MMG COVID Key Clinical points for Ambulatory medicine

Developed with excerpts from a combination of anecdotal clinical accounts from front line caregivers as well as multiple on-line resources including the CDC (https://www.cdc.gov/coronavirus/2019-ncov/index.html) and UW COVID-19 Resource guide (https://medicine.uw.edu/news/covid-19-resources)

Clinical Course -

81% mild symptoms, 47% symptoms require hospitalization, 5% critical

*2-11 days after exposure (Day 5 on average) -typical flu like symptoms
- fever (45%), headache,
- dry cough, (50=80%),
- dyspnea (20-40%)
- URI symptoms (15%)
- GI symptoms/diarrhea (10%)- nausea without vomiting,
- loss of smell, anorexia, fatigue, headache, myalgia (back pain)

* Day 5 - increase SOB and bilateral viral pneumonia from direct viral damage to the lung parenchyma
* Day 10 - Cytokine storm: acute ARDS and multi-organ failure,

Other possible presentations -

75% Hypoxic without dyspnea- Does NOT correlate with CXR (lungs do not sound bad-skip stethoscope, watch pulse Oximetry instead)
encephalopathy, renal failure from dehydration, DKA
20% cardiac injury with myocarditis, pericarditis, new onset CHF and A. Fib

Patient can have co-infections with flu and other viruses (don't check rapid Flu unless patient is within the window for Tamiflu)

Things to Avoid:

- Corticosteroids/ NSAIDs- potentially hastens progression of disease
- Nebulizer - give 8-10 puffs of albuterol MDI instead
  COVID 19 usually does not cause wheezing
- IV hydration - conservative fluid management as IVF may hastens their respiratory decompensation