## TREATMENT

### TABLE 8.1: TREATMENT FOR COVID-19

<table>
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<th>Treatment</th>
<th>Direction</th>
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| **Oxygen**                                     | • Use if needed to maintain O₂ saturation ≥94% or near baseline.  
• Note: the use of routine nasal cannula or face tent is preferred over high-flow nasal cannula, as the latter has the potential to aerosolize respiratory droplets.  
• If conventional oxygen therapy fails, then start high-flow nasal cannula with aerosol-generating procedure (AGP) precautions and prepare for transfer to a higher level of care (HLOC). |
| **Bronchodilators**                            | • Consider in reactive airway disease or in wheezing and respiratory distress.  
• Avoid nebulized medications given the potential to aerosolize the virus; metered-dose inhalers (MDIs) are preferred.  
• Other clinical data suggests an equivalence between MDIs and nebulized medications in patients who can use them.  
• If nebulized treatments are needed, use AGP precautions, including a single room with a closed door and full personal protective equipment (PPE) for staff. |
| **Analgesia and Antipyretics**                 | • Consider acetaminophen and/or non-steroidal anti-inflammatory drugs (NSAIDs) if needed, and not contraindicated.  
• No data to support that NSAID use causes a higher risk of severe COVID-19 disease.                                                                                                                                                                                        |
| **Oral Rehydration Solutions (ORS)**           | • Dehydrated patients who can sit up and drink should be given an ORS immediately and encouraged to drink.  
• The electronic health record system (EHRS) has “Electrolyte Replacement Solution” and Pedialyte (both non formulary – NF), as options.  
• The American Society for Parenteral and Enteral Nutrition recommends 3 liters per day of fluids in non-congestive heart failure (CHF)/end-stage renal disease (ESRD) outpatients with COVID-19, accomplished by drinking 2-4 ounces of fluid every 15 minutes. The optimal fluids<sup>^</sup> are clear liquid beverages with calories and protein and oral rehydration solutions.  
• With nausea and vomiting, give frequent small sips or place a
nasogastric tube.
- Treat nausea (see below). Continue a regular diet or resume once nausea and vomiting resolved.
- Monitor for signs of worsening dehydration or fluid overload.
- For severe dehydration, uncontrolled vomiting, extreme fatigue that prevents drinking, stupor, or coma, start intravenous fluids and prepare for HLOC immediately.

**Intravenous Fluids (IVFs)**
- If the patient has significant vomiting and/or diarrhea, monitor fluid status carefully, and attempt to keep orally hydrated. If unsuccessful, or for severe dehydration, IVFs may be needed.
- If sepsis is suspected, an urgent transfer to an HLOC is indicated.

**Antibiotics**
- **May 2020 WHO Guidelines:**
  - Treatment/prophylaxis: Not recommended for mild COVID-19.
  - Treatment: If there is clinical suspicion of bacterial co-infection for moderate COVID-19 (consider empiric coverage for non-hospitalized, older, long-term-care patients).
  - Only 8% of COVID-19 patients have bacterial or fungal co-infections during hospitalization.

**Anti-Diarrheal and Anti-Nausea Medications**
- Use formulary anti-diarrheal agents (e.g., loperamide) or antiemetics (e.g., ondansetron, prochlorperazine, or promethazine) as clinically indicated.

**Anti-Tussive Medications**
- **Up to Date** recommends:
  - Benzonatate 100-200 mg TID PRN for cough

**Benzocaine/menth hol CEPACOL® Sore Throat Pain Relief Lozenges**
- Oral lozenge: 10 mg benzocaine/2 mg menthol (1 lozenge every 2 hours as needed)
- Do not exceed 12 lozenges in 24 hours.

Excerpted from the Treatment section of the CCHCS Interim Guidance for Health Care and Public Health Providers: [https://cchcs.ca.gov/covid-19-interim-guidance/](https://cchcs.ca.gov/covid-19-interim-guidance/)