



COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers

TREATMENT

Outpatient Treatment for COVID-19 <i>Based on the CCHCS Public Health Branch Literature Review 03/25/2021; updated 9/3/21</i>	
Treatment	Direction
Oxygen	<ul style="list-style-type: none">• 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).
Monoclonal Antibody Therapy	<ul style="list-style-type: none">• Monoclonal antibody treatment should be considered for symptomatic “outpatients with mild to moderate COVID-19 who are at high risk of clinical progression as defined by the Emergency Use Authorization (EUA) criteria” and are within 10 days of symptom onset (preferably 3 days).• REGEN-COV™ (casirivimab/imdevimab) and sotrovimab are both available under EUAs.
Bronchodilators	<ul style="list-style-type: none">• 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.



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Analgesia and Antipyretics	<ul style="list-style-type: none">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)	<ul style="list-style-type: none">Dehydrated patients who can sit up and drink should be given 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 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)	<ul style="list-style-type: none">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	<p><u>WHO Guidelines</u>:</p> <ul style="list-style-type: none">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.



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Anti-Diarrheal and Anti-Nausea Medications	<ul style="list-style-type: none">Use formulary anti-diarrheal agents (e.g., loperamide) or antiemetics (e.g., ondansetron, prochlorperazine, or promethazine) as clinically indicated.
Anti-Tussive Medications	<p>UpToDate recommends:</p> <ul style="list-style-type: none">Benzonatate 100-200 mg TID PRN for cough
Benzocaine/menthol CEPACOL® Sore Throat Pain Relief Lozenges	<ul style="list-style-type: none">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/>