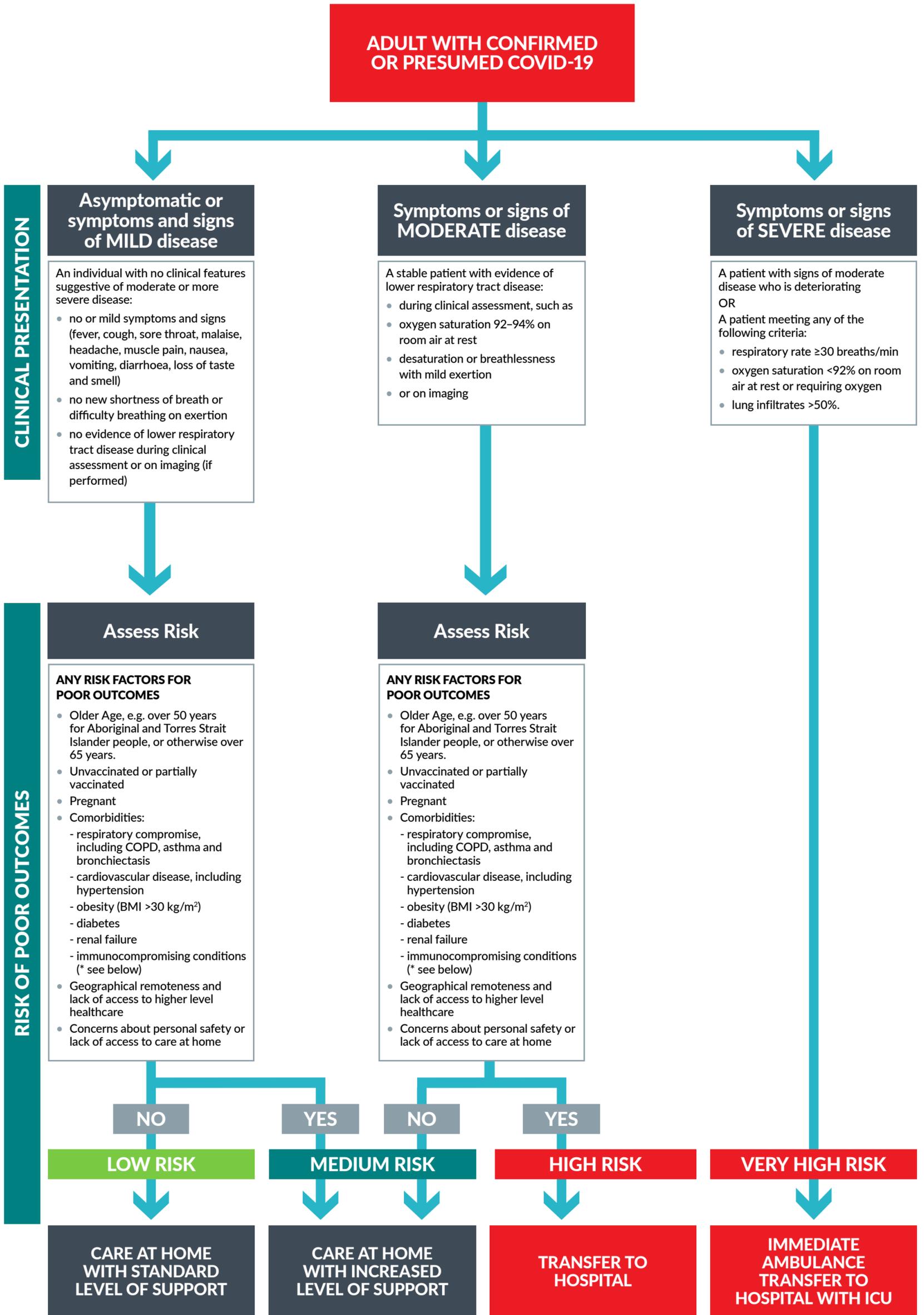


PATHWAYS TO CARE FOR ADULTS WITH COVID-19



Local adaptation may be necessary as assessment of overall risk and appropriate models of care may vary across jurisdictions

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Refer to [MANAGEMENT OF ADULTS WITH MILD COVID-19 flowchart](#)

Refer to [MANAGEMENT OF ADULTS WITH MODERATE TO SEVERE COVID-19 flowchart](#)

Goals of care

The decision to transfer to hospital should be made after consideration of goals of care.

***IMMUNOCOMPROMISING CONDITIONS:**

- Primary or acquired immunodeficiency:
 - Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
 - Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
 - Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency or Down syndrome
- Other significantly immunocompromising conditions
 - Immunosuppressive therapy (current or recent)
 - Chemotherapy or radiotherapy
 - High-dose corticosteroids (≥ 20 mg of prednisone per day, or equivalent) for ≥ 14 days
 - All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)

Source

National COVID-19 Clinical Evidence Taskforce – Australian guidelines for the clinical care of people with COVID-19.