

GUIDE TO HOME CARE OF COVID-19

Developed by UPCM 1991; v2021Apr12

- These guidelines generally apply to mild COVID-19 cases confirmed by RT-PCR testing. Moderate to severe cases should be evaluated and monitored in a hospital, though home monitoring or management may be needed as temporizing measures while awaiting availability of hospital bed.
- Most COVID-19 cases are mild and do not require hospitalization but warrant careful monitoring, especially for those with risk for severe disease due to age 65 or above, or comorbidities.
- These recommendations may change in the future based on new guidelines or available data

I. DIAGNOSTIC APPROACH

Who should get tested? **See algorithm**

Definitions:

- **Symptoms of COVID-19:**
Fever or chills, cough, difficulty of breathing, myalgia, malaise, sore throat, headaches, diarrhea, new loss of smell or taste, nasal congestion or rhinorrhea, nausea or vomiting
- **High Risk Exposure:** close contact (direct physical contact, or face-to-face contact within 2 meters for a total of 15 minutes or more over a 24 hour period) with someone with confirmed COVID-19 during their infectious period without a mask. An infected person can spread the virus starting from 2 days before symptoms (or, for asymptomatic patients, 2 days before positive RT-PCR collection date) until they meet criteria for discontinuing isolation (see below).
- **Quarantine** – keeps an asymptomatic person with high risk exposure to COVID-19 away from others. This includes those who have not been tested, and those who have tested negative but have not completed the recommended quarantine period.
- **Isolation** – keeps persons who test positive for COVID-19, whether symptomatic or asymptomatic, away from others

How to get tested?

RT-PCR test is preferred: Refer to Appendix for RT-PCR testing facilities that do home service or drive-thru testing.

II. ASSESSMENT / RISK STRATIFICATION

Assess risk for severe disease

- Age 65 or older
- Comorbidities: cancer, diabetes, chronic kidney disease, COPD, asthma, and other chronic lung disease, obesity (BMI 30 or above), cardiovascular disease, smoking, pregnancy, hypertension, immunocompromised state (transplant, HIV, use of steroids or other immunosuppressants).

UP MEDICINE

Assess symptom duration and respiratory status

- Establish what day symptoms began
- Assess for dyspnea/difficulty of breathing – when began, whether present at rest or only with exertion; whether it limits activities of daily living; whether stable, improving, worsening
- Assess oxygenation with pulse oximeter – ensure probe is properly positioned and attached, on warm finger, with no nail polish

Clinical spectrum of COVID-19

- Mild: symptomatic but no dyspnea
- Moderate: evidence of lower respiratory disease (on physical exam or imaging) but with SpO₂ of 92% or higher on room air
- Severe: SpO₂ < 92% on room air, RR>30 breaths/min at rest

III. CRITERIA FOR HOSPITAL EVALUATION/HOSPITALIZATION

Warning Signs / Criteria for hospital evaluation and likely admission – one or more of the following:

- Severe dyspnea: RR>30 breaths/min at rest, inability to complete sentence
- SpO₂ < 92% on room air, or precipitous downward trend (e.g., five-point drop in 2-4 hours)
- Altered mentation (confusion, lethargy, behavioral changes)
- Increasing weakness
- Unstable vital signs
- Other signs of hypoperfusion or hypoxia (hypotension, falls, cyanosis, anuria, chest pain suggestive of acute coronary syndrome)

If hospital evaluation is necessary, it is advisable to call the hospital first, to ensure they are open and still accepting patients.

IV. HOME ISOLATION PRECAUTIONS

- Isolate from other people and pets at home. Stay in a separate room and bathroom as much as possible (if shared bathroom, disinfect before others use)
- Limit number of caregivers if possible; caregivers should not have risk factors for potentially developing severe COVID 19 disease, and should use appropriate PPE
- Patient should wear a mask when other people are in the same room (or vehicle), improve ventilation (open windows if possible) and avoid use of electric fan or nebulizer when other people are in room. Avoid having other people in the room when patient needs to be unmasked (e.g., when eating)
- Avoid nebulization as much as possible as it generates potentially infectious aerosols – if available, use Metered Dose Inhalers instead. If nebulization is necessary (e.g., severe

asthma), it should be done with nobody else in the same room, and the room should be well ventilated (e.g., windows open) before anyone else enters.

- Caregivers should perform proper hand hygiene after any contact with patients and the patient's immediate environment. Gloves should be worn when handling blood, stool, body fluids, dirty linen and clothing. Used linen and clothing should be placed in sealed plastic bags.
- Avoid sharing dishes, utensils, towels, beddings;
- Disinfect household items and high-touch surfaces

V. DURATION OF ISOLATION

For Symptomatic COVID-19 Cases: home isolation can be discontinued when the following criteria are met:

- 10 days after onset of symptoms (up to 20 days if severe COVID-19 or immunocompromised)
and
- 24 hours with no fever without use of fever-reducing medications
and
- Other symptoms of COVID-19 are improving

For Asymptomatic COVID-19 Cases: Home isolation can be discontinued when 10 days have passed from date positive COVID-19 test was collected

VI. MONITORING AT HOME

- **TELEMEDICINE:** Consider consulting via telehealth services for a virtual checkup. Refer to Appendix for some facilities that provide telehealth consultations and home visits. Frequency will depend on severity and progression of symptoms
- **COVID 19 HOME KIT**
MUST HAVE: Pulse Oximeter, thermometer, BP apparatus
OPTIONAL: Oxygen tank & delivery system, blood glucose monitor (if diabetic)
- Home monitoring of vital signs to include: BP, HR, RR, Temperature, SpO2
- Vital signs 4x daily or more frequently or if symptoms of shortness of breath is worsening
- Remember to disinfect monitoring equipment if shared with other family members
- Maintain log of vital signs and symptom diary

VII. SUPPORTIVE / SYMPTOMATIC THERAPY

- Rest should be encouraged during illness, and activity should be advanced as tolerated during recovery.
- Maintain good nutrition and hydration (~1-2 liters of water a day).
- Maintain personal and oral hygiene.
- Antipyretics and analgesics can be given for fever, myalgia, and body aches. Paracetamol is safest. Aspirin may be preferable compared to other NSAIDs, and can be combined with paracetamol for symptomatic relief
- Cough medication (e.g., n-acetylcysteine, carbocysteine, lagundi) can be used for symptomatic relief of cough.
- Some patients with cough or dyspnea may experience improvement with self-proning (see Appendix for proning instructions).
- Steam inhalation is not advisable.

VIII. MEDICATION MANAGEMENT

- Management consists primarily of close monitoring and supportive, symptomatic therapy as above. There have been no medications or supplements proven to be of clear benefit in the outpatient treatment of COVID-19.
- The following medications have not been proven to have any significant benefit in treating COVID-19 and their use is NOT recommended:
 1. Hydroxychloroquine/Chloroquine
 2. Azithromycin
 3. Linhua
- There is insufficient data to recommend the use of ivermectin, favipiravir, umifenovir (Arbidol) or colchicine in the treatment of COVID-19
- There is insufficient data to recommend for or against the use of Vitamin C, Vitamin D, Zinc, melatonin or other supplements in COVID-19
- Continue maintenance medications for any pre-existing disease or chronic illnesses like diabetes, hypertension, asthma, and heart disease.
- Continue aspirin and statins if previously on these.
- Antibiotics are not routinely indicated for patients with COVID-19, unless there is specific clinical suspicion of bacterial infection. Bacterial co-infection with COVID-19 is fairly uncommon on presentation.
- Nebulization should be used with caution due to increased risk of transmission to others (see Home Isolation Precautions above)
- For wheezing, salbutamol may be considered for symptomatic relief.
- For asthma exacerbations, standard treatment (oral steroids, beta2-agonists) can be given as guided by your allergologist/immunologist or pulmonologist.

IX. MANAGEMENT OF SEVERE DISEASE WHILE AWAITING HOSPITALIZATION

Warning Signs / Criteria for hospital evaluation and likely admission – one or more of the following:

- Severe dyspnea: RR>30 breaths/min at rest, inability to complete sentence
- SpO₂ < 92% on room air, or precipitous downward trend (e.g., five-point drop in 2-4 hours)
- Altered mentation (confusion, lethargy, behavioral changes)
- Increasing weakness
- Unstable vital signs
- Other signs of hypoperfusion or hypoxia (hypotension, falls, cyanosis, anuria, chest pain suggestive of acute coronary syndrome)

Patients with any of these warning signs should be hospitalized. While awaiting hospitalization, the following measures may be used under very close medical supervision:

- Start supplemental O₂ if SpO₂ is less than 92%. Titrate O₂ to achieve SpO₂ of 92% to 96%. Start with nasal cannula at 1 liter per minute, increase up to 5 liters per minute as needed. If target SpO₂ is still not achieved, shift to an oxygen face mask or non-rebreather mask if possible, with flow of up to 10 liters per minute, and expedite transfer to hospital. See Appendix for logistics of home oxygen supply.
- Prone positioning can help oxygenation. For instructions for proning, refer to Appendix.
- Consider use of oral steroids when supplemental O₂ is necessary as per above.
- Oral steroids should strictly be under direct medical supervision and ideally in hospital but can be started while awaiting hospitalization.
 - Dexamethasone 6mg daily for up to 10 days
 - Equivalent daily doses with other oral steroids (less data, but may be used if dexamethasone not available): prednisone 40mg or methylprednisolone 32mg
 - For diabetics, monitor blood glucose levels closely while on steroids

Additional Reading:

Caring for Someone Sick at Home

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

APPENDIX

CONTACT INFORMATION

The following contact information are derived from multiple medical viber support groups. We highly recommend that the reader personally calls and verify the numbers and do your own due diligence especially in the purchase of medicines, equipment and services.

We have no financial interests in the following facilities and suppliers.

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HOSPITAL VACANCY

ONE HOSPITAL COMMAND CENTER

0919-977-3333

0915-777-7777

(02)886-50500

The Medical City

TMC Pasig 8635-6789

TMC South Luzon 0999-467-9623

0956-817-5326

0928-981-8129

TMC CLARK 0995-996-6062

QualiMed

Sta Rosa, Laguna 0933-862-8852/(049)303-0000

San Jose Del Monte, Bulacan (044)307-0000/0917-178-2298

Tanauan, Batangas (033)500-4000/0948-041-4379

Isolation Facilities

LGU

Contact barangay or Local Government Unit for **LIGTAS COVID CENTERS**

PRIVATE

One Espana Covid Care Program for Asymptomatic to Mild Covid 19

Cellphone: 0915-213-7910

Email: 1EspanaApartments@gmail.com

Home Care Remote Consultation Facilities

UP – Philippine General Hospital Covid 19 Hotline

Landline: 155-200

Concierge Medicine, The Medical City

Landline: 8999-1000/ 8988-7000 ext 6413
Email: mdangeles@medicalcity.com (Joyce Angeles)
Cellphone: 0906-578-0217

Home Care Remote Consultation Facilities (Cont.)

Healthlink (24/7)
Cellphone: 0915-271-6253

Apple Centerlife
Cellphone: 0977-826-0129

St Luke's Medical Center, Global City
Cellphone: 0919-065-3019 (8am-8pm)
Email: covidtelemedgc@stlukes.com.ph

Covid Care at Home (Cardinal Santos Medical Center)
Landline: 8727-0001 local 3005
www.cardinalsantos.com.ph

RTPCR Home Visit Facilities

Makati Medical Center (MMC) Drive Lab
MMC Covid Hotline: 8888-8999 local 7061

Manila Doctors Roving Med Home Service
Landline: 8558-0745
Cellphone: 0920-919-7013
Email: rovingmed@maniladoctors.com.ph

AKASI Health Care Lab
on site and home RT-PCR testing
Cellphone: 0966-482-2959; 0917-117-9884
Email: Akasihealthcare@gmail.com

Concierge Medicine, The Medical City
Tel: 8999-1000/8988-7000 ext 6413
Email: mdangeles@medicalcity.com (Joyce Angeles)
Cellphone: 0906 578 0217

The Medical City (TMC) Lab on Wheels
Blood Chemistries and RT-PCR testing at home
Tel: TMC Laboratory Hotline: 8988-1000 x6122 or x6421

Red Cross
Saliva Test P2,000 <https://book.redcross.org.ph/index.php/book-a-saliva-test/>
Swab Test - P3800

<https://book.redcross.org.ph/index.php/book-a-swab-test/>

RTPCR Home Visit Facilities (Cont.)

FirstAide Diagnostics (home service test)

Cellphone: 0956-532-6041

Email: firstaide.schedule@gmail.com

Park and Swab Diagnostic Center (Drive -Thru RT-PCR Swab Center)

225 Katipunan Avenue, Project 4, Quezon City

(just after Quirino Memorial Medical Center)

Cellphone: 0917-317-7922

Email: parkandswab@gmail.com

Online Phone apps for scheduling RT-PCR swabs:

a) AIDE app

b) Zennya Health

Hi-Precision Diagnostics Lab

Multiple physical locations all over Metro Manila and surrounding provinces

Cellphone: 0917-628-5669

Email: dmhs.swabsched@hi-precision.com.ph

Healthway

On site and home RT-PCR testing

Home service: blood chemistry, medical consultation

Cellphones: 0917-543-3131

Landline: 7751-4929

Healthway Home Service Cellphone: 0967-507-5194

BeSafeMD

Home RT-PCR Testing

Cellphone: 0906-095-8442; 0915-606- 9535

New World Diagnostics

Chris Manago: 0927-432-5295

Oxygen for Home Care:

Oxygen Systems:

1. Oxygen Tank System:
 - a. 50 kilo oxygen tank

- b. Regulator
 - c. Nasal cannula, face mask and oxygen tubing
2. Oxygen Concentrator System – delivers up to 5-6 LPM, some machines up to 10 LPM
- advantage: no need to replace tank every 24-26 hours
 - disadvantages:
 - most cannot deliver higher flow than 6 LPM; some models deliver 10LPM
 - high cost: can range from 12,000 – 30,000 with online sellers
 - purity of oxygen dependent on quality of machine

Note: some oxygen tank suppliers can also provide the regulator, nasal cannula, face mask and tubing for a fee

Oxygen Delivery Service:

1. Virgo Oxygen Delivery
Tel: 0995-695-9777; 0916-344 9903; 0923-646-3443
2. Caloocan Gas Corporation
Landlines: 8717-0058 (local 108); 8712-0069; 8926-4790; 8426-3473; 3455-1267; 3455-1238
Cellphone: 0943-705-5096; 0933-611-1645
3. Linde Corp (formerly CIGI)
Landline: 8863-5300; 8863-5388

Oxygen Concentrator Supplier

1. Indoplas
Landline: 8731-0011; 8731-0022; 8781-4923; 8740-5416; 8743-2288
2. Respicare
Landline: 3455-8055; 3453-2446
3. Health Rush Enterprises
Landline: 8376-5685; 8751-7051
Cellphone: 0917 567 3665
4. INNOMED
Landline: 8725-7084; 8721-4593
5. IDS Med
Landline: 8737-9878; 8737-9883
Cellphone: 0917-544-1352

Oxygen High Flow Nasal Cannula

Denise Camille (Health Solutions)
Cellphone: 0917-820-1914

Tips on Home Oxygen Use:

1. Need to inform supplier that patient is COVID positive
2. Need to coordinate delivery of supplier to patient before oxygen supply becomes very low.
Expect to refill a 50kg tank every 24-26 hours
3. Need watcher or patient to understand reading of the regulator and how to operate the oxygen flow meter
4. Need personnel with PPE to replace tank/change regulator in room of patient

Pulse Oximeter:

MD Gadgets (Same day delivery within Metro Manila): 0925-707-5618

Rochelle Sibayan (HealthSolutions): 0917-543-4745

FOCUSED NURSING VISITS

(NGT insertion, Foley catheter insertion, IV line insertion , IV medications, blood extraction)

KAMAYCARE Staff

Abigail: 0966-710-0056

Joan: 0915-494-3750

Instructions for patients with cough or trouble breathing:

Please try to not spend a lot of time lying flat on your back! Laying on your stomach and in different positions will help your body to get air into all areas of your lung. You may notice improvement in breathing immediately or several minutes after positioning change. Please do not stay in any position that causes discomfort or pain; skip such positions in the rotation. It is most important you do not just lay flat in bed and this guide is designed to help you change positions in bed.

Your healthcare team recommends trying to change your position every 30 minutes to 2 hours and even sitting up is better than laying on your back. **If you are able to, please try this:**

1. 30 minutes – 2 hours: lying on your belly
2. 30 minutes – 2 hours: lying on your right side
3. 30 minutes – 2 hours: sitting up
4. 30 minutes – 2 hours: lying on your left side; then back to position #1.

PHOTOS BELOW TO DEMONSTRATE THIS:

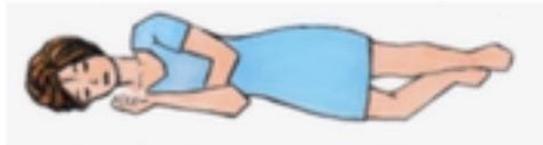
1. 30 minutes – 2 hours: laying on your belly



4. 30 minutes – 2 hours: laying on your left side



2. 30 minutes – 2 hours: laying on your right side



Then back to Position 1. Lying on your belly!



3. 30 minutes – 2 hours: sitting up



Self-positioning Guide/instructions by Suzanne Bentley MD MPH, Laura Iavicoli MD, David Cherkas MD, Rikki Lane MD. Illustrated by Sarah Lin. New York City Health + Hospital/ Elmhurst. English, Last updated May 8, 2020.