

Management of confirmed Covid-19 at home		
Risk stratification	Characteristics	Proposed Management
Mild	Asymptomatic or mild symptoms (fever <38.5°C, cough, pharyngalgia) No comorbidities ² Age <65 Respiratory rate ≤16/min or SaO ₂ >94%	Home care ¹ If no improvement or deterioration → hospital admission
Moderate	Fever <38.5°C, cough, pharyngalgia + Comorbidities or Age > 65 or CXR or CT (+) Respiratory rate ≤16/min or SaO ₂ >94%	Clinical and laboratory evaluation at home (complete blood count, CRP) Azithromycin + chloroquine phosphate or hydroxychloroquine ³ ± antibiotics for community acquired pneumonia If no improvement or deterioration → hospital admission
Severe	Fever ≥38.5°C, cough, fatigue, dyspnea + Comorbidities or Age > 65 + CXR or CT (+)	Hospital admission Consult: Management algorithm for patients with confirmed COVID-19 in hospital setting
If patient is in respiratory distress or has SaO₂ ≤93%, hospital admission regardless risk stratification status		

¹Family doctor regularly assesses clinical status and laboratory tests

²**Comorbidities:** Chronic lung and/or heart diseases, immunosuppression (cancer patients under treatment, solid organ or hematopoietic stem cell transplantation, immunodeficiencies, not controlled HIV infection, corticosteroids or other immunosuppressive drugs), diabetes mellitus, renal failure, liver failure, morbid obesity (BMI >40).

³**Azithromycin:** 500mg o.d. for 7 days (be careful for possible cardiotoxicity),. **Hydroxychloroquine:** 400mg b.i.d. on day 1, following 200mg b.i.d. for the next 5-7 days (or 400mg o.d). **Chloroquine phosphate:** 500mg b.i.d for 5-7 days. (be careful for possible cardiotoxicity: QT prolongation > 500msec, myasthenia gravis, porphyria, epilepsy, retinal toxicity, G6PD deficiency and drug interactions (consult <http://www.covid19-druginteractions.org>. If initial QTc: 450-500, daily ECG and monitoring of blood parameters).