

Coronavirus Disease 2019 (COVID-19)

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Ten Clinical Tips on COVID-19 for Healthcare Providers Involved in Patient Care

Ten Clinical Tips

Updated June 20, 2020

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Treatment and Prophylaxis

1. The National Institutes of Health has developed [guidance on treatment](#) , which will be regularly updated as new evidence on the safety and efficacy of drugs and therapeutics emerges from clinical trials and research publications.
2. There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to SARS-CoV-2.

Symptoms and Diagnosis

3. Non-respiratory [symptoms](#) of COVID-19 – such as gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea), or neurologic symptoms (e.g., anosmia, ageusia, headache), or fatigue or body and muscle aches – may appear before fever and lower respiratory tract symptoms (e.g., cough and shortness of breath).
4. [Children](#) with COVID-19 may have fewer symptoms than adults. Although most children with COVID-19 have not had severe illness, clinicians should maintain a high index of suspicion for SARS-CoV-2 infection in children, particularly infants and children with underlying medical conditions. CDC is investigating [multisystem inflammatory syndrome in children](#), a rare but serious complication associated with COVID-19. CDC recommends monitoring children for worsening of COVID-19 illness.
5. [CT scans](#) should not be used to screen for COVID-19 or as a first-line test to diagnose COVID-19. CT scans should be used sparingly and reserved for hospitalized, symptomatic patients with specific clinical indications for CT scans.

Co-Infections

6. Patients can be infected with more than one virus at the same time. [Coinfections with other respiratory viruses](#) in people with COVID-19 have been reported. Therefore, identifying infection with one respiratory virus does not exclude SARS-CoV-2 virus infection.
7. Several patients with COVID-19 have been reported presenting with concurrent community-acquired bacterial [pneumonia](#) . Decisions to administer antibiotics to COVID-19 patients should be based on the likelihood of bacterial infection (community-associated or healthcare-associated), illness severity, and [current clinical practice guidelines](#) .

Severe Illness



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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-tips-for-healthcare-providers.html>

Treatment and Prophylaxis

1. The National Institutes of Health has developed [guidance on treatment](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-treatment.html) which will be regularly updated as new evidence on the safety and efficacy of drugs and therapeutics emerges from clinical trials and research publications.
2. There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html).

Symptoms and Diagnosis

3. [Non-respiratory symptoms](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-symptoms.html) of COVID-19 – such as gastrointestinal (e.g., nausea, diarrhea) or neurologic symptoms (e.g., anosmia, ageusia, headache) – might appear before fever and lower respiratory tract symptoms (e.g., cough and shortness of breath).
4. [Children](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-children.html) with COVID-19 may have fewer and milder symptoms than adults. Although most children with COVID-19 have not had severe illness, clinicians should maintain a high index of suspicion for SARS-CoV-2 infection in children, particularly infants and children with underlying medical conditions. CDC is investigating [multisystem inflammatory syndrome in children](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-multisystem-inflammatory-syndrome-in-children.html), a rare but serious complication associated with COVID-19. CDC recommends monitoring children for worsening of COVID-19 illness.
5. [CT scans](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-ct-scans.html) should not be used to screen for COVID-19 or as a first-line test to diagnose COVID-19. CT scans should be used sparingly and reserved for hospitalized, symptomatic patients with specific clinical indications for CT (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-ct-scans.html).

Co-infections

6. Patients can be infected with more than one virus at the same time. [Coinfections with other respiratory viruses](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-co-infections.html) in people with COVID-19 have been reported. Therefore, identifying infection with one respiratory virus does not exclude SARS-CoV-2 virus infection.
7. Several patients with COVID-19 have been reported presenting with concurrent community-acquired bacterial [pneumonia](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-co-infections.html). Decisions to administer antibiotics to COVID-19 patients should be based on the likelihood of bacterial infection (community-associated or healthcare-associated), illness severity, and [antibiotic stewardship](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-co-infections.html).

Severe Illness

8. Clinicians should be aware of the potential for some patients to [rapidly deteriorate](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-severe-illness.html) one week after illness onset.
9. The median [time to acute respiratory distress syndrome \(ARDS\)](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-severe-illness.html) ranges from 8 to 12 days (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-severe-illness.html).
10. [Lymphopenia](#), [neutropenia](#), [elevated serum alanine aminotransferase and aspartate aminotransferase levels](#), [elevated lactate dehydrogenase](#), [high CRP](#) and [high ferritin levels](#) may be associated with [greater illness severity](#) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-severe-illness.html).

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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8. Clinicians should be aware of the potential for some patients to rapidly **deteriorate** 1 week after illness onset.
9. The median time to acute respiratory distress syndrome (**ARDS**) ranges from 8 to 12 days.
10. Lymphopenia, neutrophilia, elevated serum alanine aminotransferase and aspartate aminotransferase levels, elevated lactate dehydrogenase, high CRP, and high ferritin levels may be associated with greater **illness severity**.

Last Updated June 20, 2020