Management of the patient with asymptomatic or mild disease

Patients who are asymptomatic or who meet criteria for mild disease can be managed at home provide they can safely self-isolate.

Patients who self-isolate at home should be given strict advice on how to reduce possible transmission to others.

Paracetamol is recommended for symptomatic treatment of patients with fever or pain in preference to nonsteroidal anti-inflammatory drugs (NSAIDs).

Patients with COVID-19 who are medically well, or who are assessed as having only mild disease, may be managed at home, provided they can safely do so.

Criteria for management at home (for age >12 years[1]):

Mild disease[1]

- SpO_2 ≥95%
- Respiratory rate <25
- HR <120
- Temp 36-39°C
- Mental status normal

Able to safely self-isolate

- Separate bedroom available for patient to self-isolate in
- Able to maintain physical distancing at home
- Able to maintain hand hygiene
- Patient able to contact, and return to, healthcare facility in case of deterioration

Those patients with mild disease who are unable to safely self-isolate at home may be considered for isolation at a designated government facility if available.

Some patients initially assessed as having "mild" disease may continue to worsen over the course of a week or more and subsequently require hospitalisation. In one study by Wang et al., those who required hospitalisation developed dyspnoea a median of 5 days after symptom onset, required hospitalisation on day 7, and were assessed as having ARDS by a median of day 8.[1] **Any deterioration in the ability to perform activities of daily living at home as a result of dyspnoea should prompt re-evaluation at a healthcare facility**. Patients managed at home need to be given the contact details of their doctor or healthcare facility in case of any clinical worsening**.** This is particularly important for those at high risk for deterioration (e.g. age >65, cardiac or pulmonary comorbidities and/or diabetes mellitus).

Advice for patients who are self-isolating, to reduce the possible transmission to others:

- Patients should stay in a specific room and use their own bathroom (if possible). Patients should avoid unnecessary travel and unnecessary contact with other people. If they live in shared accommodation (university halls of residence or similar) with a communal kitchen, bathroom(s) and living area, they should stay in their room with the door closed, only coming out when necessary, wearing a surgical mask if they do so.
- Where contact is unavoidable, the patient should wear a surgical mask, and maintain a distance of at least 1 metre (preferably 2 metres) from other people.
- Patients should clean their hands with soap and water frequently. Alcohol-based sanitizers may also be used, provided they contain at least 70% alcohol.
- Patients should practice good cough and sneeze hygiene, by using a tissue, and then immediately discarding the tissue in a lined trash can, followed by washing hands immediately.
- Patients should not have visitors in their home. Only those who usually live in their home should be allowed to stay.
- Patients should avoid sharing household items like dishes, cups, eating utensils and towels. After using any of these, the items should be thoroughly washed with soap and hot water.
- All high-touch surfaces like table tops, counters, toilets, phones, computers, etc. should be appropriately and frequently cleaned.
- If patients need to wash laundry at home before the PCR results are available, then they should wash all laundry at the highest temperature compatible with the fabric using laundry detergent. This should be above 60°C. If possible, they should tumble dry and iron using the highest setting compatible with the fabric. Disposable gloves and a plastic apron should be used when handling soiled materials if possible and all surfaces and the area around the washing machine should be cleaned. Laundry should not be taken to a launderette. The patient should wash his/her hands thoroughly with soap and water after handling dirty laundry (remove gloves first if used).
- Patients should know who to call and/or where to go if they develop any worsening symptoms, so that they can be safely reassessed.
- In addition to this advice, a patient information sheet should be provided (see Appendix 1 for an example).

Symptomatic treatment for COVID-19 patients managed at home

- For patients requiring symptomatic relief of fever or pain, we suggest using paracetamol as a first-choice agent rather than a nonsteroidal anti-inflammatory drug (NSAID).
    - There is no good evidence that NSAIDs worsen COVID-19 infection, so patients currently requiring NSAIDs for other indications should not discontinue NSAIDs for COVID-related reasons.[2]
- Whether nebulisers increase the risk of transmission of SARS-CoV2 is currently unknown. Evidence reviews conducted prior to the COVID-19 outbreak have not found clear evidence of increased transmission of respiratory viruses.[3, 4] Furthermore, the aerosol generated by nebulisers is derived from the nebulising chamber rather than the patient.[5] Nonetheless for patients with asthma or chronic pulmonary obstructive pulmonary disease (COPD) who may experience an acute exacerbation of their illness due to COVID-19, the use of metered dose inhalers, with or without a spacer, is preferred to the use of a nebuliser.
    - Patients who do require a nebuliser should use it in a room that is isolated from other household members and/or other patients. Good ventilation for this area is recommended; this may be facilitated by opening the windows in the room.
    - Spacers need to be disinfected between patients with either soap and water followed by a wipe down with 70% alcohol, or by using a chlorine-based disinfectant (soak for 30 mins then rinse well with water to avoid chlorine being absorbed into the spacer).

- Cough suppressants, such as codeine-containing cough mixtures, are not indicated, and are not available in public sector health facilities. Opioids, such as morphine, should not be used for this reason alone, and where they are indicated they should only be used with due caution and careful monitoring.
- Recent work suggested that angiotensin converting enzyme inhibitors (ACEi) or angiotensin receptor blockers (ARBs) might upregulate ACE2 receptors, the binding site for SARS-CoV-2, within tissues including the lung and heart, prompting theoretical concerns that this might place patients at risk of worse outcomes with COVID-19.[6] To date, this remains purely theoretical, with no evidence of worse clinical outcomes.[7] Furthermore, discontinuing or switching ACEi or ARBs to alternative agents may be deleterious to patient care. Pending further evidence we therefore do <u>not</u> recommend discontinuing ACEi or ARBs unless there are other medical reasons to do so.

References

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