

## **Education & Guidance for Patients**

(CDC, 2020)

Disclaimer: Evidence for COVID-19 is changing almost on a daily basis. It is essential to update this document as often as possible. Please highlight any evidence or points that may be subject to change.

### **Background Information**

The newly identified severe acute respiratory syndrome, coronavirus 2 (SARS-CoV-2), caused by the novel coronavirus 2019 disease (COVID-19), is of precedence due to the declaration of a pandemic by the World Health Organisation on 11th March 2020 (Lai et al., 2020; Ghebreyesus, 2020).

It is currently understood that SARS-CoV-2 spreads mainly through the respiratory tract in the form of droplets (Guo et al., 2020; Sohrabi et al., 2020). Though most commonly spread through human-to-human contact, the virus has also been detected on surfaces for up to 72 hours after administration, particularly on plastic and stainless steel. In addition, SARS-CoV-2 showed an aerosol durability of at least three hours (van Doremalen et al., 2020). Both factors increase transmission. An individual may become infected by touching an object that contains SARS-CoV-2, then coming into contact with their respiratory tract (touching mouth, nose or eyes), or through the inhalation of SARS-CoV-2 particles in the air (Thomas et al., 2020).

Patients that test positive for COVID-19 present with a variety of symptoms; the majority experience 'mild to moderate respiratory illness' (WHO, 2020). The most prevalent symptom is fever, present in 88.7% of hospitalised patients, followed by a cough (67.8% of patients) (Guan et al., 2020). Other reported symptoms include fatigue (38%), sputum production (34%), shortness of breath (19%), and a sore throat (14%) (Ellison III et al., 2020; WHO, 2020). One study showed that 1.2% of individuals presented as asymptomatic (Liu Xing Bing Xue Za Zhi et al., 2020). It has been stated that 81% of cases are mild (patients do not present with pneumonia or mild pneumonia), 15% are severe (with pulmonary infiltrates in over 50% of patients within 24-48 hours, and requiring oxygen), and 5% of cases are critical (showing respiratory failure with requirements for ventilation). Fatality rate has been estimated as 2.3%, with an increase to 14% in patients aged 80 or above, increasing further to 49% in critical patients and in patients with preexisting comorbid conditions (Wu and McGoogan, 2020; Chang et al., 2020).

## Patient Guidance

In case a patient is showing mild respiratory signs and symptoms, they should be recommended to stick to the following instructions during isolation:

- \* Stay at home;
- \* Stay in touch with their doctor and monitor their symptoms, making sure to get care in case of worsening of the symptoms or development of other respiratory symptoms (i.e. severe and deteriorating cough, shortness of breath, fever  $>38^{\circ}$ , difficulty breathing, persistent chest pain, new confusion, central cyanosis, cold and mottled skin, difficult to rouse, decreased urinary output, neck stiffness, non-blanching rash, respiratory rate  $>20$ apm, heart rate  $>100$ bpm, O<sub>2</sub> saturation  $<94\%$ );
- \* Avoid public transport;
- \* Stay away from others (even using a personal “sick room” if possible, staying away from relatives and pets until symptoms resolution);
- \* Call ahead before visiting any healthcare facility;
- \* Wear a surgical mask or a cloth face covering;
- \* Cover their sneezes and coughs with their elbow or tissues (to be disposed immediately)
- \* Wash their hands for at least 20”, especially after:  
blowing their nose, coughing, sneezing, going to the toilet, eating and preparing food;
- \* Use hand sanitizer with  $>60\%$  alcohol if soap or water are not available;
- \* Avoid to touch the T-zone (eyes, nose and mouth);
- \* Avoid sharing personal household items, washing thoroughly after use;
- \* Clean and disinfect the “sick room” everyday, letting a caregiver clean the rest of the house;
- \* Focus the cleaning on “high-touch surfaces” (i.e. phones, remote controls, door knobs, toilets, keyboards, bedside tables);

Isolation should be ceased when:

- \* Not experiencing fever for  $>72$  hours AND other symptoms have improved AND at least 7 days have passed since the symptoms were developed (if not tested for COVID-19)
- \* Not experiencing fever for  $>72$  hours AND other symptoms have improved AND they received 2 negative tests 24 hours apart (if tested for COVID-19)

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