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, 2020).

Ensure that patients bringing home suspected COVID-19 to check on them regularly, even if they are currently well. PP (Taskforce).

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 CRB 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).

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.

Encourage people who are currently smokers to quit; smoking may increase the risk of severe COVID-19. PP (Taskforce).

ANTIVIRALS AND OTHER DISEASE-MODIFYING TREATMENTS

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. CRB (Taskforce).

ANTIBIOTICS

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).

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).

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).

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

Mild COVID-19 Disease

With Suspected Patients Management

1.13 Use of nebulisers is not recommended and use of metered dose inhalers are preferred where possible. PP (Taskforce). (CBR: 16 April 2020). (CBR: 16 April 2020)