Outpatient Care of COVID-19 Patients

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1. Patient tests positive for COVID-19
2. General practitioner (GP) identifies additional risk factors:
 - Diabetes
 - Pregnancy
 - COPD/asthma/smoking
 - Obesity
 - Renal/liver disease
 - Immunosuppression
 - Cardiovascular disease
3. GP discusses with patient:
 - Hospitalization
 - Resuscitation, intensive care/intubation
 - [Advance directive](#)/[Emergency care order](#)/[Advance Care Planning \(ACP\)](#)
4. Poor clinical general condition or deterioration of general condition during course (self or relative monitoring)
5. Is patient home alone or is hospitalization required for other reasons?
6. Delivery of a pulse oximeter¹ and instruction of the patient regarding:
 - Correct self-measurement of respiratory rate and saturation 4 times a day
 - Measuring frequency of pulse, blood pressure, temperature (depending on comorbidity)
 - Drinking 6–8 glasses of fluid a day

In case of a relevant thrombotic event in the past due to being bedridden or active tumor disease: consider thrombosis prophylaxis².

GP defines with patient feedback interval and mode of communication:

 - GP 24 h
 - Advanced Nurse Practitioner/ Medical Practice Coordinators
 - GP daytime/nighttime emergency physician or telemedicine
 - Palliative or COVID home care
 - Nursing Home
7. Measurements according to instruction & regular feedback:
 - Vital signs
 - Cyanosis
 - Speech dyspnea
 - Dyspnea
 - Chest pressure
 - Little urine
 - Meningism
 - Hemoptysis
 - Sustained rash

If improvement is sustained, discontinue monitoring.
If worsening, especially if:

 - Newly confused
 - Respiratory rate >22/min
 - Saturation <92%
 - Pulse over 100/min
8. Adjust treatment setting: Decide with patient about hospitalization or home care.
9. Organize home care setting:
 - Prescribe oxygen: only if hospitalization is not desired ([prescription 4 Lungenliga](#))
 - Organize palliative or COVID home care, if necessary
 - [Palliative prescription](#)
 - Consider dexamethasone³
10. Organize hospitalization

¹ Order a pulse oximeter, e.g. from the Lung League or have it collected. Alternatively, given out by the GP. The patient bears the costs.

² Therapeutic anticoagulation has so far only shown a slight benefit in intubated/intensive care patients.

³ Dexamethasone is currently the only drug that has shown a positive effect on lethality, but only in patients requiring intubation. In milder cases it even seems to increase lethality.

PD Dr. med. Corinne Chmiel

mediX switzerland
corinne.chmiel@medix.ch

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