OUTPATIENT GUIDANCE FOR TREATMENT OF COVID-19 IN ADULTS AND CHILDREN

These are interim treatment recommendations based on best available evidence at this time. Recommendations may be modified based on resource availability, testing recommendations, and future published data.

Clinical symptoms range from uncomplicated upper respiratory tract viral infection to pneumonia, acute respiratory distress syndrome (ARDS), sepsis, and septic shock

Testing: See link to current COVID-19 testing recommendations: Send testing for COVID-19

Treatment: There is no current evidence from RCTs to recommend any specific anti-COVID-19 treatment for patients with suspected or confirmed COVID-19 infection. Antiviral treatment should be considered for outpatients with high risk for morbidity and mortality, which include elderly patients and immunocompromised patients.

Supportive care: Supportive care is the mainstay of treatment for non-hospitalized patients.

Outpatient Treatment Option for Patients with COVID-19 at High Risk for Severe Disease

<table>
<thead>
<tr>
<th>Antiviral therapy</th>
<th>Duration</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Hydroxychloroquine</td>
<td>5 days</td>
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<tr>
<td>• Routine treatment of COVID-19 is not indicated.</td>
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<tr>
<td>• For patients at high risk for severe disease and mortality, treatment with hydroxychloroquine is reasonable to consider in outpatients &gt;70 years old or immunocompromised.</td>
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<td>Adult dosing (≥18 years):</td>
<td>5 days</td>
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<tr>
<td>400 mg PO BID x2 doses (load) on day 1, then 200 mg PO BID for 4 more days (total duration 5 days)</td>
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<tr>
<td>Pediatric dosing (&lt;18 years):</td>
<td>5 days</td>
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<tr>
<td>8 mg/kg PO BID x2 doses (max: 400 mg/dose), then 4 mg/kg PO BID (max: 200 mg/dose)</td>
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Adverse events:
Retinopathy rash, nausea, diarrhea, and glucose fluctuations. GI symptoms can be mitigated by taking with food.  
• Use with caution in diabetic patients. Patient should be educated to monitor for signs of hypoglycemia, and glucose levels should be frequently monitored  
• Use with caution in patient at risk for QT prolongation  
• Recommend to avoid taking hydroxychloroquine with antacids. Separate administration by at least 4 hours.

Pregnant and Nursing Mothers:  
Hydroxychloroquine has been associated with fetal ocular toxicity in animal studies. Additionally, hydroxychloroquine is excreted into breast milk. Thorough evaluation of the risk:benefit should be discussed with the patient prior to starting therapy.

There is theoretical concern that the use of non-steroidal anti-inflammatory drugs (NSAIDs) or angiotensin converting enzyme inhibitors/ angiotensin II receptor blockers (ACE-I/ARBs) may be associated with increased risk of COVID-19 infection. However, there are no data demonstrating beneficial or adverse outcomes with use of these drugs in COVID-19 or among COVID-19 patients with a history of cardiovascular disease taking these medications. As such, the American Heart Association, American College of Cardiology, and Heart Failure Society of America do not recommend stopping ACE-I or ARBs based on this theoretical concern. See joint statement at: https://www.acc.org/latest-in-cardiology/articles/2020/03/17/08/59/hfsa-acc-aha-statement-addresses-concerns-re-using-raas-antagonists-in-covid-19
Do not use (therapies without any supportive evidence and/or associated with potential harm): oseltamivir, baloxavir, ribavirin

References:

7. [https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm](https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm)