Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

MENU >

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

Ten Clinical Tips

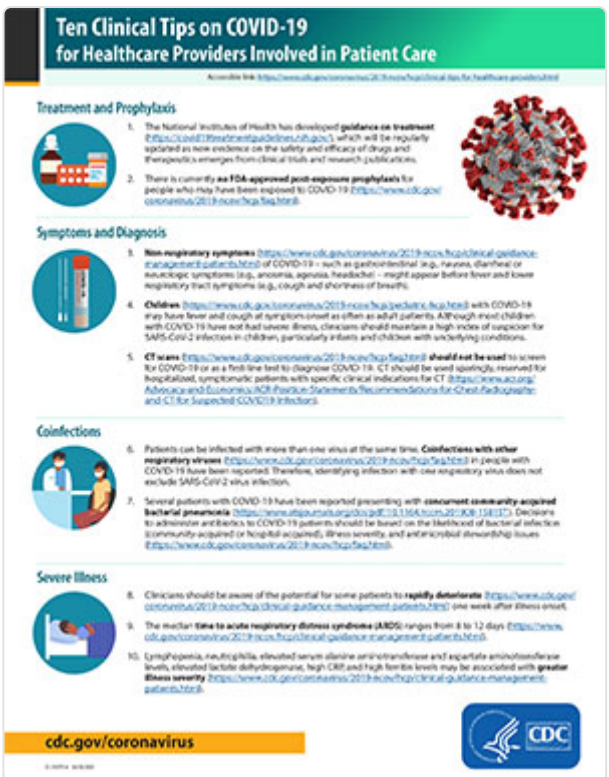
Updated June 20, 2020 Print

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.

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.



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Co-Infections

6. Patients can be infected with more than one virus at the same time. Coinfections with other respiratory viruses in people with COVID-19 have been reported. Therefore, identifying infection with one respiratory virus does not exclude SARS-CoV-2 virus infection.
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.

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