

36th Medical Group

Trusted Care, Anywhere



Treatment for Moderate COVID19 Patients



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U.S. AIR FORCE

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Introduction



- **Coronaviruses are important human and animal pathogens**
- **Understanding of COVID-19 is evolving**
- **Interim guidance has been issued by the DoD and by the united states NIH**

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OBjectives



-
- **Clinical features and disease categories**
 - **Assessment and evaluations**
 - **Treatment for moderate disease**
 - **Reevaluation and Goal**

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Clinical features



- **Asymptomatic infections**
- **Mild illness: fever, cough, sore throat, malaise, headache, muscle pain but no SOB, dyspnea or abnormal imaging**

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Clinical features



- **Moderate illness :SaO₂>93% on room air at sea level**
- **Severe illness: respiratory frequency >30 breaths per minute, SaO₂≤93% on room air at sea level, PaO₂/FiO₂<300, or lung infiltrates >50%**
- **Critical illness: respiratory failure, septic shock, and/or multiple organ dysfunction**

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General Principle



- **Continuum of care**
- **Rationale for outpatient management and remote care**
- **Flexibility in approach to care**

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Assess risk for severe disease

High Risk



- Age ≥ 65 yrs
- Residence in a nursing home or long-term care facility.
- Immunocompromising condition
- Chronic lung disease or moderate to severe asthma
- Cardiovascular disease(including HTN, CHF et.)
- Severe Obesity(BMI ≥ 40)
- DM, CKD, cerebrovascular disease, Chronic liver disease
- Tobacco use disorder

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Assess risk for severe disease

Moderate risk



- **Age 20-64 years, without any of the specific comorbidities**
- **Age <20 years, with underlying medical conditions other than those listed above**

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Assess risk for severe disease

Low risk



- **Age < 20 years, without underlying medical conditions**

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Assess Symptoms duration and severity



- **Time course and development of dyspnea**
- **Dyspnea assessment**
- **Oxygenation assessment**
- **Assessment of overall acuity level**

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Assessment of overall acuity level

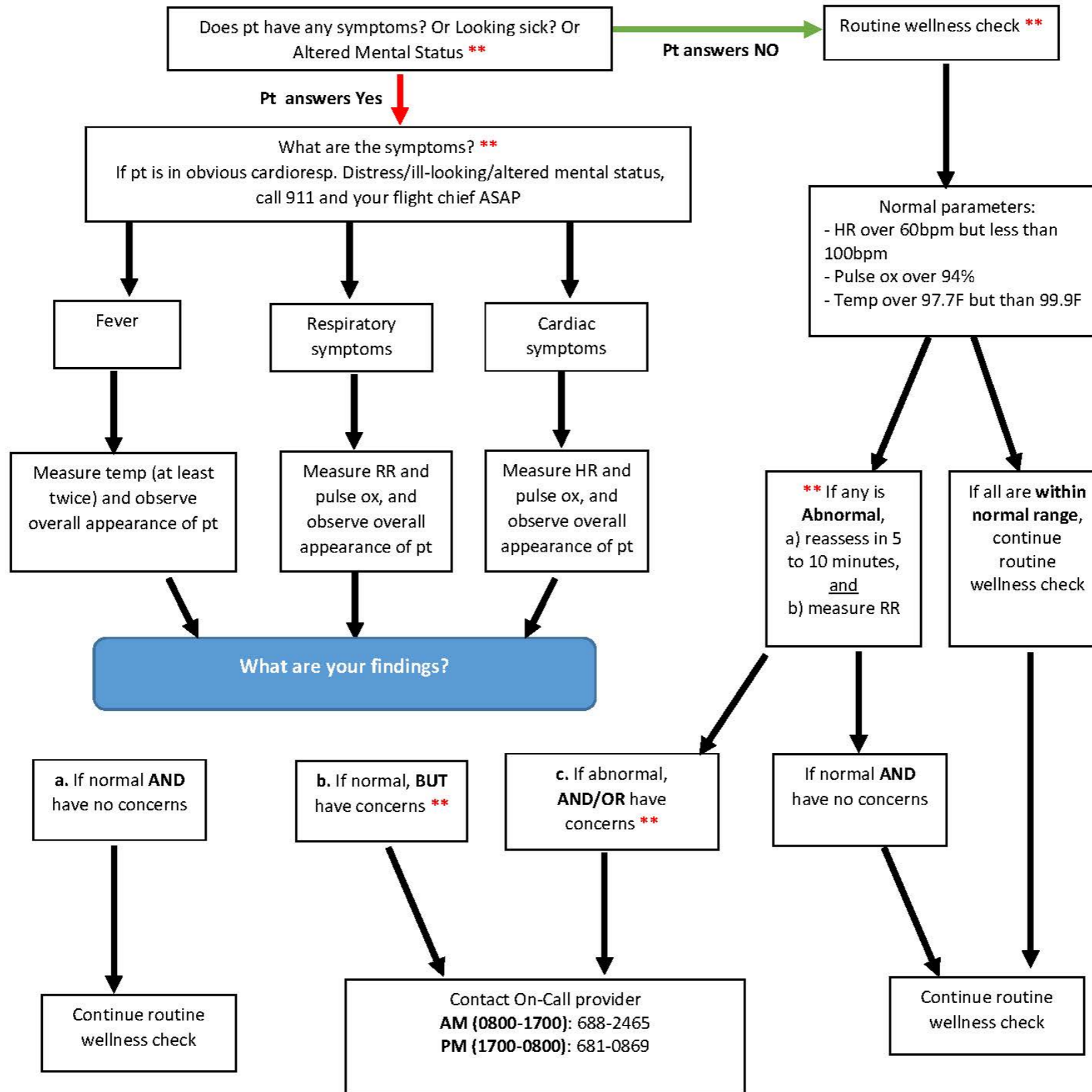


- **Orthostasis**
- **Dizziness**
- **Falls**
- **Hypotension (If home BP machine available)**
- **Mental status change**
- **Observed cyanosis**
- **Urine output**

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36 MDG COVID-19 Guidelines for Wellness Check for POSITIVE COVID19 patients
CAO 21 June 20
OPR: Lt Col Valina/Capt Ramos



NOTE: ** If pt is in obvious cardioresp distress and/or ill-looking and/or altered mental status, let your flight chief ASAP and/or call 911.



Determine if in-person evaluation warranted



- **Criteria for evaluation in ED**
- **Severe dyspnea(dyspnea at rest, inability to speak in complete sentence)**
- **Oxygen saturation on room air less than 90%**
- **Alterations in mentation or other signs and symptoms of hypo perfusion or hypoxia**

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Management



- **Infection control**
- **Reinforce the importance of infection control and self-isolation and provide instructions on the anticipated duration of isolation**

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Symptom Management



- **Antipyretic**
- **Analgesics for fever/myalgia/headache**
- **Generally prefer acetaminophen**
- **NSAID use is acceptable if symptoms do not respond to acetaminophen**

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Symptom Management



- **Advise patients to stay well hydrated**
- **Cough: OTC dextromethorphan or benzonatate 100mg to 200mg orally tid prn**
- **Rest as needed**

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Symptom Management



- **Self-proning: resting in the prone rather than the supine position**
- **Caution patients that worsening dyspnea still warrant contact with their clinician for further evaluation**

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Managing other potential causes of symptoms



- **Influenza**
- **Strep pharyngitis**
- **Community-acquired pneumonia**
- **CHF**
- **Asthma**
- **COPD**
- **Anxiety**

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COVID-19 specific therapy



- **Limited role**
- **Medications for COVID-19 specific therapy should not be prescribed in the ambulatory setting outside of a clinical trial**
- **Data are extremely limited**
- **Concerns for potential toxicity in an unmonitored setting**

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Antiviral therapy



Remdesivir: Investigational antiviral agent

- **There are insufficient data for the NIH Panel to recommend for or against remdesivir for the treatment of patients with mild or moderate COVID-19 (NIH).**

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Medication management



- **In general, usual home medication not adjusted**
- **Avoid using nebulizer in the presence of others**
- **Continue to use CPAP and BPAP for sleep apnea, use only when isolated from others**
- **Consult prescribing physician about immunomodulating medication, about risks and benefits**
- **Thromboprophylaxis may be appropriate for certain patients, such as those at high risk of venous thromboembolism**

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Reevaluation



Warning symptoms:

- **New onset or worsening dyspnea**
- **Dizziness**
- **Mental status changes such as confusion**
- **Respiratory decline may occur 1 week after onset**
- **COPD and Asthma patients advised to closely monitor respiratory status**

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Summary



- **Clinical features and disease categories**
- **Remote vs In-person assessment**
- **Management options: mainly supportive**
- **Medications for COVID-19 specific therapy should not be prescribed in the ambulatory setting outside of a clinical trial**
- **When to reevaluate**

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References



- **DoD COVID-19 PMG v3 14 May 2020**
- **NIH COVID-19 Treatment Guidelines: last Update 16 June 2020**
- **UPTODATE COVID-19 Outpatient management in Adults**

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Questions?



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