Follow national advice for use of PPE for health care workers in the context of COVID-19. PP [Taskforce/WHO]

Manage probable cases of COVID-19 detected by rapid antigen testing (RAT) as if they are a confirmed case until acute respiratory symptoms have resolved. PP [Taskforce/CDNA]

The most appropriate setting will depend on:
- clinical features
- the patient’s preferences and, where appropriate, healthcare decision-maker’s or family/carer’s preferences
- the context in terms of rural or remote locations
- public health responses
- ability to monitor for clinical deterioration and the availability of rapid transfer to higher level of care. PP [Taskforce/WHO]

Check for signs of moderate/severe disease (refer to Pathways to Care for adults with COVID-19 Flowchart). Check vaccination status and recency of vaccination. No baseline investigations are required for mild COVID-19. PP [Taskforce/CDNA]

Manage mild COVID-19 symptomatically and advise patients to rest. PP [Taskforce] An antipyretic is generally not required for mild COVID-19, but paracetamol or ibuprofen as appropriate can be considered for symptomatic relief. PP [Taskforce]

Do not prescribe antibiotics for mild COVID-19 unless indicated for other reasons, such as community acquired pneumonia. PP [Taskforce]

Definition of disease severity
Mild illness
An individual with no clinical features suggestive of moderate or more severe disease:
- no OR mild symptoms and signs (fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhoea, loss of taste and smell)
- no new shortness of breath or difficulty breathing on exertion
- no evidence of lower respiratory tract disease during clinical assessment or on imaging (if performed)

Access to care
This flowchart should be applied after considering the clinical presentation of the patient and risk factors that might increase their overall risk of deterioration. Refer to Pathways to Care for Adults flowchart.

Clinicians are encouraged to exercise greater clinical vigilance and consider appropriateness of O2 saturation monitoring, more frequent review or referral for patients with disability who also have risk factors for disease progression.

Consider drug treatments if symptom onset was within 7 days and the person is immunocompromised or at risk of disease progression. Refer to the current summary of Drug treatments for adults with COVID-19 for recommendations and risk factors for disease progression. Refer to the decision support tool for specific guidance on drug treatments for at risk adults with COVID-19 who do not require oxygen. For treatment options in pregnant or breastfeeding women with COVID-19, refer to Drug treatments for pregnant or breastfeeding women.

Ensure that people with confirmed or probable COVID-19 continue to receive their usual care for pre-existing conditions. PP [Taskforce] People taking routine NSAIDs for a chronic condition should continue as usual. PP [Taskforce] Stopping these medications abruptly can lead to acute heart failure or unstable blood pressure. PP [Taskforce]

In people with suspected or confirmed COVID-19, use of other treatments such as insulin, other diabetes medications, or statins should continue as usual. PP [Taskforce]

In people with suspected or confirmed COVID-19, only cease or change the dose of long-term immunosuppressants such as high-dose corticosteroids, chemotherapy, biologics, or disease-modifying anti-rheumatic drugs (DMARDs) on the advice of the treating specialist. PP [Taskforce]
Monitoring

**THINGS TO WATCH FOR**

Advise the person with COVID-19 and their healthcare decision-maker or family/carers to look out for the development of new or worsening symptoms, especially breathing difficulties which may indicate the development of pneumonia or hypoxaemia.

Reassure the person that 4 out of 5 people with COVID-19 will have a mild illness and will usually recover 2 to 3 weeks after the initial onset of symptoms.

If respiratory symptoms do worsen, this is most likely to occur in the 2nd or 3rd week of illness. **PP [Taskforce]**

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**OESTROGEN CONTAINING THERAPIES**

In women who have COVID-19 and who are taking oral menopausal hormone therapy (MHT), manage these medications as per usual care. In women who stop or suspend oral MHT, review the indication for this and consider transitioning to a transdermal preparation. Manage transdermal MHT as per usual care. **CBR [Taskforce]**

In women who have COVID-19 and who are taking oestrogen-containing contraception, manage these medications as per usual care. **CBR [Taskforce]**

In women who stop or suspend contraception when they have COVID-19, restart contraception at the time of discharge or when acute symptoms have resolved. **CBR [Taskforce]**

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**PULSE OXIMETERS**

In people with risk factors for deterioration, who are being cared for at home, consider offering pulse oximetry to monitor oxygen saturation. **CBR [Taskforce]**

There is no current evidence that supports the benefit of pulse oximetry compared with a home monitoring program in people with COVID-19 who are receiving care at home. **PP [Taskforce]**

Be aware that different pulse oximeters have different specifications, and that some can under or overestimate readings especially if the saturation level is borderline. Overestimation has been reported in people with darker skin. **NICE UK**

For guidance on when to escalate care, refer to the Pathways to Care flowchart.

*The evidence to allow us to rank risk factors in order of priority is not yet available.*

**IMMUNOCOMPROMISING CONDITIONS:**

- Primary or acquired immunodeficiency:
  - haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
  - post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
  - immunocompromised due to primary or acquired (AIDS) immunodeficiency
  - other significantly immunocompromising conditions

- Immunosuppressive therapy (current or recent):
  - chemotherapy, whole body radiotherapy or total lymphoid irradiation
  - high-dose corticosteroids (≥20 mg of prednisone per day, or equivalent) for ≥14 days
  - selected other potent immunosuppressive therapies (refer to ATAGI advice). **PP [Taskforce]**

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The RACGP has developed supporting materials to assist with care of people with mild COVID-19 at home. Refer to **Home-care guidelines for patients with COVID-19**.

For some patients, symptoms may persist for longer than 4 weeks, or new symptoms may develop. For patients who present with possible long-term symptoms of COVID-19, supportive treatment is required. For guidance on the care of people with long COVID-19, refer to the flowchart on **Care of people after COVID-19**.
ESCALATION OF CARE

Transfer the person to hospital if they develop symptoms or signs suggestive of moderate or severe COVID-19, such as:
- \( \text{SpO}_2 \leq 92\% \)
- increasing shortness of breath or difficulty breathing
- blue lips or face
- pain or pressure in the chest
- cold, clammy or pale and mottled skin
- new confusion or fainting
- becoming difficult to rouse
- little or no urine output
- coughing up blood

Follow up care

- Assist people to connect to a GP if they do not have one.
- When the acute phase of the illness has resolved, and the patient is mobile, undertake a comprehensive review to assess their ongoing and rehabilitation needs.
- Review medications that were stopped or started.
- Refer the patient to the RACGP resource on Managing COVID-19 at home with assistance from your general practice for advice on vaccination after recovery from COVID-19.

PP [BMJ]

TRANSFER TO HOSPITAL

Check the person’s wishes regarding transfer, and whether they have an Advanced Care Directive for proceeding with hospital management. Clarify their SARS-CoV-2 status.

If the person wishes to stay in their place of residence or community-based care, discuss care arrangements with the patient, their healthcare decision-maker or family/carers, and the local Public Health Unit. Involve their GP, and local palliative care services if available. Be aware that out-of-hospital care will be dependent on the capacity of carer(s) and family to manage infection risk at home and Public Health directives.

If the person wishes to be admitted to hospital, advise the carer or family member to call an ambulance and to notify the paramedics that the person has suspected or confirmed COVID-19.

PP [Taskforce]

Sources

CDNA – Coronavirus Disease 2019 (COVID-19) Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units.