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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html) for people who may have been exposed to COVID-19.

### Symptoms and Diagnosis

3. [Non-respiratory symptoms](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html) of COVID-19 – such as gastrointestinal (e.g., nausea, diarrhea) or neurologic symptoms (e.g., anosmia, ageusia, headache) – might 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 fever and cough at symptom onset as often as adult patients. 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.

5. [CT scans](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html) should not be used to screen for COVID-19 or as a first-line test to diagnose COVID-19. CT should be used sparingly, reserved for hospitalized, symptomatic patients with specific clinical indications for CT.

### Coinfections

6. Patients can be infected with more than one virus at the same time. [Coinfections with other respiratory viruses](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html) in people with COVID-19 have been reported. Therefore, identifying infection with one respiratory virus does not exclude SARS-CoV-2 virus infection.

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-acquired or hospital-acquired), illness severity, and antimicrobial stewardship issues.

### Severe Illness

8. Clinicians should be aware of the potential for some patients to rapidly deteriorate [one week after illness onset](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html).

9. The median time to acute respiratory distress syndrome (ARDS) ranges from 8 to 12 days.

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.