

EXETER HEALTH RESOURCES: COVID-19

Symptom Management Reference

Like other viral illnesses, much of the care for patients with COVID-19 is symptomatic, supportive care. As a result, EH's palliative care team has developed a reference to manage most common symptoms. This has been compiled with input from DHMC, CAPC, Richard Irwin MD, EH pulmonologists and internists.

FEVER (77-98%) OR MYALGIAS (11-52%)

- Cooling blankets, cool cloths, ice packs, light sheets, fan
- Acetaminophen 650mg PO/PR q4 hours prn temp $>38.5^{\circ}\text{C}$ (101.3°F) with discomfort or myalgias, MAX 4gm/day
- (NSAIDS are also effective, but second line)

COUGH (46-82%)

If NOT taking opioids:

- Codeine + guaifenesin 2-20mg/ml liquid, 5ml q4 hours PRN cough. Max 60ml/day

If taking other opioids:

- Dextromethorphan plus guaifenesin 2-20mg/ml liquid, 5ml PO q4 hours prn cough. Max 60ml/day

COUGH WITH UPPER AIRWAY SYMPTOMS (SINUS CONGESTION, ETC)

- Ipratropium bromide nasal (0.03 or 0.06%) 2 actuations in each nostril BID-TID
- Diphenhydramine 25-50mg PO q4h PRN. Use caution in patients with glaucoma, BPH, dementia
- Pseudoephedrine 60mg q6 hours prn, or Pseudoephedrine ER 120mg PO q12 hours

COUGH WITH BRONCHOSPASM

- Albuterol MDI 4-8 puffs up to 3 doses q4 hours prn

COUGH + BRONCHOSPASM + COPD

- Albuterol MDI 4-8 puffs up to 3 doses q4 hours prn
- Atrovent HFA 2 puffs QID

DYSPNEA/BREATHLESSNESS (3-31%) AND COUGH

AVOID CORTICOSTEROIDS, NEBULIZERS

- Morphine concentrated liquid (20mg/ml) 5-10mg PO/SL q1 hour prn dyspnea (or pain)
OR (renal failure, ADR) Hydromorphone 1mg/ml liquid 1-2mg PO/SL q1 hour prn dyspnea (or pain)
OR Oxycodone 2.5-5mg PO q1 hour prn dyspnea (or pain)
- Glycopyrrolate 1mg tab; 1-2mg PO TID prn secretions/cough OR 0.2mg/ml pre-filled syringe 0.2mg SL/SQ q2 hours prn secretions and/or cough
- Third line: Olanzapine zydis (Zyprexa Zydis) 5mg PO qpm – helpful for dyspnea, anxiety, agitation. Caution with QTc.

GI SYMPTOMS

Anorexia, anosmia, nausea, vomiting, and diarrhea are also prevalent symptoms with COVID-19. (Am.J.Gastroenterology March 18). Anorexia may be worsened by Anosmia. Encourage fluids, Gatorade PO. May need to consider parenteral fluids if needed. IV in hospital, SQ/Clysis at home

ANOSMIA

- Diphenhydramine 25-50mg PO Q 6 hours prn may be helpful

NAUSEA (DOSES MAY BE GIVEN IV OR PO)

- Haloperidol 0.5-1mg q4 hours prn nausea, agitation
- OR for patients at risk of QTc prolongation: Prochlorperazine (Compazine) 5-10mg q6 hour prn nausea

ANXIETY

- Reassurance, relaxation techniques, mindfulness virtual programs ([Brown University, UMass CFM](#))
- Lorazepam 0.5mg PO/SL/IV q4 hours PRN anxiety

DELIRIUM/AGITATION

Identify and treat reversible causes: Full bladder, constipation/fecal impaction, pain, dyspnea, anxiety, nausea, medications, dehydration, environment

- Haloperidol 1mg PO/IV/SQ q1 hour prn agitation
- Olanzapine Zydis 5mg PO TID prn agitation

COMMUNICATION SKILLS: [VITAL TALK COVID19](#)

CARING FOR COVID19 + PERSON IN THE HOME –

MAINTAINING A SAFE HOME ([FROM CDC](#))

- Sick person should stay in separate room, and if possible use separate bathroom.
- Other household members should care for pets. DO not handle pets when sick.
- Shared rooms should have good airflow (open window, air conditioner)
- Wash hands regularly for at least 20 seconds.
- Patient should wear facemask when around other people.
- Caregiver should use facemask and gloves when touching patient, or cleaning room, equipment, sheets, etc. Wash hands right after.
- Do not share household items with patient (dishes, drinking glasses/cups, eating utensils, towels, bedding, etc.) After patient uses, wash them thoroughly.
- Clean high touch surfaces every day, and after use. Use gloves during cleaning.
- Wash laundry thoroughly: use gloves while handling soiled laundry of patient, wash hands after.
- Place all disposable gloves, masks in lined container or closed plastic bag prior to