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 current COVID-19 testing recommendations.

Treatment:
The current body of literature does not support the routine use of any specific treatment regimen for patients with COVID-19 infection.

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

The data is not strong enough to recommend routine use of hydroxychloroquine:
For outpatients who test positive for SARS-CoV2 within 4 days of symptom onset, there is an open label pragmatic, randomized trial sponsored by University of Minnesota. The two arms are hydroxychloroquine versus a vitamin, and if eligible the study will ship your patient the drug. If you would like to enroll your primary care patient, you can start the process through their website: http://trialcovid.com/

Please see Appendix A for review of existing data.

Concomitant use of NSAIDs and/or ACE-i/ARBs:
There are conflicting theories regarding the risk and benefit of non-steroidal anti-inflammatory drugs (NSAIDs) or angiotensin converting enzyme inhibitors/ angiotensin II receptor blockers (ACE-I/ARBs) in patients with COVID-19 infection. Currently, there are no robust data demonstrating beneficial or adverse outcomes with use of these drugs in COVID-19 infections or specifically in COVID-19 infected patients taking these medications for cardiovascular disease. The American Heart Association, American College of Cardiology, and Heart Failure Society of America do not recommend stopping ACE-I or ARBs in COVID-19 infected patients. In addition, a clinical trial (NCT04312009) is investigating whether adjunctive ARB therapy can improve outcomes in COVID-19 patients. Pending this data, we do not endorse stopping or starting such therapies solely because of COVID-19 infection.
The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider’s professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may from time to time change. The authors of these guidelines have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.

If obtained from a source other than med.umich.edu/asp, please visit the webpage for the most up-to-date document.

References:

9. https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm

<table>
<thead>
<tr>
<th>Antimicrobial Subcommittee Approval:</th>
<th>N/A</th>
<th>Originated: 03/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>P&amp;T Approval:</td>
<td>N/A</td>
<td>Last Revised: 04/2020</td>
</tr>
</tbody>
</table>

Revision History:
- 3/27: Added guidance for ACE-i/ARB/NSAIDs & azithromycin
- 3/31: Removed HCQ section, added HCQ reason for exclusion
- 4/3: Added hyperlink to Appendix A - review of HCQ data
- 4/6: Updated testing guidance hyperlink.