



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

MOH Circular No. 44/2020

11 Feb 2020

All registered medical practitioners

CLINICAL WORKFLOW FOR PATIENTS PRESENTING WITH RESPIRATORY TRACT SYMPTOMS IN THE CONTEXT OF HEIGHTENED ALERT FOR 2019 NOVEL CORONAVIRUS (2019-nCoV) INFECTION

This circular provides guidance on the management workflow for patients presenting with respiratory tract symptoms in the context of the current 2019 novel coronavirus (2019-nCoV) situation. There is a need for medical practitioners to be on heightened alert for possible cases of 2019-nCoV pneumonia, given the limited community spread of 2019-nCoV under DORSCON orange.

2. The latest suspect case definition for 2019-nCoV described in MOH Circular 29/2020 and 29A/2020 is still valid, as travellers to mainland China and patients with close contacts are still at a higher risk.
3. This workflow applies to medical practitioners seeing patients in any setting, but applies in particular to primary care settings (i.e. general practitioner clinics and polyclinics). It addresses the management of patients who do not meet MOH criteria for a suspect case of 2019-nCoV.

WORKFLOW OVERVIEW

4. Patients should first be assessed whether they meet the current 2019-nCoV case definition criteria based on clinical symptoms and relevant travel/contact history. Patients who meet the criteria should continue to be conveyed by the dedicated ambulance service (6220-5298).
5. For patients who do not fit the case definition criteria:
 - a) Those who are (i) medically unstable or (ii) clinically assessed to have pneumonia should be directed to the hospital emergency department. Patients who are medically unstable should be conveyed to the hospital by emergency ambulance (995). Patients who are medically stable but



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referred for suspected pneumonia should be conveyed by the dedicated ambulance service (6220-5298).

- b) Patients who are medically stable and not clinically assessed to have pneumonia may be sent home to rest with sufficient medical leave (e.g. five days), advice to self-isolate at their residence, and to seek medical re-evaluation if they are not better. The workflow is illustrated in Figure 1.

6. When calling the dedicated ambulance operator, the following information should be provided to staff manning the hotline, so that the ambulance operators can be dispatched as soon as possible:

- a) Patient's full name, NRIC, gender and age;
- b) Pick up address and postal code;
- c) Name of clinic, referring doctor's name and contact number;
- d) Either one of the following reasons for calling the hotline:
 - i. Meet suspected case definition
 - ii. Suspected to have pneumonia

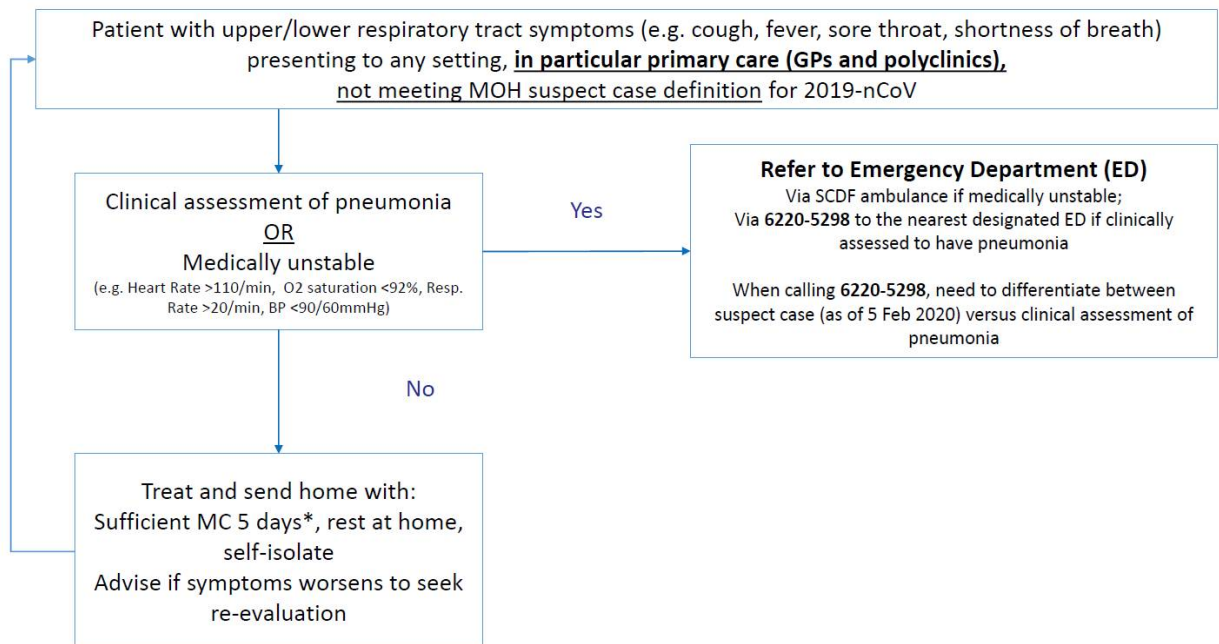
7. Your continued vigilance against possible cases of 2019-nCoV is greatly appreciated.

8. For clarification on this circular, please email MOH_INFO@moh.gov.sg.

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* Medical practitioner should tailor the MC duration based on the patient's condition

Figure 1: Workflow for management of patients presenting for medical care with respiratory tract symptoms who do not meet the MOH suspect case definition for 2019-nCoV