

Best Practices for the Therapeutic Management of Non-hospitalized Adults with COVID-19

Monoclonal Antibody (MAB) Therapy

If taken early, MABs can **reduce the risk** of severe disease, hospitalization, and death

Criteria for use for MAB therapy:

- 1) Not requiring supplemental oxygen therapy due to COVID-19 **AND**
- 2) Within **10 days** of symptom onset **AND**

Locate a provider for MAB infusion:

 **1-877-332-6585**

 <https://protect-public.hhs.gov/pages/therapeutics-distribution>

3) If **ANY** of the following criteria are met:

- **Age ≥ 65**
- **BMI ≥ 25** ([Click for CDC BMI Calculator](#))
- Pregnancy
- **Diabetes**
- **Hypertension**
- Cardiovascular Disease
- Chronic Kidney Disease
- Chronic Lung Disease (i.e. asthma, COPD, cystic fibrosis, pulmonary hypertension)
- Immunosuppressive disease or immunosuppressive treatment
- Sickle cell disease
- Medical-related technological dependence (i.e. tracheostomy or gastrostomy)

Symptom Management - Lifestyle & Daily Routine

Encourage patients to use a Pulse Oximeter

- ▶ Check oxygen (SpO₂) levels at least 3 times daily
- ▶ Warm finger before each check by rubbing fingertip briskly on shirt or pants
- ▶ Remove fingernail polish
- ▶ If oxygen levels read consistently below 92%, **NOTIFY YOUR DOCTOR**



Hydration with Water

- ▶ 1/2 of body weight in ounces each day (200 lbs = 100 ounces of water/day)
- ▶ High fevers → fluid loss



Encourage & describe the PRONE position

- ▶ Encourage the patient to rest and sleep on their **side** or **belly** if possible
- ▶ Cough forcibly, take several deep breaths, and hold them as long as possible throughout the day

Physical Activity

- ▶ Moderate **physical activity as tolerated**
- ▶ Do not elevate heart rate over 130 beats per minute
- ▶ Take deep breaths while walking and cough deeply

Patients with COVID-19 should continue to follow all CDC quarantine, mask, and hand washing recommendations

Symptom Management

The drugs listed in this section **DO NOT** treat or cure the COVID-19 virus. Currently, the only proven, effective treatment for patients not requiring hospitalization is the monoclonal antibody (MAB) therapy mentioned above.

The following medications **MAY** be considered to reduce symptoms of the COVID-19 virus. These medications should not be taken without discussing the risks and benefits with your doctor or pharmacist first.

- ▶ **MUCINEX**: 1200 mg every 12 hours (max of 14 days) - for chest congestion
- ▶ **ZYRTEC**: 10 mg daily - antihistamine for runny nose and congestion
- ▶ **ASPIRIN**: Optional - 81 mg daily, **if not already on a blood thinner**
- ▶ **BUDESONIDE**: 0.5 mg/2mL via nebulizer twice daily - **may** reduce the time to recovery of COVID-19 and should be stopped after symptom resolution. Nebulizers should be used with **caution** in patients with COVID-19 as they increase the risk of viral transmission. **Avoid use around other people; Use near open windows or areas of increased air circulation.**
- ▶ **ZOFRAN**: 8 mg 3 times daily as needed for nausea and vomiting
- ▶ **IMODIUM**: 1 tablet as needed for diarrhea (**MAX of 4 tablets/day**)

Medication Management Considerations & Warnings

- ▶ **No oral steroids** (prednisone, dexamethasone, methylprednisone) during the first six days of infection **unless supplemental oxygen** is required. Dexamethasone 6 mg once daily for a maximum of 10 days may be considered after physician reevaluation if pulmonary symptoms are still persistent after one week.
- ▶ **IVERMECTIN** is **NOT** recommended
- ▶ **ANTIBIOTICS** including azithromycin are generally NOT recommended (Bacterial co-infection rates are **less than 6.5%**)
- ▶ **HYDROXYCHLOROQUINE** is **NOT** recommended
- ▶ Many **VITAMINS** and other supplements have been mentioned for the treatment of COVID-19. Taking dietary supplements can enhance immunity and reduce inflammation. However, these products have not been studied in conjunction with COVID-19 and should not be seen as a treatment option for a patient with an active COVID-19 infection.



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