

General

MANAGING RISK OF INFECTION

Follow national advice for use of PPE in non-inpatient healthcare settings during the COVID-19 outbreak. **PP** [Taskforce/AHPPC]

MANAGEMENT IN THE COMMUNITY

- Patients with mild COVID-19 can be managed in the community with advice on self management of symptoms and self isolation. **PP** [BMJ]
- Any person clinically assessed as being a likely case of COVID-19 should be managed as if they are a confirmed case until they receive a negative test for SARS-CoV-2. **PP** [Taskforce]
- Ensure that patients living alone have identified someone to check on them regularly, even if they are currently well. **PP** [BMJ]
- Assess whether or not the patient and carer(s) have the ability to manage infection control to a high standard. **PP** [Taskforce]

BASELINE ASSESSMENT

Check for signs of moderate/severe disease (refer to **Assessment for suspected COVID-19** Clinical Flow Chart)
 Check status of oro/nasopharyngeal swab results.
 No baseline investigations are required for mild COVID-19.
 Perform CXR and/or blood tests if clinically indicated.
 Chest CT scan is not indicated for COVID-19, but should be performed if clinically indicated for other reasons.
PP [Taskforce]



Treatment

COVID-19 THERAPIES

SUPPORTIVE CARE

Manage mild COVID-19 in a similar way to seasonal flu and advise patients to rest and drink fluids. **PP** [BMJ]
 An antipyretic is generally not required, but paracetamol can be considered for symptomatic relief. **PP** [ACSQHC]

DISEASE-MODIFYING TREATMENTS

44.81 Do not initiate dexamethasone or other corticosteroids for the treatment of mild COVID-19. **PP** [Taskforce]

Baloxavir marboxil
 For people with COVID-19, only administer baloxavir marboxil in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Favipiravir
 For people with COVID-19, only administer favipiravir in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Lopinavir/ritonavir
 For people with COVID-19, only administer lopinavir/ritonavir in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Remdesivir
 For people with mild COVID-19, only administer remdesivir in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Ruxolitinib
 For people with COVID-19, only administer ruxolitinib in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Chloroquine
 For people with COVID-19, only administer chloroquine in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Hydroxychloroquine
 For people with COVID-19, only administer hydroxychloroquine in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Convalescent plasma
 For people with COVID-19, only administer convalescent plasma in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Interferon β-1a
 For people with COVID-19, only administer interferon β-1a in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Colchicine
 For adults with COVID-19, only administer colchicine in the context of randomised trials with appropriate ethical approval. **EBR** [Taskforce]

Other disease-modifying treatments
 For people with COVID-19, only administer disease-modifying treatments in the context of randomised trials with appropriate ethical approval. **CBR** [Taskforce]

ANTIBIOTICS

44.83 Do not prescribe antibiotics unless indicated for other reasons, such as suspected CAP. **PP** [Taskforce]



Monitoring

THINGS TO WATCH FOR

Advise the person and their carer or family members to look out for the development of new or worsening symptoms, especially breathing difficulties which may indicate the development of pneumonia or hypoxaemia.
 Reassure the person that 4 out of 5 people with COVID-19 will have a mild illness and will usually recover 2 to 3 weeks after the initial onset of symptoms.
 If symptoms do worsen, this is most likely to occur in the 2nd or 3rd week of illness.
PP [Taskforce]

Next steps in care

ESCALATION OF CARE

Transfer to hospital is recommended if the person develops symptoms or signs suggestive of moderate or severe COVID-19, such as:

- symptoms or signs of pneumonia
- severe shortness of breath or difficulty breathing
- blue lips or face
- pain or pressure in the chest
- cold, clammy or pale and mottled skin
- new confusion or fainting
- becoming difficult to rouse
- little or no urine output
- coughing up blood

PP [BMJ]

RELEASE FROM ISOLATION

- Refer to relevant State public health advice for the conditions that must be met prior to release of a person from isolation.
 - Review patient **Care at Home** advice and provide to patient if appropriate.
- PP** [Taskforce]

Definition of disease severity

Mild illness
 Adults not presenting any clinical features suggestive of moderate or severe disease or a complicated course of illness.
 Characteristics:

- no symptoms
- or mild upper respiratory tract symptoms
- or cough, new myalgia or asthenia without new shortness of breath or a reduction in oxygen saturation

Rural and remote access to care

This flowchart should be applied after considering features of the individual patient, their preferences and the context in terms of rurality/remoteness, public health responses and proximity to higher level care. Application of the flowchart will vary with local current COVID-19 prevalence and availability of testing. Early transfer to a major centre should be considered for those at risk of deterioration.

THERAPIES FOR PRE-EXISTING CONDITIONS

GENERAL

Ensure that people with suspected COVID-19 continue to receive their usual care for pre-existing conditions. **PP** [Taskforce]
 People advised to take NSAIDs routinely may continue with treatment. **PP** [ACSQHC]

00.10 In people with suspected or confirmed COVID-19, consider alternative routes of administration for intranasal medicines, recognising that in some situations administration via the intranasal route may be a safer option for affected individuals and healthcare workers. **PP** [Taskforce/ACSQHC]

ASTHMA AND COPD

Use inhaled or oral steroids for the management of people with co-existing asthma or COPD and COVID-19 as you normally would for viral exacerbation of asthma or COPD. Do not use a nebuliser. **CBR** [Taskforce]

DIABETES AND CARDIOVASCULAR DISEASE

In patients with COVID-19 who are receiving ACE-I/ARB, these medications should be continued, unless contraindicated (e.g. hypotension). **CBR** [Taskforce]

Do not cease or change the dose of other treatments such as insulin, other diabetes medications, or statins. **PP** [Taskforce]

CONDITIONS MANAGED WITH IMMUNOSUPPRESSANTS

Only cease or change the dose of long term immunosuppressants such as high-dose corticosteroids, chemotherapy, biologics, or disease-modifying anti-rheumatic drugs (DMARDs) on the advice of the treating specialist. **PP** [Taskforce]

TRANSFER TO HOSPITAL

Check the person's wishes regarding transfer, and whether they have an Advanced Care Directive for proceeding with hospital management.
 If the person wishes to stay in their place of residence, discuss care arrangements with the patient, their carer(s) and family. Involve their GP, and local palliative care services if available. Be aware that out-of-hospital care will be dependent on the capacity of carer(s) and family to manage infection risk at home.
 If the person wishes to be admitted to hospital, advise the carer or family member to call an ambulance and to **notify** the paramedics that the person has suspected or confirmed COVID-19.
PP [Taskforce]

LEGEND

- EBR:** Evidence-Based Recommendation
- CBR:** Consensus-Based Recommendation
- PP:** Practice Point

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| Living Guidance | Currently prioritised for review | Not prioritised for review |
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Sources
 ACSQHC – Australian Commission on Safety and Quality in Health Care. COVID-19 Position Statement - Managing fever associated with COVID-19 (Revised 29 April 2020). Managing intranasal administration of medicines for patients during COVID-19 (Revised 19 May 2020)
 AHPPC – Australian Health Protection Principal Committee (AHPPC). Guidance on use of personal protective equipment (PPE) in non-inpatient healthcare settings, during the COVID-19 outbreak. 17 June 2020.
 BMJ – Covid-19: a remote assessment in primary care. BMJ 2020;368:m1182 doi: 10.1136/bmj.m1182 (25 March 2020)
 Taskforce – Current guidance from the National COVID-19 Clinical Evidence Taskforce