Ten Clinical Tips on COVID-19 for Healthcare Providers Involved in Patient Care


Treatment and Prophylaxis

1. The National Institutes of Health has developed guidance on treatment (https://covid19treatmentguidelines.nih.gov/), which will be regularly updated as new evidence on the safety and efficacy of drugs and therapeutics emerges from clinical trials and research publications.

2. There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to SARS-CoV-2.

Symptoms and Diagnosis

3. Non-respiratory symptoms (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) of COVID-19 – such as gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea), or neurologic symptoms (e.g., anosmia, ageusia, headache), or fatigue or body and muscle aches – may appear before fever and lower respiratory tract symptoms (e.g., cough and shortness of breath).


5. CT scans should not be used to screen for COVID-19 or as a first-line test to diagnose COVID-19. CT scans should be used sparingly and reserved for hospitalized, symptomatic patients with specific clinical indications for CT scans (https://www.acr.org/Advocacy-and-Economics/ACR-Position-Statements/Recommendations-for-Chest-Radiography-and-CT-for-Suspected-COVID19-infection).

Coinfections

6. Patients infected with SARS-CoV-2 (the virus that causes COVID-19) can have another viral (such as influenza), bacterial, or fungal infection at the same time. During widespread cocirculation of SARS-CoV-2 and influenza, clinicians should consider testing patients with compatible symptoms for both viruses.


Severe Illness


10. Lymphopenia, neutrophilia, elevated serum alanine aminotransferase and aspartate aminotransferase levels, elevated lactate dehydrogenase, high CRP, and high ferritin levels may be associated with greater illness severity (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html).