

Guideline: COVID-19 home treatment Aruba (version 1.0 UK, 15 September 2020)

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WHO:

- **Patient:** This guideline applies to all COVID-19 PCR proven patients in the home setting.
- **Family doctor:** Responsible for continuity of care: makes home visit(s) on indication and giving special attention to: 1) clinical impression 2) breathing frequency 3) SpO2 measurement via pulse-oxymetry. The regular family doctor or family doctor on call should always visit the patient at home before deciding to send him/her for admission except in cases of emergency.
- **Pulmonologist:** medical coordinator of admitted COVID-patients, by phone via HOH front desk: **527 4000**
- **(Internist-)ID specialist:** Supports the pulmonologists and is his/her direct back-up: to be reached via the "infection phone": **597 4672** or via the internist-on call off-hours.

WHAT:

- **Self-proning:** Instruct every patient to self-prone ("buikligging") for multiple episodes in case of breathing difficulties (YouTube: (Prone) position yourself). This leads to a better outcome and less hospital admissions.
- **Antibiotics:** obviously doesn't lead to a better outcome with this viral infection. Only to be considered in an unlikely situation of a secondary bacterial infection (usually only after 7-10 days after start of primary symptoms). If there's a high suspicion: **doxycycline 100mg bid for 7 days** (covers most strepto- and staphylococci)
- **Dexamethasone 6mg od for 10 days:** Dexamethasone gives a small survival benefit in admitted patients in a very short time window. Not meant for COVID-outpatients. Starting too early or too late can give significant side effects in these high dosages (dexamethasone 6mg = equivalent to 40mg prednisone/day). Advice: only to be given if 1) disease course >7 days 2) proven hypoxemia (SpO2 <93%) 3) "Admissible to the HOH" but for whatever reason not indicated/desired (comorbidity/logistics/extreme shortage of hospital beds) Must be pre-approved by pulmonologist on call before prescribed.
- **Other Rx:** hydroxychloroquine/plaquenil, ivermectin, vitamin C/D, famotidine, zinc supplements etc.: insufficient evidence thus far to endorse these drugs.
- **Always continue** metformin and statins (observational studies suggest 30% mortality reduction)
- **O2-therapy at home:** During this pandemic all family doctors may request oxygen therapy at home after phone consultation and authorisation by the pulmonologist on call. Please complete the AZV form "overige hulpmiddelen" (and include the name of the consulted pulmonologist), and call Labco at **582 6651**.

WHERE:

- **Home therapy is usually preferred:** Try to treat patient at home in close consultation with the pulmonologist/internist. Red flags for immediate consultation are: 1) SpO2 <93% **despite persistent self-proning**, breathing freq. >25/min 3) exhaustion. ABC instability warrants immediate ambulance referral.
- **Mental consequences of admission:** counsel patient and his next-of kin about the expected mental consequences of an admission in strict isolation: depression, solitude and PTSD are well-known risks.
- **Referral to the HOH:** all family doctors are asked to refer a patient only to the hospital after a (home) visit and always after consultation with the pulmonologist/ER doctor. ABC instability obviously warrants immediate ambulance referral.
- **Restrictions of care:** As per HOH policy a modified version of the well-known Charlson Comorbidity Index (CCI) is applied to all admitted patients to stratify risks and prognosis. Based on this CCI and other parameters restrictions of care may be imposed by the multidisciplinary medical team.

Sources:

- SWAB Guideline. Medicamenteuze behandelopties bij patiënten met COVID-19. <https://swab.nl/nl/covid-19>
- Elharrar X et al. Use of prone positioning in non-intubated patients with COVID-19 and hypoxemic acute respiratory failure. *JAMA* 2020 May 15
- UpToDate: COVID-19: Outpatient evaluation and management in adults. Accessed 11 September 2020.