

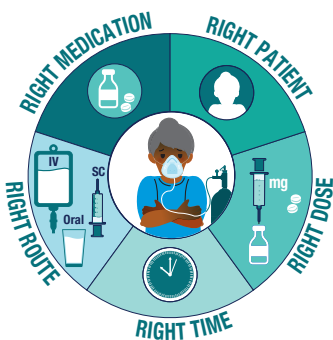
COVID-19 CLINICAL CARE PATHWAY

C

CONFIRM SARS-CoV-2 infection

Ensure prompt diagnosis using a **molecular (NAAT/PCR)** or **antigen-detection test (i.e. Ag-RDT)**.

Remember the **FIVE RIGHTS** of drug administration:



Use of antigen detection rapid diagnostic testing

<https://www.who.int/publications/i/item/diagnostic-testing-for-sars-cov-2>



Further details on basic emergency care can be accessed at

<https://www.who.int/publications/i/item/basic-emergency-care-approach-to-the-acutely-ill-and-injured>

A

ASSESS symptoms, risk factors and severity

Provide early clinical assessment and evaluation to determine if the patient has symptoms, **emergency signs** or risk factors that may warrant treatment, clinical referral, or admission to hospital care.

Risk factors:

> 60 years, hypertension, diabetes, cardiac disease, chronic lung disease, cerebrovascular disease, dementia, mental disorders, chronic kidney disease, immunosuppression (including HIV), obesity, cancer and unvaccinated against COVID-19.

Risk factors in pregnant or recently pregnant women: advanced maternal age (>=35 years), obesity, chronic medical conditions, and pregnancy specific disorders (e.g. gestational diabetes and pre-eclampsia/eclampsia).

Emergency signs are: obstructed or absent breathing, severe respiratory distress, cyanosis, shock, coma and/or convulsions.



For detailed information, see WHO *Therapeutics and COVID-19: living guideline*

<https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19/therapeutics>



Severe acute respiratory infections (SARI) tool-kit

<https://www.who.int/publications/i/item/clinical-care-of-severe-acute-respiratory-infections-tool-kit>

R

RESPOND with appropriate care and treatment

Treatment selection is **determined by severity of disease and risk factors**.

For patients with COVID-19 presenting with early onset of **mild or moderate COVID-19 disease (non-severe symptoms)**.

WITHOUT RISK FACTORS for severe disease the treatment care plan includes:

- **Symptom management** and supportive care
- **Monitoring** (at home, or in the community)

AND WITH RISK FACTORS, for severe disease consider including:

- **Sotrovimab** or **Casirivimab and imdevimab*** (neutralizing monoclonal antibodies)

For patients presenting with **severe or critical COVID-19** immediately assess for **emergency signs**.

The treatment care plan includes:

- **Oxygen therapy** AND
- **Corticosteroids** AND
- **Venous thromboembolism prophylaxis** AND
- **Interleukin-6 receptor blocker (tocilizumab OR sarilumab) OR baricitinib**
- For seronegative patients, consider including **casirivimab and imdevimab*** (neutralizing monoclonal antibodies)
- **Symptom management** and **supportive care**

E

EVALUATE clinical response and recovery

All patients receiving COVID-19 treatment require clinical monitoring and follow up by a health care professional throughout their illness and recovery, including those who develop **post COVID-19 condition**.

- If patients have **emergency signs** OR SpO₂ <90%, seek urgent medical assistance.
- If patients have SpO₂ between 90-94%, worsening symptoms, side-effects or concerns, patient or caregiver should immediately seek advice from a health care professional.
- It is important that all COVID-19 treatments are prescribed, completed or stopped under guidance of a health care professional.
- Ensure reporting of any adverse events (AE) through local or national reporting systems.

Advise patient or caregivers to monitor for change or worsening of symptoms, such as chest pain, fast or difficulty in breathing (at rest or while speaking), fast heart rate, palpitations, confusion, altered mental status, or any other emergency signs. If present, instruct patient or caregivers to call for emergency help according to national protocols.