

MANAGEMENT OF PATIENTS WITH SUSPECTED MILD COVID-19

General

MANAGEMENT IN THE COMMUNITY

Patients with mild COVID-19 disease can be managed in the community with advice on symptomatic management and self isolation. **PP** [BMJ]

Ensure that patients living alone have identified someone to check on them regularly, even if they are currently well. **PP** [BMJ]

BASELINE ASSESSMENT

Check for signs of Moderate/Severe Disease (refer to **Assessment for COVID-19 Flow Chart**)
Check status of 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
- stable clinical picture

Treatment

COVID-19 THERAPIES

SUPPORTIVE CARE

Manage mild COVID-19 in a similar way to seasonal flu: patients should rest, take fluids, and use paracetamol for symptomatic relief. **PP** [BMJ]

Encourage people who are current smokers to quit, as smoking may increase the risk of severe COVID-19. **PP** [Taskforce]

ANTIVIRALS AND OTHER DISEASE-MODIFYING TREATMENTS

TFS.1 For patients with COVID-19 illness, only administer antiviral medications or other 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]

ASTHMA AND COPD

Do not cease or change the dose of preventers or inhaled corticosteroids for individuals with asthma or COPD. **PP** [Taskforce]

1.13, 49.10 Use of nebulisers is not recommended and use of metered dose inhalers are preferred where possible. **PP** [ANZICS, ASID]

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

Do not cease or change the dose of long term immunosuppressants such as high-dose corticosteroids, chemotherapy, biologics, or disease-modifying anti-rheumatic drugs (DMARDs). **PP** [Taskforce]

Monitoring

THINGS TO WATCH FOR

Advise the patient 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 patients 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 patient 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 patient's wishes regarding transfer. If the person wishes to stay in their place of residence discuss care arrangements with the patient, their carers and family. Involve their GP, and local palliative care services if available.
- If the patient wishes to be admitted to hospital, advise the carer or family member to call an ambulance.

PP [Taskforce]

RELEASE FROM ISOLATION

Refer to relevant local public health advice for the conditions that must be met prior to release of a person from isolation. **PP** [Taskforce]

LEGEND

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

Living
Guidance

Prioritised
for review

Not prioritised
for review

Sources

ANZICS – The Australian and New Zealand Intensive Care Society (ANZICS) COVID-19 Guidelines. V1.0, 16 March 2020

ASID – Interim guidelines for the clinical management of COVID-19 in adults. Australasian Society for Infectious Diseases (ASID). V1.0, 20 March 2020

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

Taskforce – National COVID-19 Clinical Evidence Taskforce