

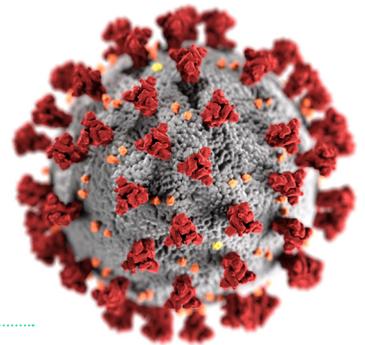
Ten Clinical Tips on COVID-19 for Healthcare Providers Involved in Patient Care

Accessible link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-tips-for-healthcare-providers.html>

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).
4. **Children** (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>) with COVID-19 may have fewer symptoms than adults. Although most children with COVID-19 have not had severe illness, clinicians should maintain a high index of suspicion for SARS-CoV-2 infection in children, particularly infants and children with underlying conditions. CDC is investigating **multisystem inflammatory syndrome in children** (<https://www.cdc.gov/mis-c/hcp/>), a rare but serious complication associated with COVID-19. CDC recommends monitoring children for worsening of COVID-19 illness.
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.
7. Several patients with COVID-19 have been reported presenting with **concurrent community-acquired bacterial pneumonia** (<https://www.atsjournals.org/doi/pdf/10.1164/rccm.201908-1581ST>). Decisions to administer antibiotics to COVID-19 patients should be based on the likelihood of bacterial infection (community-associated or healthcare-associated), illness severity, and current clinical practice guidelines (<https://www.idsociety.org/practice-guideline/community-acquired-pneumonia-cap-in-adults/>).

Severe Illness



8. Clinicians should be aware of the potential for some patients to **rapidly deteriorate** (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>) one week after illness onset.
9. The median **time to acute respiratory distress syndrome (ARDS)** ranges from 8 to 12 days (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>).
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>).