PATHWAYS TO CARE FOR **ADULTS WITH COVID-19**



Local adaptation may be necessary as assessment of overall risk and appropriate models of care may vary across jurisdictions

VERSION 1.1

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ADULT WITH CONFIRMED OR PRESUMED COVID-19 Asymptomatic or Signs or symptoms of MODERATE disease Signs or symptoms of SEVERE disease signs and symptoms CLINICAL PRESENTATION of MILD disease Individuals with no clinical features Individuals meeting any of the Individuals with: following criteria: suggestive of moderate or severe respiratory rate <30 breaths/min disease or a complicated course of respiratory rate ≥ 30 breaths/min oxygen saturation >92% at rest illness. oxygen saturation <=92% at rest (or >90% for patients with chronic **Characteristics:** lung disease) with up to 4 L/min arterial partial pressure of oxygen no symptoms, or (PaO₂)/ inspired oxygen fraction oxygen via nasal prongs (FiO₂) ≤ 300 mild upper respiratory tract Characteristics: symptoms, or severe lethargy/weakness, fever > 38°C, persistent cough, vomiting cough, new myalgia or lethargy/ weakness without new shortness and diarrhoea, dehydration or of breath or a reduction in oxygen dizziness on standing saturation clinical or radiological signs of lung involvement no clinical or laboratory indicators of clinical severity or respiratory impairment **Assess Risk Assess Risk ANY RISK FACTORS FOR ANY RISK FACTORS FOR POOR OUTCOMES POOR OUTCOMES** • Older Age, e.g. over 65 • Older Age, e.g. over 65 Unvaccinated or partially Unvaccinated or partially vaccinated Aboriginal and/or Torres Strait Aboriginal and/or Torres Strait Islander Islander Pregnant Pregnant Comorbidities: Comorbidities: RISK OF POOR OUTCOMES - lung disease, including COPD, - lung disease, including COPD, asthma or bronchiectasis asthma or bronchiectasis - cardiovascular disease, including - cardiovascular disease, including hypertension hypertension - obesity (BMI >30 kg/m²) - obesity (BMI >30 kg/m²) - diabetes - diabetes - renal failure - renal failure - immunocompromising conditions - immunocompromising conditions (* see below) (* see below) Concerns about personal safety or Concerns about personal safety or access to care access to care **CARE AT HOME IMMEDIATE** CARE AT HOME WITH STANDARD LEVEL OF SUPPORT **ON COVID AMBULANCE TRANSFER TO SPECIFIC CARE TRANSFER TO HOSPITAL** HOSPITAL Refer to MANAGEMENT OF Refer to MANAGEMENT OF

*IMMUNOCOMPROMISING CONDITIONS:

Primary or acquired immunodeficiency:

ADULTS WITH MILD COVID-19

flowchart or your local health service

- Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
- Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)

ADULTS WITH MODERATE TO

SEVERE COVID-19 flowchart or your local health service

- Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency
- Other significantly immunocompromising conditions
- Immunosuppressive therapy (current or recent)
- Chemotherapy or radiotherapy
- High-dose corticosteroids (≥ 20 mg of prednisone per day, or equivalent) for ≥ 14 days
- All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)

National COVID-19 Clinical Evidence Taskforce – Australian guidelines for the clinical care of people with COVID-19.