



World Health
Organization



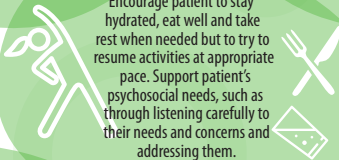
WHO Mild COVID-19 HOME CARE BUNDLE FOR HEALTH CARE WORKERS*



Instruct patient to stay in isolation, preferably in separate room with adequate ventilation. Ensure good flow of fresh air and open windows where possible. Minimize close contact with others (households and/or visitors). If within 1 m of others, patient should wear a mask, and caregivers should wear PPE. Wash your hands regularly.



If there is fever, treat with antipyretic, such as paracetamol. There is no need for antibiotics unless bacterial infection is suspected. In areas with other endemic infections (e.g. malaria, TB, dengue), follow routine treatment protocols for fever. Advise patient taking medications for chronic conditions (e.g. diabetes or hypertension) to continue with them.



Encourage patient to stay hydrated, eat well and take rest when needed but to try to resume activities at appropriate pace. Support patient's psychosocial needs, such as through listening carefully to their needs and concerns and addressing them.



Advise patient to monitor for worsening of symptoms, such as chest pain, fast or difficulty breathing (at rest or while speaking), fast heart rate, palpitations, confusion, altered mental status, or any other emergency signs. If present, instruct patient to call for emergency help according to national protocols.



If patient is at risk for severe disease[†], monitor oxygen saturation with pulse oximeter, at least twice a day. If SpO₂ is <90%, instruct patient to call for emergency help. If SpO₂ is between 90–94%, call for urgent help, as this range may be an early sign for deterioration in someone with previously normal lungs. Oral corticosteroids may be prescribed at this time.

[†]Risk factors for severe disease includes: older age (> 60 years), hypertension, diabetes, cardiac disease, chronic lung disease, cerebrovascular disease, dementia, mental disorders, chronic kidney disease, immunosuppression (including HIV), obesity, cancer. In pregnancy, increasing maternal age, pregnancy and post-partum period (up to 6 weeks).

Casirivimab and imdevimab can be given in patients with risk factors and non-severe COVID-19, if available, to reduce risk of hospitalization.

EMERGENCY SIGNS:

Obstructed or absent breathing, severe respiratory distress, cyanosis, shock, coma and/or convulsions.



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*This is a derivative product related to the WHO COVID-19 Clinical management: living guidance, Therapeutics and COVID-19: living guideline, WHO Home care for patients with suspected or confirmed COVID-19 and OpenWHO.org. Advice for health workers that are caring for COVID-19 patients at home.

Severe disease

Adolescent or adult with clinical signs of pneumonia (fever, cough, dyspnoea) plus one of the following: respiratory rate > 30 breaths/min; severe respiratory distress; or SpO₂ < 90% on room air at rest.

Child with clinical signs of pneumonia (cough or difficulty in breathing) + fast breathing or chest wall indrawing) + at least one of the following:

- SpO₂ < 90%
- Very severe chest wall indrawing, grunting, central cyanosis or presence of any other general danger sign (inability to breastfeed or drink, lethargy or unconsciousness or convulsions).

Critical COVID-19

Patient presenting with acute respiratory distress syndrome, sepsis, septic shock, acute thrombosis or other conditions that normally require life-sustaining therapies.



CAUTION: The oxygen saturation threshold of 90% to define severe COVID-19 and should be interpreted cautiously. For example, clinicians must use their judgment to determine whether a low oxygen saturation is a sign of severity or is normal for a given patient with chronic lung disease. Similarly, a saturation between 90–94% on room air may be abnormal (in patient with normal lungs) and can be an early sign of severe disease, if patient is on a downward trend. Generally, if there is any doubt, err on the side of considering the illness as severe.

⚠ Supplemental oxygen and humidification at home should be medically prescribed and supervised by a health worker. Use only concentrators that are approved by the local authorities. Follow the instructions for use and avoid flammable sources close by.

Criteria for discharging patients from isolation (i.e. discontinuing transmission-based precautions) without requiring retesting:

- For symptomatic patients: 10 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms).
- For asymptomatic cases: 10 days after positive test for SARS-CoV-2.

ADDITIONAL REFERENCES

WHO patient leaflet for the self-management of symptoms

<https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/2020/sup-port-for-rehabilitation-self-management-after-covid-19-related-illness-2020-produced-by-who/europe>

WHO Healthy at Home

<https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome>

