Interim Guidance:
Management of Outpatients with Suspected or Confirmed COVID-19
April 19, 2020

AUDIENCE: The following preliminary guidance was developed by the San Francisco Department of Public Health for outpatient medical providers in managing the home treatment of patients with suspected or confirmed COVID-19. This guidance can be found online at www.sfcdcp.org/covid19hcp.

BACKGROUND: This document is only for outpatient management of patients with suspected or lab-confirmed COVID-19 whose symptoms are mild enough that they do not require hospitalization, or have been recently discharged from a hospital.


Current guidance on testing and testing priorities for COVID-19 in San Francisco can be found at: https://www.sfcdcp.org/covid19hcp under “Clinical and Testing Guidance.”

MANAGEMENT OF THE PATIENT WITH MILD SUSPECTED OR CONFIRMED COVID-19

General Information
- Patients with suspected or confirmed COVID-19 with mild symptoms can remain isolated at home and can be managed by their primary providers rather than be hospitalized. An individual with mild symptoms should isolate and not present to a hospital. Patients with COVID-19 are known to deteriorate quickly after onset of a mild illness, or after hospital discharge, and so should be carefully monitored at home by their providers by phone.
- Provide patients with appropriate resources:
  - Patients with lab-confirmed or doctor’s diagnosis of COVID-19 should isolate at home. Patients should receive the After-Visit Instructions for Patients with Confirmed or Suspected COVID-19 Infection, posted at www.sfcdcp.org/covid19hcp under “Patient Instruction Sets.”
  - Household and close contacts should quarantine at home. Persons identified as close contacts should receive a Close Contact Advisory, posted at www.sfcdcp.org/covid19 under “Printable Resources.”
  - Patients who have difficulty self-isolating at home (those with suspected or confirmed COVID-19) or have difficulty self-quarantining at home (those who have had close contact with a confirmed COVID-19 case) may be eligible for temporary housing while they are isolated or quarantined.
    - Social service and health care providers may request a room to help patients isolate or quarantine by completing a web-based intake form at https://covid19isorequest.getcare.com/referral or calling 628-652-2820.
    - Placement will depend on room availability and whether client needs can be met in these spaces.
Patients who need food support to safely self-isolating at home (those with suspected or confirmed COVID-19) or self-quarantine at home (those who have had close contact with a confirmed COVID-19 case) can email the EOC Feeding Unit at iqfeedingunit@sfgov.org. Social service and healthcare providers can send requests to this email on behalf of their patients as well.

Patients who need information about job protections, disability insurance, and financial support related to COVID-19 illness, isolation, quarantine, work missed due to caretaking can find more information at:

- California Labor Commissioner’s Office FAQs: https://www.dir.ca.gov/dlse/2019-Novel-Coronavirus.htm

Cleaning recommendations for patients and families can be found at COVID-19 Cleaning Recommendations for Home & Residential Settings with Persons with Known or Suspected COVID-19 Infection, posted at www.sfcdcp.org/covid19 under “Cleaning Recommendations.”

Information on ending isolation can be found at Ending Home Isolation and Returning to Work after Suspected or Confirmed Covid-19, posted at www.sfcdcp.org/covid19hcp under “Home Isolation and Returning to Work.”

Clinical Management

- Counsel patients with mild COVID-19 about signs and symptoms of complicated disease and to seek emergent care if these develop:
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face

- Provide patients with suspected or confirmed mild COVID-19 with symptomatic treatment such as antipyretics for fever.
  - Currently only symptomatic treatment is recommended for outpatients.
    - Antipyretics: Acetaminophen may be used. There has been uncertainty about the use of NSAIDS due to a few anecdotal observations of worse disease in those using them. No studies exist on this. Currently, WHO does not recommend against the use of NSAIDS when clinically indicated.
    - There is no recommendation at this time to change medication regimens for people currently on ACE-inhibitors, ARBs, ARTs, NSAIDS and/or hydroxychloroquine.
    - WHO and CDC recommend against the use of corticosteroids in COVID-19 pneumonia for except where there are other indications such as asthma or COPD exacerbation, or in cases of ARDS or shock.¹ A systematic review of observational studies of patients receiving corticosteroids for 2002-2003 SARS outbreak found no survival benefit and possible harms (including delayed viral clearance).²
    - There is insufficient evidence at this time to recommend any specific anti-COVID-19 treatment for patients with confirmed COVID-19. Chloroquine, hydroxychloroquine, and remdesivir are undergoing
trials. Hydroxychloroquine is under investigation in clinical trials for pre-exposure or post-exposure prophylaxis of SARS-CoV-2 infection, and treatment of patients with mild, moderate, and severe COVID-19. A small study of hydroxychloroquine with or without azithromycin in respiratory specimens found reduced detection of the virus, however a subsequent study did not replicate this finding. A study of chloroquine was stopped due to a high rate of cardiac arrhythmias. Outcomes for lopinavir–ritonavir were found to be no different from placebo in a recent randomized study of 199 hospitalized patients in China. None of these therapies is currently advocated for patients with mild COVID-19.

- Use of unproven therapies incurs risks to individual patients and to society. Patients treated with unproven medications may experience adverse reactions (e.g., azithromycin, chloroquine and similar drugs can prolong the QT interval leading to fatal torsade de pointe). The CDC has issued a health alert against ingesting non-pharmaceutical chloroquine phosphate (found in home aquariums) after two people became seriously ill and one died.

- Use of, and particularly hoarding, of these medications may deprive patients for whom these drugs have proven benefit, and indirectly cause increased morbidity or mortality. The California Department of Health has issued a warning to this effect: The California Department of Consumer Affairs, Medical Board of California and California State Board of Pharmacy has issued a statement reminding providers that inappropriately prescribing or dispensing medications constitutes unprofessional conduct in California. Prescribers and pharmacists are obligated to follow the law, standard of care, and professional codes of ethics in serving their patients and public health.

- Knowledge regarding prophylaxis and treatment of COVID-19 is constantly in flux. Providers should check back for changes to these recommendations frequently.

**ADDITIONAL INFORMATION**

**Stay up to date** with local and state COVID-19 activity and developments (in addition to CDC):

- [https://www.sfcdcp.org/covid19hcp](https://www.sfcdcp.org/covid19hcp) (COVID-19 Info for SF Health Providers)
- [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx) (California info)

**References**