TREATMENT

Table 8.1: Treatment for COVID-19 *Based on the CCHCS Public Health Branch Literature Review 12/9/20*	
Treatment	**Direction**
Oxygen	• Use if needed to maintain O_2 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	• Emergency Use Authorization (EAU) treatment for mild to moderate* (symptomatic) COVID-19 in NON-oxygen requiring outpatients (or not requiring increased L/min in chronic users) with certain conditions that put them at risk for severe COVID-19. • While supplies are limited, recommended for patients infected with COVID-19 who are age ≥65 OR with ≥35 body mass index (BMI), with prioritization for those in skilled nursing or other long term care/at risk for severe COVID-19. • Should be given preferably within 3 days of symptom onset, with a maximum of 10 days. • Not considered standard of care by National Institutes of Health (NIH). Providers must discuss the risks and benefits with the patients and obtain signed consent. **NIH definitions* of mild and moderate COVID-19 illness include having signs and symptoms of COVID-19.*
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.

Treatment	Direction
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^ 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.

Treatment	Direction
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/ menthol 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/