

SARS-CoV-2: Diagnosis and Outpatient Management

Proposed Protocol

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Below is a proposed protocol for treatment of SARS-CoV-2 infection in outpatients. In general, we have found that the only thing predictable about a COVID-19 infection, is that it is unpredictable. Therefore, a protocol like this may be modified based on a patient's background and medical history and does not apply to transplant or immunosuppressed patients. Obtaining a detailed medical history and careful counseling is imperative for caring for COVID-19 patients. It is not possible to give generalized medical guidelines for such an unpredictable illness, therefore this protocol should only be used for educational purposes since new data emerges daily. Current prescribing information should be consulted prior to prescribing any product. We cannot be responsible for any errors or omissions or for any consequences from application of this protocol—any use of this information is the responsibility of the practitioner.

1. Diagnosis

- A positive at-home antigen test or laboratory PCR test should prompt evaluation and possible treatment.
- For most accurate at-home rapid testing, patients should test upon waking up, on two consecutive days (unless positive on day 1)
- Patient's close contacts and family members should also test with either rapid or PCR tests

2. Antivirals/Supportive Treatments, Rx Only

- Paxlovid. This drug reduces hospitalizations and death by 90%. (1) Administer within 5 days of symptom onset. NOTE WELL, there are multiple drug interactions with Paxlovid, so a detailed list of patient medications should be used to review the possible interactions with Paxlovid. Drugs that are inducers of CYP3A4 should not be used in combination with Paxlovid. (2) Check [here](#) for a detailed list of drug interactions.
 - Disp: 1 pack
 - Sig: as directed
 - No refills
- Advair HFA 115/21
 - Disp: 1 inhaler
 - Sig: 1 puff BID... Do not exceed
 - No refills
- Robitussin AC
 - Disp: Oz 8
 - Sig: 1-2 TSP Q4-6 Hs
 - No refills
- Viscous Lidocaine (2% Viscous Solution)
 - Disp: 180 mL

- Sig: gargle then swallow one 15 mL TBS diluted (1:1) with water QID
- No refills

3. Palliative Measures

Upon diagnosis with COVID-19, we recommend multiple over the counter/ at home remedies for our patients.

- One 81mg aspirin a day, unless on other anti-clotting agents. (Most important)
- Patient should be in prone position or sit-up in front of a humidifier for 20 minutes, 4 times/day
- Flonase Nasal Spray, 4 inhalations/day
- Tylenol, maximum dose as directed on medication as needed
- 2 liters of water/day

4. Follow up

As unpredictable as COVID-19 infection is, we find it essential to follow up with outpatients. Phone each patient during the first five days of their illness to follow progress. Each patient is also responsible for checking their oxygen levels via an at home pulse oximeter and sending the results twice a day. The physician's clinical judgment will dictate emergency department referral.

References

1. "Pfizer's Novel Covid-19 Oral Antiviral Treatment Candidate Reduced Risk of Hospitalization or Death by 89% in Interim Analysis of Phase 2/3 Epic-HR Study." *Pfizer*, 5 Nov. 2021, [https://www.pfizer.com/news/press-release/press-release-detail/pfizers-novel-covid-19-oral-antiviral-treatment-candidate#:~:text=The%20scheduled%20interim%20analysis%20showed,Day%2028%20following%20randomization%20\(3%2F.](https://www.pfizer.com/news/press-release/press-release-detail/pfizers-novel-covid-19-oral-antiviral-treatment-candidate#:~:text=The%20scheduled%20interim%20analysis%20showed,Day%2028%20following%20randomization%20(3%2F.)
2. "Statement on Paxlovid Drug-Drug Interactions." *National Institutes of Health*, U.S. Department of Health and Human Services, 30 Dec. 2021, [https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-paxlovid-drug-drug-interactions/.](https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-paxlovid-drug-drug-interactions/)

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