

Your COVID Test is Positive

SELF MANAGEMENT RECOMMENDATIONS

These recommendations are for those over 20 years of age and not pregnant. This can be a very serious illness and your self-management is critical.

- 1. You must quarantine 10 days from onset of symptoms or testing (whichever is first):
 - a. May decrease to 5 days if asymptomatic or symptoms markedly improved
- 2. You must monitor your oxygen level with pulse oximeter twice a day.
 - If your oxygen level is not >95%, you must get evaluated ASAP:
 - Go to nearest emergency room.
- 3. Take supplements as noted below.
- 4. Consider monoclonal antibodies if you meet the criteria.
- Medications: Yes ___ No___

SUPPLEMENTAL VITAMINS

These recommendations are for adults: Consider Vital Care Compounder or Freedom Pharmacy.

- 1. Supplements
 - Vitamin C: Take 500-1000 mg once or twice a day.
 - Vitamin D3: Take 1000-5000 IU daily.
 - Zinc: 50 mg (Please note: mg may vary depending on type.)
 - Melatonin: 5-6 mg nightly.

These supplements do not treat or prevent COVID but may support the body's natural immune response. They are not intended to diagnose, mitigate, treat, cure, or prevent disease.

2. Nattokinase: One tablet twice a day. (Nattokinase is a soybean derived supplement that may help to thin the blood and reduce clots.) Do <u>not</u> take if you are currently taking Coumadin, Eliquis or Xarelto.

Children: Take multivitamin of choice.

If you are pregnant: Check with your OB/GYN doctor.

GENERAL RECOMMENDATIONS

- 1. If available, please obtain: thermometer, masks, gloves, sanitizer, soap, goggles, pulse oximeter, and disposable utensils.
- 2. Monitor your symptoms at least twice a day and report any concerns.
- 3. Check your temperature twice a day.
- 4. Do not send children (even if they have no symptoms) to stay with older people.
- 5. Perform deep breathing exercises at least twice a day according to this website: https://www.today.com/health/coronavirus-breathing-technique-my-help-covid-19-patients-breathe-better-t177870
- 6. Isolate yourself in a well-ventilated single room (i.e., with open windows and an open door).
- 7. Limit your movement in the house and minimize shared spaces.
- 8. Do not spend much time lying on your back.
- 9. Get up and move around even outside to get fresh air. Continue to wear a mask. Avoid contact with others.
- Limit the number of caregivers. Ideally, a caregiver will be someone in good health without underlying medical conditions.
- 11. Wear a mask when around or in the same room as others.
- 12. Wash hands frequently for at least 20 seconds.
- 13. Use hand sanitizers with at least 60% alcohol.
- 14. Don't share personal items.
- 15. Frequently clean high touch areas such as doorknobs.
- 16. Clean clothes and linens using regular laundry soap and water. (Temperature should be 140-194 degrees F.)
- 17. Dry thoroughly in dryer at highest temperature setting.
- 18. Stay well-hydrated and eat healthy.
- 19. Continue regular medications unless instructed otherwise by your doctor.
- 20. Practice physical distancing from others.
- 21. If sick, isolate at home for 10 days after onset of symptoms or date of test with no fever in the last 24 hours.
- 22. Household contacts may be checked for COVID-19; repeat testing if symptoms develop.
- 23. Household contacts (if feeling well) should be quarantined for 10 days after last exposure to positive patient.



DO NOT GET RETESTED

The Mississippi State Department of Health (MSDH) recommends a time and symptom-based strategy for the discontinuation of isolation precautions for patients with COVID-19. Individuals should remain in isolation until:

- They have been fever-free for at least 72 hours, without the use of antipyretics (also known as medications to reduce fever) with improvement of symptoms; and
 - a. It's been 10 days since ONSET of illness however, may decrease to 5 days if asymptomatic or symptoms markedly improved

MSDH does not recommend a test-based strategy to discontinue isolation or return to work for ANY infected individual. The Centers for Disease Control (CDC) previously recommended the symptom-based strategy as well as a test-based strategy that required two consecutive negative tests collected greater than 24 hours apart. As of June 2, 2021, the CDC no longer recommends a test-based strategy.

MONOCLONAL ANTIBODIES

Qualifications include:

- 1. Age > 65
- 2. Body Mass Index (BMI) > 25
- 3. Diabetes Mellitus
- 4. Pregnancy
- 5. Cardiovascular Disease
- 6. Hypertension
- 7. Chronic Obstructive Pulmonary Disease (COPD)
- 8. Asthma requiring daily treatment
- 9. Chronic Kidney Disease
- 10. Immunosuppressed
- 11. Sickle Cell Disease
- 12. Neurodevelopmental disorders (e.g., Cerebral Palsy, or other conditions that have severe congenital abnormalities)
- 13. Medical-related technologic dependence (e.g., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)

ADDITIONAL CONSIDERATIONS

Cytokine Hyperactivity: You may have symptoms (fever, nausea, vomiting, diarrhea, elevated heart rate, body aches and headaches) that could be related to an overactive response to COVID-19 virus known as "cytokine hyperactivity". This may be helped with Zyrtec 10 mg per day and Pepcid 20 mg twice a day – both are available without a prescription.

Cough and Congestion: If you have significant cough and congestion (make sure your oxygen saturation is above 94%), you may be prescribed either a Zithromax (Z-pack) or Doxycycline and perhaps an inhaler steroid such as Pulmicort. Do not take steroids by mouth.

Nebulized ETOH solution: Inhaling a concentrated alcohol solution (95% pure grain alcohol) through your mouth and nose results in the alcohol coming into direct contact with the virus and may be beneficial. This is a prescription administered at home over an hour for 3 days. The amount of alcohol is based on your weight and gender and is similar to that in one to four glasses of wine. The alcohol (medicine) solution along with the nebulizor is available through Vital Care Compounder and cost about \$60.

NOT RECOMMENDED - Ivermectin: Ivermectin is a Food and Drug Administration (FDA)-approved antiparasitic drug. Ivermectin is not approved by the FDA for the treatment of any viral infection. While it has shown promise in cell cultures, it would require doses up to 100-fold higher than those approved for use in humans. There have been three small trials outside the United States that seemed to show benefit but were so small that the results are questionable. As of now, the FDA and the WHO do not recommend Ivermectin as a COVID-19 treatment.

NOT RECOMMENDED - Hydroxychloroquine: Hydroxychloroquine is an anti-malarial drug that was developed in 1946 and used to treat autoimmune diseases such as Systematic Lupus Erythematosus (SLE) and rheumatoid arthritis. Despite demonstrating antiviral activity in some in vitro systems (test tubes, not humans), hydroxychloroquine with or without azithromycin did not reduce upper or lower respiratory tract viral loads or demonstrate clinical efficacy in studies. This drug was given an emergency use authorization by the FDA to treat COVID-19 in March; it based it on limited research done in a laboratory and anecdotal clinical data. In July 2020, the FDA revoked hydroxychloroquine's emergency use authorization as more data showed that it was not effective at treating COVID-19. Additionally, there was noted serious adverse cardiac events.

The National Institutes for Health (NIH) and the COVID-19 Treatment Guidelines Panel recommend <u>against</u> the use of hydroxychloroquine for the treatment of COVID-19. The FDA and the WHO do <u>not</u> recommend hydroxychloroquine for the treatment of COVID-19.