Coronavirus Disease 2019 (COVID-19)

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

Updated Sept. 16, 2020 Print

Treatment and Prophylaxis

1. The National Institutes of Health has developed guidance on treatment, 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.

Download the fact sheet

Symptoms and Diagnosis

3. Non-respiratory symptoms 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 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 medical conditions. CDC is investigating multisystem inflammatory syndrome in children, 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.

Co-Infections

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 . 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 .

Severe Illness

8. Clinicians should be aware of the potential for some patients to rapidly deteriorate 1 week after illness onset.
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.

Last Updated Sept. 16, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases