

---

## Rapid Advice for COVID-19 Clinical Practice Guidelines (2020)

---

Wuhan University Novel Coronavirus Management & Research Team and China International Exchange & Promotive Association for Medical and Health Care

This is a quick summary of the guidelines without analysis or commentary. For more information, go directly to the guidelines by clicking the link in the reference.

March 26, 2020

*Rapid advice clinical practice guidelines for COVID-19 were released in February 2020 by the Zhongnan Hospital of Wuhan University Novel Coronavirus Management and Research Team and the Evidence-Based Medicine Chapter of China International Exchange and Promotive Association for Medical and Health Care (CPAM).<sup>[1]</sup>*

---

### Close Contacts and Possible Exposure Guidance

Strictly adhere to the 14-day observation period.

Should symptoms such as fever or cough develop, go to the hospital for diagnosis and treatment. If possible, notify the hospital in advance and have it arrange transportation to the hospital.

Wearing of N95 masks is the priority strategy, with the alternate strategy being a disposable surgical mask.

Public transportation should be avoided as a method of transport to the hospital; priority methods are an ambulance or a private vehicle; vehicle windows should be open to provide ventilation.

While in public (eg, walking on the road, waiting in the hospital), wear a mask and attempt to stay at least 1 meter away from other people.

Family members who accompany people going to the hospital for examination should immediately adhere to the monitoring recommendations for close contacts; additionally, they should practice proper respiratory hygiene and wash their hands properly.

The local or community hospital must be notified before arrival of the suspected contact at the hospital. The vehicle used to transport the suspected close contact should be disinfected with chlorine-containing solution (500 mg/L) and the vehicle windows should be opened for ventilation.

---

### Isolation & Home Care Guidance for Those With Mild Symptoms

The preferred strategy is a well-ventilated, single-occupancy room; alternatively, attempt to stay at least 1 meter away from the patient.

Household articles should be cleaned and disinfected with a chlorine-containing solution (500 mg/L) frequently every day.

Visits from relatives and friends should be limited.

The caregiver should be a healthy family member who does not have any underlying diseases.

The patient's activity should be restricted.

Windows in shared, communal areas (eg, bathrooms, kitchens) should be opened to provide ventilation.

Do not share household items (eg, toothbrush, towel, tableware, bedsheets) with patients. The items used by the patient for daily necessities should be for single use only; they should be stored separately from those used by family members.

When the patient coughs or sneezes, he or she should be wearing a medical mask or should cover the mouth with a paper towel and bent elbow; his or her hands should be cleaned immediately after coughing and sneezing.

The preferred strategy is that caregivers wear an N95 mask when in the same room with the patient; alternatively, a disposable surgical mask can be worn.

The mask should be used with strict adherence to the instruction manual.

After washing hands, the preferred strategy is to dry them with a paper towel; alternatively, a towel can be used but should be washed and disinfected daily.

---

## Home Caregiver Guidance

Hands should be cleaned and disinfected in the following scenarios:

- After contact with the patient
- Before leaving the patient's room or house
- Before and after eating
- After using the toilet
- After entering the house from outside

Direct contact with the patient's secretions or discharges should be avoided, especially oral or respiratory discharges; additionally, avoid direct contact with the patient's feces.

Double-layer disposable gloves should be worn when (1) handling the patient's feces or urine, (2) providing oral and respiratory care, and (3) cleaning the patient's room. Hands should be washed before putting on gloves and after removing gloves.

The patient's clothes, bedsheets, bath towels, towels, and other items can be washed with ordinary detergent and water, or they can be washed in a washing machine at 60-90°C (140-194°F) with ordinary household detergent.

Do not shake contaminated bedding before washing; place it directly into the laundry bag and avoid direct contact.

Put the general waste generated by the patient into closed garbage bags; replace these frequently.

---

## Treatment Guidance

The patient should be on bedrest and vital signs should be monitored (eg, heart rate, pulse oxygen saturation, respiratory rate, blood pressure).

The patient should be given supportive treatment to ensure sufficient energy intake and hydration to maintain proper electrolyte and acid-base levels.

Monitor the patient's blood cell counts, C-reactive protein, procalcitonin, organ function (eg, liver enzymes, bilirubin, myocardial enzyme, creatinine, urea nitrogen, urine volume), coagulation function, arterial blood gas analysis, and chest imaging.

Provide the patient with effective oxygen therapy, which may include a nasal catheter, mask oxygen, high-flow nasal oxygen therapy, noninvasive ventilation, or invasive mechanical ventilation.

Consider using extracorporeal membrane oxygenation for patients with refractory hypoxemia that is difficult to correct with protective lung ventilation.

---

## Antiviral Treatment

Currently, no evidence from randomized controlled trials supports specific drug treatment against the novel coronavirus in suspected or confirmed cases.

Medical treatments to consider include alfa-interferon atomization inhalation (5 million U/treatment in sterile injection water, twice daily) and oral lopinavir/ritonavir (2 capsules/treatment, twice daily).

---

## Antibiotic Therapy

Blind or inappropriate use of antibacterial drugs should be avoided, particularly combined broad-spectrum antibacterials. Bacteriological surveillance should be performed, and appropriate antibacterial drugs should be promptly administered if a secondary bacterial infection is present.

Based on the patient's clinical manifestations, if a secondary bacterial infection cannot be ruled out, those with mild symptoms can be administered antibacterial drugs targeted against community-acquired pneumonia (eg, amoxicillin, azithromycin, fluoroquinolones). Patients with severe symptoms should be given empirical antibacterial treatment to cover all possible pathogens, with deescalating therapy until pathogenic bacteria are determined.

---

## Other Medications

For the symptomatic treatment of fever if the patient's temperature is higher than 38.5°C (101.3°F), use ibuprofen as an antipyretic (0.2 g/dose every 4 hours, not to exceed 4 doses in 24 hours). A temperature of lower than 38°C (100.4°F) is acceptable.

To reduce the incidence of stress ulcers and gastrointestinal bleeding, H2 receptor antagonists or proton pump inhibitors should be used in those patients with gastrointestinal bleeding risk factors. These risk factors include mechanical ventilation for 48 hours or longer, coagulation dysfunction, renal replacement therapy, and liver disease, among others.

To reduce lung congestion and improve respiratory function in patients with dyspnea, coughing, wheezing, or respiratory distress syndrome due to increased respiratory gland secretion, use selective (M1, M3) receptor anticholinergic drugs, which help reduce secretions, relax smooth muscle in the airway, relieve airway spasm, and improve pulmonary ventilation.

To reduce the incidence of venous embolism in patients at risk (ie, after evaluation), use low-molecular-weight heparin or heparin in high-risk patients without contraindications.

For more information go to [Coronavirus Disease 2019 \(COVID-19\)](#).

For more Clinical Practice Guidelines, go to [Guidelines](#).

#### References

1. Jin YH, Cai L, Cheng ZS, et al. A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia (standard version). *Mil Med Res*. 2020 Feb 6;7(1):4. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7003341/>.

Medscape © 2020 WebMD, LLC

Any views expressed above are the author's own and do not necessarily reflect the views of WebMD or Medscape.

Cite this: Rapid Advice for COVID-19 Clinical Practice Guidelines (2020) - *Medscape* - Mar 26, 2020.