/368/bmj.m1182>

Weekly Clinical Topic – Presenting Complaint Chest pain

Chest Pain

Chest pain is a very common presentation in Primary Care. It is important to have a clear idea of the different causes of chest pain. Some causes are very minor, but some are life-threatening and so it is important to take a clear history and examination and understand how to manage all cases.

Taking a history

Various features can help us provide clues about the underlying pathology.

- Site
- Nature of pain
- Radiation
- Precipitating factors
- Relieving factors
- Associated factors

Diagnosis	Presenting symptoms	How would you initially Investigate	How would you manage	Risk Factors
Important causes of Chest Pain: Speed of diagnosis is important. These conditions can be potentially fatal.				
Myocardial infarction (non-ST or ST elevation)	Central chest pain (tightness, dull, heaviness), radiating to jaw, down the			

	<p>left arm, neck or back</p> <p>Nausea</p> <p>Sweaty</p> <p>Could have been brought on by exertion, cold, emotional stress or heavy meals.</p>			
Aortic dissection	<p>severe pain sudden onset</p> <p>asymmetric pulses or aortic regurg</p> <p>widened mediastinum on chest radiology</p>			
Pulmonary Embolism	<p>pleuritic chest pain</p> <p>at risk of DVT</p> <p>hypoxia despite clear lungs on chest radiology</p>			
Oesophageal Rupture	<p>pain following vomiting</p> <p>chest radiograph shows left pleural effusion with</p>			

	gas in the mediastinum			
Other causes of chest pain				
Angina				
Reflux Oesphagitis				
Myocarditis				
Pneumonia				

1. Please complete the table above in groups
2. Please read through the guidance below to ensure that you feel confident of how-to diagnosis angina and how you would manage this.
<http://www.gpnotebook.co.uk/simplepage.cfm?ID=208338945&linkID=53388&cook=yes> <https://cks.nice.org.uk/angina#!scenario>
3. What medication is used to treat stable angina. Look these drugs up in the BNF and document when they are used and the common side effects?

4. What medication is used in the secondary prevention of IHD. Please look these up in the BNF and document when they would be prescribed, doses and common side effects.

5. Think about the implications that a diagnosis of angina could have on a patient's mental health, driving or work?

Positive News!

Try and have a bit of relaxation if you can over Easter with access to Food, chocolate and flowers

Some of the kind offers made to NHS Staff at this time.

<https://www.england.nhs.uk/coronavirus/nhs-staff-offers/>

As Easter approaches Hotel Chocolat is offering 50% off to NHS staff

Just Eat 25% on all orders currently

Bloom and Wild 30%

Mindful Chef 30% off food box and ready meal deliveries