Coronavirus (COVID-19) - Diagnosed or Suspected

After Hours Telephone Triage Protocols | Adult | 2020

DEFINITION

Adult has symptoms of COVID-19 (fever, cough, or SOB) **AND**:

- Diagnosis was confirmed by positive lab test **OR**
- Clinical diagnosis (suspected diagnosis) was made by healthcare provider (HCP) **OR**
- Patient or caregiver suspects COVID-19 based on symptoms consistent with COVID-19 **AND** widespread prevalence in their community. In areas with major community spread, lab test confirmation will mainly be indicated on patients who need hospitalization.

**Note to Triager:**

- The best COVID-19 guideline choice depends on **public health department** recommendations (PHD) and **testing availability** in the patient's community.
- If PHD recommends testing on all suspected COVID-19 patients and testing is readily available, use Coronavirus (COVID-19) Exposure guideline.
- If PHD does not recommend testing on all suspected COVID-19 patients and/or if testing is not readily available, use Coronavirus (COVID-19) Diagnosed or Suspected.

**Note to Call Center Leadership:**

- During this period of increasing COVID-19 community spread, clarify for triage staff that calls about fever or cough, should first use this guideline.
- This will help reduce community spread.

This guideline was **last updated** 3/27/2020.

**INITIAL ASSESSMENT QUESTIONS**

1. **COVID-19 DIAGNOSIS:** "Who made your Coronavirus (COVID-19) diagnosis?" "Was it confirmed by a positive lab test?" If not diagnosed by a HCP, ask "Are there lots of cases (community spread) where you live?" (See public health department website, if unsure)
   - **MAJOR** community spread: high number of cases; numbers of cases are increasing; many people hospitalized.
   - **MINOR** community spread: low number of cases; not increasing; few or no people hospitalized
2. **ONSET:** "When did the COVID-19 symptoms start?"
3. **WORST SYMPTOM:** "What is your worst symptom?" (e.g., cough, fever, shortness of breath, muscle aches)
4. **COUGH:** "How bad is the cough?"
5. **FEVER:** "Do you have a fever?" If so, ask: "What is your temperature, how was it measured, and when did it start?"
6. **RESPIRATORY STATUS:** "Describe your breathing?" (e.g., shortness of breath, wheezing, unable to speak)
7. **BETTER-SAME-WORSE:** "Are you getting better, staying the same or getting worse compared to yesterday?" If getting worse, ask, "In what way?"
8. **HIGH RISK DISEASE:** "Do you have any chronic medical problems?" (e.g., asthma, heart or lung disease, weak immune system, etc.)
9. **PREGNANCY:** "Is there any chance you are pregnant?" "When was your last menstrual period?"
10. **OTHER SYMPTOMS:** "Do you have any other symptoms?" (e.g., runny nose, headache, sore
throat, loss of smell)

**TRIAGE ASSESSMENT QUESTIONS**

**Call EMS 911 Now**

SEVERE difficulty breathing (e.g., struggling for each breath, speaks in single words)

*R/O: respiratory failure, hypoxia*

1. **Call EMS 911 Now:**
   - Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
   - **Triager Discretion:** I'll call you back in a few minutes to be sure you were able to reach them.

2. **Tell the Ambulance Dispatcher about COVID-19 Diagnosis:**
   - When you call 911, tell the dispatcher that you probably have COVID-19.

3. **Tell Ambulance Medics about Your COVID-19 Exposure:**
   - Tell the paramedic right away that you probably have COVID-19.
   - The paramedics should call ahead to the emergency department to let them know.

4. **Care Advice** given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

Difficult to awaken or acting confused (e.g., disoriented, slurred speech)

*R/O: hypoxia, sepsis*

1. **Call EMS 911 Now:**
   - Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
   - **Triager Discretion:** I'll call you back in a few minutes to be sure you were able to reach them.

2. **Tell the Ambulance Dispatcher about COVID-19 Diagnosis:**
   - When you call 911, tell the dispatcher that you probably have COVID-19.

3. **Tell Ambulance Medics about Your COVID-19 Exposure:**
   - Tell the paramedic right away that you probably have COVID-19.
   - The paramedics should call ahead to the emergency department to let them know.

4. **Care Advice** given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

Bluish (or gray) lips or face now

*R/O: cyanosis and need for oxygen*

1. **Call EMS 911 Now:**
   - Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
   - **Triager Discretion:** I'll call you back in a few minutes to be sure you were able to reach them.

2. **Tell the Ambulance Dispatcher about COVID-19 Diagnosis:**
   - When you call 911, tell the dispatcher that you probably have COVID-19.

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   - Tell the paramedic right away that you probably have COVID-19.
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4. **Care Advice** given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

Shock suspected (e.g., cold/pale/clammy skin, too weak to stand, low BP, rapid pulse)

*R/O: shock*

1. **Call EMS 911 Now:**
   - Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
   - **Triager Discretion:** I'll call you back in a few minutes to be sure you were able to reach them.

2. **Tell the Ambulance Dispatcher about COVID-19 Diagnosis:**
   - When you call 911, tell the dispatcher that you probably have COVID-19.

3. **Tell Ambulance Medics about Your COVID-19 Exposure:**
   - Tell the paramedic right away that you probably have COVID-19.
   - The paramedics should call ahead to the emergency department to let them know.
Sounds like a life-threatening emergency to the triager

1 Call EMS 911 Now:
   • Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
   • Triage Discretion: I’ll call you back in a few minutes to be sure you were able to reach them.

2 Tell the Ambulance Dispatcher about COVID-19 Diagnosis:
   • When you call 911, tell the dispatcher that you probably have COVID-19.

3 Tell Ambulance Medics about Your COVID-19 Exposure:
   • Tell the paramedic right away that you probably have COVID-19.
   • The paramedics should call ahead to the emergency department to let them know.

4 Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

See More Appropriate Guideline

[1] COVID-19 suspected (e.g., cough, fever, shortness of breath) AND [2] public health department recommends testing


Go to Guideline: Coronavirus (COVID-19) Exposure (Adult)

COVID-19 and Breastfeeding, questions about

Go to Guideline: Coronavirus (COVID-19) - Diagnosed or Suspected (Pediatric)

Go to ED Now

SEVERE or constant chest pain (Exception: mild central chest pain, present only when coughing)

R/O: pneumonia

1 Go to ED Now:
   • You need to be seen in the Emergency Department.
   • Go to the ED at ____________ Hospital.
   • Leave now. Drive carefully.

2 Note to Triage - Triage Nurse Should Notify Emergency Department (ED):
   • The triager should call ahead to the ED and inform them of patient’s symptoms and suspected diagnosis of COVID-19.
   • Obtain and document the patient / caller’s mobile phone number. Either keep the patient on hold or call the patient back with instructions.
   • Reason: So that ED can make plans to prevent coronavirus spread to others in the hospital.

3 You should Go to the Emergency Department (ED):
   • You will need to go to a nearby ED.
   • Do not leave until I’ve called and talked with the ED. The ED may have special instructions on how best to get you there. I will call you back (or place you on hold).

4 Tell Emergency Department Personnel:
   • Tell the first healthcare worker you meet that you may have been exposed to COVID-19.
   • Tell them you have symptoms and have been sent for COVID-19 testing.

5 Cover Your Mouth and Nose, Wear a Mask:
   • Cover your mouth and nose with a disposable tissue (e.g., Kleenex, toilet paper, paper towel) or wash cloth.
   • Ask for a mask to wear over your mouth and nose.
6 Driving: Another adult should drive.

7 Call EMS 911 If:
   - Severe difficulty breathing occurs
   - Lips or face turns blue
   - Confusion occurs.

8 Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

MODERATE difficulty breathing (e.g., speaks in phrases, SOB even at rest, pulse 100-120)

R/O: pneumonia

1 Go to ED Now:
   - You need to be seen in the Emergency Department.
   - Go to the ED at ___________ Hospital.
   - Leave now. Drive carefully.

2 You should Go to the Emergency Department (ED):
   - You will need to go to a nearby ED.
   - Do not leave until I’ve called and talked with the ED. The ED may have special instructions on how best to get you there. I will call you back (or place you on hold).

2 Note to Triager - Triage Nurse Should Notify Emergency Department (ED):
   - The triager should call ahead to the ED and inform them of patient’s symptoms and suspected diagnosis of COVID-19.
   - Obtain and document the patient / caller’s mobile phone number. Either keep the patient on hold or call the patient back with instructions.
   - Reason: So that ED can make plans to prevent coronavirus spread to others in the hospital.

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   - Confusion occurs.

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Go to ED Now (or PCP triage)

Patient sounds very sick or weak to the triager

Reason: severe acute illness or serious complication suspected

1 Go To ED Now (or PCP triage):
   - If No PCP (Primary Care Provider) Second-Level Triage: You need to be seen within the next hour. Go to the ED/UCC at ___________ Hospital. Leave as soon as you can.
   - If PCP Second-Level Triage Required: You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what’s best. I’ll page the provider on-call now. If you haven’t heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at ___________ Hospital.

2 Alternate Disposition - Call Telemedicine Provider Now:
   - Telemedicine may be your best choice for care during this COVID-19 outbreak.
   - You should call a telemedicine provider now, if your own healthcare provider is not available.
During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:

- **Emergency department.** In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
- **Hospital and Group Practices.** Some hospitals or practices may offer a telemedicine triage service.
- **Telemedicine service.** There are many national telemedicine companies that are delivering COVID-19 care.

**Note to Triager - Ibuprofen Concerns:**

- Discuss only if caller brings up concerns about ibuprofen.
- **Response:** The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

**General Care Advice for COVID-19 Symptoms:**

- **Cough:** Use cough drops.
- **Feeling dehydrated:** Drink extra liquids. If the air in your home is dry, use a humidifier.
- **Fever:** For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
- **Muscle aches, headache, and other pains:** Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
- **Sore throat:** Try throat lozenges, hard candy or warm chicken broth.

**Call Back If:**

- You become worse.

**Care Advice** given per **Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.**

**Call PCP Now**

**MILD difficulty breathing** (e.g., minimal/no SOB at rest, SOB with walking, pulse <100)

* R/O: pneumonia

1 **Call PCP Now:**
   - You need to discuss this with your doctor (or NP/PA).
   - I’ll page the on-call provider now. If you haven’t heard from the provider (or me) within 30 minutes, call again.

2 **Alternate Disposition - Call Telemedicine Provider Now:**
   - Telemedicine may be your best choice for care during this COVID-19 outbreak.
   - You should call a telemedicine provider now, if your own healthcare provider is not available.

3 **Note to Triager - If NO PCP, Have Other HCP Re-triage the Patient, If Available:**
   - During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
   - **Emergency department.** In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
   - **Hospital and Group Practices.** Some hospitals or practices may offer a telemedicine triage service.
   - **Telemedicine service.** There are many national telemedicine companies that are delivering COVID-19 care.

4 **Note to Triager - Ibuprofen Concerns:**
   - Discuss only if caller brings up concerns about ibuprofen.
   - **Response:** The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

5 **How to Protect Others - When You are Sick with COVID-19:**
   - **Stay Home:** Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
   - **Cover the Cough:** Cough and sneeze into your shirt sleeve or inner elbow. Don’t cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
   - **Wash Hands Often:** Wash hands often with soap and water. After coughing or sneezing are important times.
   - **Wear a Mask:** Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
   - **Call First if Medical Care Needed:** Call ahead to get approval and careful directions.
General Care Advice for COVID-19 Symptoms:
- **Cough:** Use cough drops.
- **Feeling dehydrated:** Drink extra liquids. If the air in your home is dry, use a humidifier.
- **Fever:** For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
- **Muscle aches, headache, and other pains:** Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
- **Sore throat:** Try throat lozenges, hard candy or warm chicken broth.

Cough Medicines:
- **OTC Cough Syrups:** The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters "DM" appear in the name.
- **OTC Cough Drops:** Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
- **Home Remedy - Hard Candy:** Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
- **Home Remedy - Honey:** This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

Caution - Dextromethorphan:
- Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
- Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
- Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
- **Contraindicated:** Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).

Fever Medicines:
- For fever relief, take acetaminophen or ibuprofen.
- Treat fevers above 101° F (38.3° C).
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).
- **Acetaminophen (e.g., Tylenol):**
  - Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
  - Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra Strength pills a day).
  - **Ibuprofen (e.g., Motrin, Advil):**
    - Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
    - The most you should take each day is 1,200 mg (six 200 mg pills a day), unless your doctor has told you to take more.

Extra Notes:
- Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
- Before taking any medicine, read all the instructions on the package.

Caution - NSAIDs (e.g., ibuprofen, naproxen):
- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- **Gastrointestinal Risk:** There is an increased risk of stomach ulcers, GI bleeding, perforation.
- **Cardiovascular Risk:** There may be an increased risk of heart attack and stroke.
11 Call Back If:
   - Chest pain increases or becomes constant.
   - Difficulty breathing occurs
   - You become worse.

12 Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

Chest pain

R/O: pneumonia, pleurisy

1 Call PCP Now:
   - You need to discuss this with your doctor (or NP/PA).
   - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.

2 Alternate Disposition - Call Telemedicine Provider Now:
   - Telemedicine may be your best choice for care during this COVID-19 outbreak.
   - You should call a telemedicine provider now, if your own healthcare provider is not available.

3 Note to Triager - If NO PCP, Have Other HCP Re-triage the Patient, If Available:
   - During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
     - Emergency department. In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
     - Hospital and Group Practices. Some hospitals or practices may offer a telemedicine triage service.
     - Telemedicine service. There are many national telemedicine companies that are delivering COVID-19 care.

4 Note to Triager - Ibuprofen Concerns:
   - Discuss only if caller brings up concerns about ibuprofen.
   - Response: The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

5 How to Protect Others - When You are Sick with COVID-19:
   - Stay Home: Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
   - Cover the Cough: Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
   - Wash Hands Often: Wash hands often with soap and water. After coughing or sneezing are important times.
   - Wear a Mask: Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
   - Call First if Medical Care Needed: Call ahead to get approval and careful directions.

6 General Care Advice for COVID-19 Symptoms:
   - Cough: Use cough drops.
   - Feeling dehydrated: Drink extra liquids. If the air in your home is dry, use a humidifier.
   - Fever: For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
   - Muscle aches, headache, and other pains: Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
   - Sore throat: Try throat lozenges, hard candy or warm chicken broth.

7 Cough Medicines:
   - OTC Cough Syrups: The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters "DM" appear in the name.
   - OTC Cough Drops: Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
   - Home Remedy - Hard Candy: Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
   - Home Remedy - Honey: This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.
8 Caution - Dextromethorphan:
- Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
- Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
- Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
- Contraindicated: Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).

9 Fever Medicines:
- For fever relief, take acetaminophen or ibuprofen.
- Treat fevers above 101° F (38.3° C).
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).
- Acetaminophen (e.g., Tylenol):
  - Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
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- Extra Notes:
  - Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
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- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- Gastrointestinal Risk: There is an increased risk of stomach ulcers, GI bleeding, perforation.
- Cardiovascular Risk: There may be an increased risk of heart attack and stroke.

11 Call Back If:
- Chest pain increases or becomes constant.
- Difficulty breathing occurs.
- You become worse.

12 Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

Fever > 103 F (39.4 C)
R/O: serious bacterial infection.

1 Call PCP Now:
- You need to discuss this with your doctor (or NP/PA).
- I’ll page the on-call provider now. If you haven’t heard from the provider (or me) within 30 minutes, call again.

2 Alternate Disposition - Call Telemedicine Provider Now:
- Telemedicine may be your best choice for care during this COVID-19 outbreak.
- You should call a telemedicine provider now, if your own healthcare provider is not available.
3  **Note to Triager - If NO PCP, Have Other HCP Re-triege the Patient, If Available:**
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   * Response: The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

5  **How to Protect Others - When You are Sick with COVID-19:**
   * Stay Home: Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
   * Cover the Cough: Cough and sneeze into your shirt sleeve or inner elbow. Don’t cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
   * Wash Hands Often: Wash hands often with soap and water. After coughing or sneezing are important times.
   * Wear a Mask: Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
   * Call First if Medical Care Needed: Call ahead to get approval and careful directions.

6  **General Care Advice for COVID-19 Symptoms:**
   * Cough: Use cough drops.
   * Feeling dehydrated: Drink extra liquids. If the air in your home is dry, use a humidifier.
   * Fever: For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
   * Muscle aches, headache, and other pains: Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
   * Sore throat: Try throat lozenges, hard candy or warm chicken broth.

7  **Cough Medicines:**
   * OTC Cough Syrups: The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters “DM” appear in the name.
   * OTC Cough Drops: Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
   * Home Remedy - Hard Candy: Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
   * Home Remedy - Honey: This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

8  **Caution - Dextromethorphan:**
   * Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
   * Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
   * Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
   * Contraindicated: Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).
Fever Medicines:

- For fever relief, take acetaminophen or ibuprofen.
- Treat fevers above 101° F (38.3° C).
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).

Acetaminophen (e.g., Tylenol):

- Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
- Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra Strength pills a day).

Ibuprofen (e.g., Motrin, Advil):

- Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
- The most you should take each day is 1,200 mg (six 200 mg pills a day), unless your doctor has told you to take more.

Extra Notes:

- Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
- Before taking any medicine, read all the instructions on the package.

Caution - NSAIDs (e.g., ibuprofen, naproxen):

- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- **Gastrointestinal Risk:** There is an increased risk of stomach ulcers, GI bleeding, perforation.
- **Cardiovascular Risk:** There may be an increased risk of heart attack and stroke.

Call Back If:

- Chest pain increases or becomes constant.
- Difficulty breathing occurs
- You become worse.

Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.


R/O: pneumonia

1 Call PCP Now:

- You need to discuss this with your doctor (or NP/PA).
- I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.

2 Alternate Disposition - Call Telemedicine Provider Now:

- Telemedicine may be your best choice for care during this COVID-19 outbreak.
- You should call a telemedicine provider now, if your own healthcare provider is not available.

3 Note to Triager - If NO PCP, Have Other HCP Re-triage the Patient, If Available:

- During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
  - **Emergency department.** In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
  - **Hospital and Group Practices.** Some hospitals or practices may offer a telemedicine triage service.
  - **Telemedicine service.** There are many national telemedicine companies that are delivering COVID-19 care.

4 Note to Triager - Ibuprofen Concerns:

- Discuss only if caller brings up concerns about ibuprofen.
- **Response:** The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.
5 How to Protect Others - When You are Sick with COVID-19:
  • Stay Home: Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
  • Cover the Cough: Cough and sneeze into your shirt sleeve or inner elbow. Don’t cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
  • Wash Hands Often: Wash hands often with soap and water. After coughing or sneezing are important times.
  • Wear a Mask: Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
  • Call First if Medical Care Needed: Call ahead to get approval and careful directions.

6 General Care Advice for COVID-19 Symptoms:
  • Cough: Use cough drops.
  • Feeling dehydrated: Drink extra liquids. If the air in your home is dry, use a humidifier.
  • Fever: For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
  • Muscle aches, headache, and other pains: Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
  • Sore throat: Try throat lozenges, hard candy or warm chicken broth.

7 Cough Medicines:
  • OTC Cough Syrups: The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters "DM" appear in the name.
  • OTC Cough Drops: Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
  • Home Remedy - Hard Candy: Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
  • Home Remedy - Honey: This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

8 Caution - Dextromethorphan:
  • Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
  • Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
  • Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
  • Contraindicated: Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).

9 Fever Medicines:
  • For fever relief, take acetaminophen or ibuprofen.
  • Treat fevers above 101° F (38.3° C).
  • The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).
  • Acetaminophen (e.g., Tylenol): Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
  • Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra Strength pills a day).
  • Ibuprofen (e.g., Motrin, Advil): Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
  • The most you should take each day is 1,200 mg (six 200 mg pills a day), unless your doctor has told you to take more.
  • Extra Notes: Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
  • McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
  • Before taking any medicine, read all the instructions on the package.
10 Caution - NSAIDs (e.g., ibuprofen, naproxen):
- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- **Gastrointestinal Risk:** There is an increased risk of stomach ulcers, GI bleeding, perforation.
- **Cardiovascular Risk:** There may be an increased risk of heart attack and stroke.

11 Call Back If:
- Chest pain increases or becomes constant.
- Difficulty breathing occurs
- You become worse.

12 Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

[Fever > 100.0 F (37.8 C) AND [2] bedridden (e.g., nursing home patient, CVA, chronic illness, recovering from surgery)]

_R/O: pneumonia_

1 Call PCP Now:
- You need to discuss this with your doctor (or NP/PA).
- I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.

2 Alternate Disposition - Call Telemedicine Provider Now:
- Telemedicine may be your best choice for care during this COVID-19 outbreak.
- You should call a telemedicine provider now, if your own healthcare provider is not available.

3 Note to Triager - If NO PCP, Have Other HCP Re-triage the Patient, If Available:
- During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
  - **Emergency department.** In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
  - **Hospital and Group Practices.** Some hospitals or practices may offer a telemedicine triage service.
  - **Telemedicine service.** There are many national telemedicine companies that are delivering COVID-19 care.

4 Note to Triager - Ibuprofen Concerns:
- Discuss only if caller brings up concerns about ibuprofen.
- Response: The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

6 General Care Advice for COVID-19 Symptoms:
- **Cough:** Use cough drops.
- **Feeling dehydrated:** Drink extra liquids. If the air in your home is dry, use a humidifier.
- **Fever:** For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
- **Muscle aches, headache, and other pains:** Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
- **Sore throat:** Try throat lozenges, hard candy or warm chicken broth.

7 Cough Medicines:
- **OTC Cough Syrups:** The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters “DM” appear in the name.
- **OTC Cough Drops:** Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
- **Home Remedy - Hard Candy:** Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
- **Home Remedy - Honey:** This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.
**Caution - Dextromethorphan:**

- Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
- Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
- Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
- **Contraindicated:** Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).

**Fever Medicines:**

- For fever relief, take acetaminophen or ibuprofen.
- Treat fevers above 101° F (38.3° C).
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).

**Acetaminophen (e.g., Tylenol):**

- Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
- Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra Strength pills a day).

**Ibuprofen (e.g., Motrin, Advil):**

- Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
- The most you should take each day is 1,200 mg (six 200 mg pills a day), unless your doctor has told you to take more.

**Extra Notes:**

- Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
- Before taking any medicine, read all the instructions on the package.

**Caution - NSAIDs (e.g., ibuprofen, naproxen):**

- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- **Gastrointestinal Risk:** There is an increased risk of stomach ulcers, GI bleeding, perforation.
- **Cardiovascular Risk:** There may be an increased risk of heart attack and stroke.

**Call Back If:**

- Chest pain increases or becomes constant.
- Difficulty breathing occurs
- You become worse.

**Care Advice** given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

**HIGH RISK patient (e.g., age > 64 years, diabetes, heart or lung disease, weak immune system)**

1. **Call PCP Now:**
   - You need to discuss this with your doctor (or NP/PA).
   - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.

2. **Alternate Disposition - Call Telemedicine Provider Now:**
   - Telemedicine may be your best choice for care during this COVID-19 outbreak.
   - You should call a telemedicine provider now, if your own healthcare provider is not available.
3 Note to Triager - If NO PCP, Have Other HCP Re-triage the Patient, If Available:

- During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
  - Emergency department. In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
  - Hospital and Group Practices. Some hospitals or practices may offer a telemedicine triage service.
  - Telemedicine service. There are many national telemedicine companies that are delivering COVID-19 care.

4 Note to Triager - Ibuprofen Concerns:

- Discuss only if caller brings up concerns about ibuprofen.

- Response: The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

5 How to Protect Others - When You are Sick with COVID-19:

- Stay Home: Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.

- Cover the Cough: Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.

- Wash Hands Often: Wash hands often with soap and water. After coughing or sneezing are important times.

- Wear a Mask: Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).

- Call First if Medical Care Needed: Call ahead to get approval and careful directions.

6 General Care Advice for COVID-19 Symptoms:

- Cough: Use cough drops.

- Feeling dehydrated: Drink extra liquids. If the air in your home is dry, use a humidifier.

- Fever: For fever over 101.2°F (38.3°C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).

- Muscle aches, headache, and other pains: Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).

- Sore throat: Try throat lozenges, hard candy or warm chicken broth.

7 Cough Medicines:

- OTC Cough Syrups: The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters "DM" appear in the name.

- OTC Cough Drops: Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.

- Home Remedy - Hard Candy: Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.

- Home Remedy - Honey: This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

8 Caution - Dextromethorphan:

- Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.

- Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.

- Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.

- Contraindicated: Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).
Fever Medicines:

- For fever relief, take acetaminophen or ibuprofen.
- Treat fevers above 101° F (38.3° C).
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).

**Acetaminophen (e.g., Tylenol):**

- Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular-Strength pills a day).
- Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra-Strength pills a day).

**Ibuprofen (e.g., Motrin, Advil):**

- Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
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**Extra Notes:**

- Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
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- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- **Gastrointestinal Risk:** There is an increased risk of stomach ulcers, GI bleeding, perforation.
- **Cardiovascular Risk:** There may be an increased risk of heart attack and stroke.

**Call Back If:**

- Chest pain increases or becomes constant.
- Difficulty breathing occurs
- You become worse.

**Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.**

**Call PCP within 24 Hours**

Fever present > 3 days (72 hours)

*R/O: bacterial sinusitis, bronchitis, pneumonia*

1 **Call PCP Within 24 Hours:**

- You need to discuss this with your doctor (or NP/PA) within the next 24 hours.
- **If Office Will Be Open:** Call the office when it opens tomorrow morning.
- **If Office Will Be Closed:** I’ll page the on-call provider now. **Exception:** from 9 pm to 9 am. Since this isn’t urgent, we’ll hold the page until morning.

2 **Alternate Disposition - Telemedicine Within 24 Hours:**

- Telemedicine may be your best choice for care during this COVID-19 outbreak.
- You should call a telemedicine provider within the next 24 hours, if your own healthcare provider is not available.

3 **Note to Triagger - If NO PCP, Have Other HCP Re-triage the Patient, If Available:**

- During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triege by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
  - **Emergency department.** In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
  - **Hospital and Group Practices.** Some hospitals or practices may offer a telemedicine triage service.
  - **Telemedicine service.** There are many national telemedicine companies that are delivering COVID-19 care.
4 Note to Triager - Ibuprofen Concerns:
⦁ Discuss only if caller brings up concerns about ibuprofen.
⦁ Response: The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

5 How to Protect Others - When You are Sick with COVID-19:
⦁ Stay Home: Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
⦁ Cover the Cough: Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
⦁ Wash Hands Often: Wash hands often with soap and water. After coughing or sneezing are important times.
⦁ Wear a Mask: Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
⦁ Call First if Medical Care Needed: Call ahead to get approval and careful directions.

6 General Care Advice for COVID-19 Symptoms:
⦁ Cough: Use cough drops.
⦁ Feeling dehydrated: Drink extra liquids. If the air in your home is dry, use a humidifier.
⦁ Fever: For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
⦁ Muscle aches, headache, and other pains: Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
⦁ Sore throat: Try throat lozenges, hard candy or warm chicken broth.

7 Cough Medicines:
⦁ OTC Cough Syrups: The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters “DM” appear in the name.
⦁ OTC Cough Drops: Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
⦁ Home Remedy - Hard Candy: Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
⦁ Home Remedy - Honey: This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

8 Caution - Dextromethorphan:
⦁ Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
⦁ Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
⦁ Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
⦁ Contraindicated: Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).
Fever Medicines:

- For fever relief, take acetaminophen or ibuprofen.
- Treat fevers above 101° F (38.3° C).
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).

Acetaminophen (e.g., Tylenol):

- Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
- Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra Strength pills a day).

Ibuprofen (e.g., Motrin, Advil):

- Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
- The most you should take each day is 1,200 mg (six 200 mg pills a day), unless your doctor has told you to take more.

Extra Notes:

- Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
- Before taking any medicine, read all the instructions on the package.

Caution - NSAIDs (e.g., ibuprofen, naproxen):

- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- Gastrointestinal Risk: There is an increased risk of stomach ulcers, GI bleeding, perforation.
- Cardiovascular Risk: There may be an increased risk of heart attack and stroke.

Call Back If:

- Fever over 103 F (39.4 C)
- Chest pain or difficulty breathing occurs
- You become worse.

Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.


R/O: bacterial sinusitis, bronchitis, pneumonia

1 Call PCP Within 24 Hours:

- You need to discuss this with your doctor (or NP/PA) within the next 24 hours.
- If Office Will Be Open: Call the office when it opens tomorrow morning.
- If Office Will Be Closed: I’ll page the on-call provider now. Exception: from 9 pm to 9 am. Since this isn’t urgent, we’ll hold the page until morning.

2 Alternate Disposition - Telemedicine Within 24 Hours:

- Telemedicine may be your best choice for care during this COVID-19 outbreak.
- You should call a telemedicine provider within the next 24 hours, if your own healthcare provider is not available.

3 Note to Triager - If NO PCP, Have Other HCP Re- triage the Patient, If Available:

- During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
  - Emergency department. In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
  - Hospital and Group Practices. Some hospitals or practices may offer a telemedicine triage service.
  - Telemedicine service. There are many national telemedicine companies that are delivering COVID-19 care.
4 Note to Triager - Ibuprofen Concerns:
⦁ Discuss only if caller brings up concerns about ibuprofen.
⦁ Response: The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

5 How to Protect Others - When You are Sick with COVID-19:
⦁ Stay Home: Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
⦁ Cover the Cough: Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
⦁ Wash Hands Often: Wash hands often with soap and water. After coughing or sneezing are important times.
⦁ Wear a Mask: Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
⦁ Call First if Medical Care Needed: Call ahead to get approval and careful directions.

6 General Care Advice for COVID-19 Symptoms:
⦁ Cough: Use cough drops.
⦁ Feeling dehydrated: Drink extra liquids. If the air in your home is dry, use a humidifier.
⦁ Fever: For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
⦁ Muscle aches, headache, and other pains: Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
⦁ Sore throat: Try throat lozenges, hard candy or warm chicken broth.

7 Cough Medicines:
⦁ OTC Cough Syrups: The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters “DM” appear in the name.
⦁ OTC Cough Drops: Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
⦁ Home Remedy - Hard Candy: Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
⦁ Home Remedy - Honey: This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

8 Caution - Dextromethorphan:
⦁ Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
⦁ Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
⦁ Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
⦁ Contraindicated: Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).
Fever Medicines:

- For fever relief, take acetaminophen or ibuprofen.
- Treat fevers above 101° F (38.3° C).
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).

Acetaminophen (e.g., Tylenol):

- Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular-Strength pills a day).
- Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra-Strength pills a day).

Ibuprofen (e.g., Motrin, Advil):

- Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
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Extra Notes:

- Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
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Caution - NSAIDs (e.g., ibuprofen, naproxen):

- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- Gastrointestinal Risk: There is an increased risk of stomach ulcers, GI bleeding, perforation.
- Cardiovascular Risk: There may be an increased risk of heart attack and stroke.

Call Back If:

- Fever over 103 F (39.4 C)
- Chest pain or difficulty breathing occurs
- You become worse.

Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

[1] Continuous (nonstop) coughing interferes with work or school AND [2] no improvement using cough treatment per protocol

1 Call PCP Within 24 Hours:

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- If Office Will Be Open: Call the office when it opens tomorrow morning.
- If Office Will Be Closed: I'll page the on-call provider now. Exception: from 9 pm to 9 am. Since this isn’t urgent, we'll hold the page until morning.

2 Alternate Disposition - Telemedicine Within 24 Hours:

- Telemedicine may be your best choice for care during this COVID-19 outbreak.
- You should call a telemedicine provider within the next 24 hours, if your own healthcare provider is not available.

3 Note to Triager - If NO PCP, Have Other HCP Re-triage the Patient, If Available:

- During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
  - Emergency department. In some communities, the ED may provide a telephone triage service for patients who have COVID-19 with worsening symptoms.
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4 **Note to Triager - Ibuprofen Concerns:**
   - Discuss only if caller brings up concerns about ibuprofen.
   - **Response:** The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

5 **How to Protect Others - When You are Sick with COVID-19:**
   - **Stay Home:** Stay home from school or work if you are sick. Do **Not** go to religious services, child care centers, shopping, or other public places. Do **Not** use public transportation (e.g., bus, taxis, ride-sharing). Do **Not** allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
   - **Cover the Cough:** Cough and sneeze into your shirt sleeve or inner elbow. Don’t cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
   - **Wash Hands Often:** Wash hands often with soap and water. After coughing or sneezing are important times.
   - **Wear a Mask:** Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
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6 **General Care Advice for COVID-19 Symptoms:**
   - **Cough:** Use cough drops.
   - **Feeling dehydrated:** Drink extra liquids. If the air in your home is dry, use a humidifier.
   - **Fever:** For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
   - **Muscle aches, headache, and other pains:** Often this comes and goes with the fever. Take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).
   - **Sore throat:** Try throat lozenges, hard candy or warm chicken broth.

7 **Cough Medicines:**
   - **OTC Cough Syrups:** The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters “DM” appear in the name.
   - **OTC Cough Drops:** Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
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8 **Caution - Dextromethorphan:**
   - **Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.**
   - **Research Notes:** Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
   - **Drug Abuse Potential:** It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
   - **Contraindicated:** Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).
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**Acetaminophen (e.g., Tylenol):**

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- Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
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**Extra Notes:**

- Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
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- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- **Gastrointestinal Risk:** There is an increased risk of stomach ulcers, GI bleeding, perforation.
- **Cardiovascular Risk:** There may be an increased risk of heart attack and stroke.

Call PCP when Office is Open

Cough present > 3 weeks

1 Call PCP When Office Is Open:
   - You need to discuss this with your doctor (or NP/PA) within the next few days.
   - Call the office when it is open.

2 Alternate Disposition - Telemedicine Within 24 Hours:
   - Telemedicine may be your best choice for care during this COVID-19 outbreak.
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3 Note to Triager - If NO PCP, Have Other HCP Re-triage the Patient, If Available:
   - During this COVID-19 pandemic, the medical community is trying to prevent any unnecessary referrals to medical facilities. Many patients are very fearful of being exposed to COVID-19 in medical settings. Re-triage by a physician has been shown to reduce ED referrals. Telemedicine is a preferred source of care and triage during this pandemic. Here are options for the triager to consider:
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Note to Triager - Ibuprofen Concerns:

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- **Response:** The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

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General Care Advice for COVID-19 Symptoms:

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Call Back If:  
- Fever over 103 F (39.4 C)  
- Chest pain or difficulty breathing occurs  
- You become worse.  

Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.  

Home Care  

1 Home Care:  
- You should be able to treat this at home.  

2 Reassurance and Education - Probable COVID-19 with Mild Symptoms:  
- You have been diagnosed as probably having COVID-19 OR you suspect COVID-19 because it is widespread in your community and you developed symptoms that match (cough and/or fever).  
- You may have not been tested for COVID-19. Often it doesn’t matter. It does not change treatment.  
- The symptoms of COVID-19 can be mild, especially if you are healthy and under 65 years old.  
- Here’s some care advice to help you and to help prevent others from getting sick.  

3 General Care Advice for COVID-19 Symptoms:  
- Cough: Use cough drops.  
- Feeling dehydrated: Drink extra liquids. If the air in your home is dry, use a humidifier.  
- Fever: For fever over 101 F (38.3 C), take acetaminophen every 4-6 hours (Adults 650 mg) OR ibuprofen every 6-8 hours (Adults 400 mg).  
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4 Cough Medicines:
  * OTC Cough Syrups: The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters "DM" appear in the name.
  * OTC Cough Drops: Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
  * Home Remedy - Hard Candy: Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
  * Home Remedy - Honey: This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

5 Caution - Dextromethorphan:
  * Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
  * Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
  * Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
  * Contraindicated: Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).

6 Humidifier:
  * If the air is dry, use a humidifier in the bedroom.
  * Dry air makes coughs worse.

7 Coughing Spells:
  * Drink warm fluids. Inhale warm mist. (Reason: both relax the airway and loosen up the phlegm)
  * Suck on cough drops or hard candy to coat the irritated throat.

8 Avoid Tobacco Smoke:
  * Avoid tobacco smoke.
  * Smoking or being exposed to smoke makes coughs much worse.

9 Pain or Fever Medicines:
  * For pain and fever relief, take acetaminophen or ibuprofen.
  * Treat fevers above 101° F (38.3° C).
  * The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).

Acetaminophen (e.g., Tylenol):
  * Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
  * Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra Strength pills a day).

Ibuprofen (e.g., Motrin, Advil):
  * Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
  * The most you should take each day is 1,200 mg (six 200 mg pills a day), unless your doctor has told you to take more.

Naproxen (e.g., Aleve):
  * Take 220 mg (one 220 mg pill) by mouth every 8 hours as needed. You may take 440 mg (two 220 mg pills) for your first dose.
  * The most you should take each day is 660 mg (three 220 mg pills a day), unless your doctor has told you to take more.

Extra Notes:
  * Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
  * McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
  * Before taking any medicine, read all the instructions on the package.
Caution - NSAIDs (e.g., ibuprofen, naproxen):

- Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines for over 7 days without consulting your PCP.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.

- **Gastrointestinal Risk**: There is an increased risk of stomach ulcers, GI bleeding, perforation.
- **Cardiovascular Risk**: There may be an increased risk of heart attack and stroke.

Note to Triager - Ibuprofen Concerns:

- Discuss only if caller brings up concerns about ibuprofen.
- Response: The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

How to Protect Others - When You are Sick with COVID-19:

- **Stay Home**: Stay home from school or work if you are sick. Do not go to religious services, child care centers, shopping, or other public places. Do not use public transportation (e.g., bus, taxis, ride-sharing). Do not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
- **Cover the Cough**: Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
- **Wash Hands Often**: Wash hands often with soap and water. After coughing or sneezing are important times.
- **Wear a Mask**: Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
- **Call First if Medical Care Needed**: Call ahead to get approval and careful directions.

Stopping Home Isolation - Must Meet all 3 Requirements (CDC):

- Fever gone for at least 72 hours (3 full days) off fever-reducing medicines AND
- Cough and other symptoms must be improved AND
- Symptoms started more than 7 days ago.

- If unsure if it is safe for you to leave isolation, check the CDC website or call your healthcare provider.

Call Back If:

- Fever over 103 F (39.4 C)
- Fever lasts over 3 days
- Fever returns after being gone for 24 hours
- Chest pain or difficulty breathing occurs
- You become worse.

Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

COVID-19, questions about

*Note: Broad information including symptoms, how it is spread, travel, et.al.*

1. **Home Care**
   - You should be able to treat this at home.

2. **COVID-19 (Coronavirus Disease 2019) - Outbreak**
   - Our knowledge of COVID-19 is expanding as this outbreak spreads across the world.
   - An outbreak of this infection began in Wuhan, Hubei Province, China in December 2019.
   - Four patients were confirmed in Canada on January 31, 2020.
   - The Centers for Disease Control and Prevention (CDC) is considered the source of truth for this guideline. This continues to be a rapidly changing situation and guidance from the CDC is being updated daily. See [https://www.cdc.gov/coronavirus/2019-nCoV/index.html](https://www.cdc.gov/coronavirus/2019-nCoV/index.html).

3. **COVID-19 - Symptoms**
   - COVID-19 can cause a respiratory illness, such as bronchitis or pneumonia.
   - The most common symptoms are: cough, fever, and shortness of breath.
   - Other less common symptoms are: body aches, chills, diarrhea, fatigue, headache, runny nose, and sore throat.
   - Some people may have minimal symptoms or even have no symptoms (asymptomatic).
COVID-19 - Exposure Risk Factors:
- Here are the main risk factors for getting sick with COVID-19.
- Close contact with a person who tested positive for COVID-19 AND contact occurred while they were ill.
- Living in or travel from a city or area where there is major community spread of COVID-19. This carries a lower risk compared to close contact if one follows social distancing recommendations. Community spread is now occurring in most of the US, especially in cities.
- International travel.

COVID-19 - How it Is Spread:
- COVID-19 is spread from person to person.
- Respiratory Droplet from Coughing: The virus spreads from respiratory droplets that are produced when a person coughs or sneezes. The infected droplets can then be inhaled by a nearby person or land on the surface of their eyes.
- Surfaces: Most infected people also have respiratory secretions on their hands. These secretions get transferred to healthy people on doorknobs, faucet handles, etc. The virus then gets transferred to healthy people when they touch their face or rub their eyes.

How to Protect You and Your Family from Getting COVID-19:
- Avoid close contact with people known to have this new coronavirus infection. Try to stay at least 6 feet away from anyone who is coughing.
- Wash hands often with soap and water.
- Alcohol-based hand cleaners are also effective.
- Avoid touching the eyes, nose or mouth. Germs on the hands can spread this way.
- Do not share eating utensils (e.g., spoon, fork).

COVID-19 - Travel:
- The Centers for Disease Control and Prevention (CDC) maintains a website with latest recommendations regarding travel and your health.
- Currently the CDC recommends against travel to many geographic areas with widespread and ongoing spread of COVID-19. See current list at https://wwwnc.cdc.gov/travel/.
- CDC Travel Health Website: https://wwwnc.cdc.gov/travel/.

Other COVID-19 Facts:
- Incubation Period: Average 5 days (range 2 to 14 days) after coming in contact with a person who has COVID-19 virus.
- Expected Course: Studies from other counties have shown that about 80% have a mild illness, much like normal flu or a bad cold. The symptoms usually last 2 weeks.
- Asymptomatic Patients: An unknown percentage of infected patients have no symptoms.
- Complications: Viral pneumonia occurs in 5 to 10% of patients. People with complications generally recover in 3 to 6 weeks.
- Death Rate: The adult death rate is approximately 1% to 3%. The death rate is lower in children and younger adults. It is higher in older adults.
- Vaccine: There currently is no vaccine to prevent COVID-19. Many labs are working on developing a vaccine, but that will take at least a year.
- Treatment: Currently, there is no effective anti-viral medication for coronavirus. Treatment is supportive (e.g., oxygen and IV fluids) for hospitalized patients.

Call Back If:
- You have more questions.

Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

COVID-19 Home Isolation, questions about

Note: How to protect others when you are sick.

Home Care:
- You should be able to treat this at home.

How to Protect Others - When You are Sick with COVID-19:
- Stay Home: Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
- Cover the Cough: Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
- Wash Hands Often: Wash hands often with soap and water. After coughing or sneezing are important times.
- Wear a Mask: Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
- Call First if Medical Care Needed: Call ahead to get approval and careful directions.
3 Clean Your Hands Often:
   - **Wash Hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
   - **Use Hand Sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
   - **Avoid touching your eyes, nose, and mouth with unwashed hands.**

4 Clean “High Touch” Surfaces Every Day:
   - Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day.
   - High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

5 Stay Away from Others in Your Home:
   - If possible, stay in a specific “sick room” and away from other people in your home.
   - Use a separate bathroom, if available.

6 Call Ahead Before Visiting Your Healthcare Provider (Doctor, NP, PA):
   - Call ahead: If you have a medical appointment, call your doctor's office or emergency department, and tell them you have or may have COVID-19.
   - This will help the office protect themselves and other patients.
   - Wear a facemask.

7 How and When to Stop Home Isolation:
   - **Talk to your healthcare provider.**
   - The decision to stop home isolation should be made by your healthcare provider in consultation with the local health departments. Local decisions depend on local circumstances.

8 Stopping Home Isolation - Must Meet all 3 Requirements (CDC):
   - Fever gone for at least 72 hours (3 full days) off fever-reducing medicines **AND**
   - Cough and other symptoms must be improved **AND**
   - Symptoms started more than 7 days ago.
   - **If unsure if it is safe for you to leave isolation, check the CDC website or call your healthcare provider.**

9 Call Back If:
   - You have more questions.

10 Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.

**COVID-19 Prevention and Healthy Living, questions about**

*Note: How to protect you and your family; how to reduce anxiety and stress.*

1 **Home Care:**
   - You should be able to treat this at home.

2 How to Protect You and Your Family from Getting COVID-19:
   - **Avoid close contact with people known to have this new coronavirus infection.** Try to stay at least 6 feet away from anyone who is coughing.
   - Wash hands often with soap and water.
   - Alcohol-based hand cleaners are also effective.
   - Avoid touching the eyes, nose or mouth. Germs on the hands can spread this way.
   - Do not share eating utensils (e.g., spoon, fork).

3 How to Protect Others - When You are Sick with COVID-19:
   - **Stay Home:** Stay home from school or work if you are sick. Do **Not** go to religious services, child care centers, shopping, or other public places. Do **Not** use public transportation (e.g., bus, taxis, ride-sharing). Do **Not** allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
   - **Cover the Cough:** Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
   - **Wash Hands Often:** Wash hands often with soap and water. **After coughing or sneezing are important times.**
   - **Wear a Mask:** Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
   - **Call First if Medical Care Needed:** Call ahead to get approval and careful directions.

4 Keep Your Mind Positive:
   - **Live in the Present:** Live in the present, not the future. The future is where your needless worries live.
   - **Think Positive:** Use a mantra to reduce your fears, such as “I am strong”. Stay positive.
   - **Get Outdoors:** Take daily walks. Go to a park if you have one. Being in nature is good for your immune system.
   - **Stay in Touch with Your Friends and Family:** Use regular phone calls and video chats to stay in touch with those you love. Schedule virtual video dinners with friends and family!
5 **Keep Your Body Strong:**
   - Get your body ready to fight the COVID-19 virus.
   - Get enough sleep.
   - Stay physically active. Walk or exercise every day. Take the stairs.
   - Stay well hydrated.
   - Eat healthy meals. Avoid overeating to deal with your fears.
   - Avoid the over-use of anti-fever medicines. Fever helps fight infections and ramps up your immune system.

6 **Call Back If:**
   - You have more questions.

7 **Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.**

COVID-19 Testing, questions about

1 **Home Care:**
   - You should be able to treat this at home.

2 **COVID-19 - Information about Testing:**
   - Testing requires a doctor's order (as with all medical tests).
   - Testing is performed on material collected with a nose or throat swab. Swab specimens are then sent to the CDC and/or state public health department.
   - Testing is becoming more available from state and public health departments. Commercial labs also now have these tests available.
   - The results usually come back in 1 to 4 days, but may take longer depending on testing kit or testing site availability.
   - Usually testing is only performed on people with symptoms. Any person who is being tested should be staying home (home isolation).

3 **COVID-19 - Where to Go for Testing:**
   - Go to the testing site recommended by your healthcare provider (e.g., doctor, NP, or PA) or public health department.
   - Swabs of the nose or throat will only be collected on patients who have a healthcare provider's order.
   - Testing sites vary based on the city, hospital, and healthcare system.
   - In general, they are not performed in private doctor's offices or clinics.
   - *People cannot just walk in and request a COVID-19 test.*

4 **Call Back If:**
   - You have more questions.

5 **Care Advice given per Coronavirus (COVID-19) - Diagnosed or Suspected (Adult) guideline.**

**BACKGROUND INFORMATION**

**Key Points**

- An outbreak of this infection began in Wuhan, Hubei Province, China in December 2019.
- The first patient in the United States occurred on January 21, 2020. During March 2020 cases were identified in all states.
- Four patients were confirmed in Canada on January 31, 2020.
- The *Centers for Disease Control and Prevention* (CDC) is considered the source of truth for this guideline. This continues to be a rapidly changing situation and guidance from the CDC is being updated daily. See [https://www.cdc.gov/coronavirus/2019-nCoV/index.html](https://www.cdc.gov/coronavirus/2019-nCoV/index.html).

**Symptoms**
The COVID-19 coronavirus causes a lower respiratory tract illness. Common symptoms are:

- Cough
- Fever
- Shortness of breath

Less common symptoms may include:

- Body aches
- Chills
- Diarrhea
- Fatigue
- Headache
- Runny nose
- Sore throat

Some people may have minimal symptoms or be asymptomatic.

**Cause**

It is caused by a novel (new) coronavirus (COVID-19).

**Risk Factors**

Risk factors for getting sick with COVID-19 are:

- **Close contact with a person** who tested positive for COVID-19 AND contact occurred while they were ill.
- **Living in or travel from a city** or area where there is major community spread of COVID-19. This carries a lower risk compared to close contact if one follows social distancing recommendations. Community spread is now occurring in most of the US, especially in cities.
- **International travel**.

**How it is Spread (Transmission)**

COVID-19 is spread from person to person.

- **Respiratory Droplet from Coughing**: The virus spreads from respiratory droplets that are produced when a person coughs or sneezes. The infected droplets can then be inhaled by a nearby person or land on the surface of their eyes.
- **Surfaces**: Most infected people also have respiratory secretions on their hands. These secretions get transferred to healthy people on doorknobs, faucet handles, etc. The virus then gets transferred to healthy people when they touch their face or rub their eyes.

**Incubation Period**

The incubation period averages 5 days (range 2 to 14 days) after coming in contact with the secretions of a person who has COVID-19.

**Diagnosis and Reporting**

Healthcare providers who identify a PUI should notify both the infection control personnel for their healthcare facility and the local or state health department.

**Complications**

Complications include pneumonia, hypoxia, ARDS, respiratory failure, and death.

People with the following medical problems or conditions appear to be at higher risk of complications.

- 65 years and older
- Diabetes, especially if the person has diabetes complications already
- Heart disease, such as heart failure, heart attack
- Lung disease, such as COPD, cystic fibrosis, or moderate to severe asthma
- Weak immune system such as HIV, chemotherapy, organ transplant, or chronic steroids

It is unknown whether pregnant women have a greater risk from getting sick with COVID-19.

The adult death rate is approximately 1% to 3%. The death rate is lower in children and younger adults. It is higher in older adults.

**Treatment**

There is no vaccine or anti-viral medication for COVID-19. Treatment is supportive. Oxygen and IV fluids are used for hospitalized patients.

None of the drugs mentioned recently in the news (such as chloroquine) have any proven efficacy in treating or preventing this viral disease. More research is needed in this area.

**Travel**

- Avoid all non-essential travel.
- If you must travel, go to CDC website for updates on travel advisories: https://www.cdc.gov/coronavirus/2019-ncov/travelers.

**Ibuprofen and other NSAID Use for COVID-19**

Many callers have expressed concerns that ibuprofen (or other NSAID) use to treat COVID-19 symptoms may worsen the disease. These concerns originated from a few physicians' comments and have since spread over social media.

To date, there is no scientific evidence (clinical trials or studies) that show that using ibuprofen negatively impacts outcome in COVID-19 patients. We will continue to review any new literature as it is published. The CDC, WHO, AAP and our Infectious Disease expert reviewers continue to approve the use of ibuprofen for COVID-19.

For these reasons, Schmitt-Thompson Clinical Content (STCC) guidelines continue to recommend ibuprofen as an acceptable way to treat high fevers and pain.

- Remind callers that fevers may be beneficial, help fight the infection, and speed recovery.
- Low-grade fevers should not be treated.

If callers remain concerned, they can use acetaminophen for symptoms that warrant treatment.

*Caution:* For suspected COVID-19 patients on oral steroids, such as prednisone, the triager should
involve the HCP for a decision about whether the drug can be continued.

**Other Coronaviruses in Humans**

*Common coronaviruses* can cause colds and upper respiratory symptoms. These can be identified in currently available commercial respiratory testing panels (human coronaviruses HKU1, OC43, 229E, and OC43). These coronaviruses are completely different than the novel coronavirus addressed in this guideline.

Two other coronaviruses that previously have caused serious outbreaks are:

- **MERS-CoV**: Middle East Respiratory Syndrome (MERS)
- **SARS-CoV**: Severe Acute Respiratory Syndrome (SARS)

**Internet Resources**

- **Centers for Disease Control and Prevention (CDC):** Coronavirus. [https://www.cdc.gov/coronavirus/](https://www.cdc.gov/coronavirus/).
- **World Health Organization (WHO):** Coronavirus. [https://www.who.int/health-topics/coronavirus](https://www.who.int/health-topics/coronavirus).

**Expert Reviewer:** Lisa M. Koonin DrPH, MN, MPH. Senior Advisor in support of the CDC Coronavirus Disease (COVID-19) Response. Centers for Disease Control and Prevention (CDC).

**REFERENCES**


SEARCH WORDS

2019-NCOV
BREATHING
BREATHING DIFFICULTY
CORONAVIRUS
COUGH
COVID-19
DIFFICULT BREATHING
DIFFICULTY BREATHING
FOREIGN TRAVEL
NCOV
NOVEL CORONAVIRUS
SOB
TRAVEL
TROUBLE BREATHING

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