MANAGEMENT OF MILD COVID-19

NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE

VERSION 2.0
PUBLISHED
30 APRIL 2020

General

MANAGING RISK OF INFECTION

- Follow national advice for healthcare worker use of PPE when caring for suspected or confirmed COVID-19 patients. **PP** [Taskforce/AHPPC]

MANAGEMENT IN THE COMMUNITY

- Patients with mild COVID-19 disease 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.

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 Disease.

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]

Definition of disease severity

Mild illness
Person not presenting any clinical features suggesting 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

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]

ANTIVIRALS AND OTHER DISEASE-MODIFYING TREATMENTS

Hydroxychloroquine
TF5.1 For people with COVID-19, only administer hydroxychloroquine in the context of clinical trials with appropriate ethical approval.
EBR [Taskforce]

Lopinavir/ritonavir
TF5.2 For people with COVID-19, only administer lopinavir/ritonavir in the context of clinical trials with appropriate ethical approval.
EBR [Taskforce]

Other disease-modifying treatments
TF5.2 For people with COVID-19, only administer disease-modifying treatments in the context of clinical trials with appropriate ethical approval. **CBR** [Taskforce]

44.7 Do not initiate corticosteroids. **PP** [Taskforce]

ANTIBIOTICS

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

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]

ASTHMA AND COPD

TF7.0 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

Do not cease or change the dose of treatments such as insulin or other diabetes medications, statins, ACE inhibitors, or angiotension receptor blockers (ARBs). **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]

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]

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]

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]

ACSQHC– Australian Commission on Safety and Quality in Health Care. COVID-19 Medicines management: Position statements on medicine-related issues (17 April 2020)

AHPPC – Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statements, 9 April 2020. Statement on healthcare worker use of PPE when caring for suspected or confirmed COVID-19 patients

BMJ – Covid-19: a remote assessment in primary care. BMJ 2020;368:m1182 doi: 10.1136/bmj.m1182 (25 March 2020)

CDNA – Communicable Diseases Network Australia. Series of National Guidelines (SoNG).(6/4/2020) Interim Advice to Public Health Units - COVID-19

Taskforce – National COVID-19 Clinical Evidence Taskforce

LEGEND

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

Living Guidance | Prioritised for review | Not prioritised for review