

COVID-19 DISEASE SEVERITY

Mild Disease

Most patients experience:

- Most persons experience fever (83-99%)
- Cough (59-82%)
- Fatigue (44-70%)
- Anorexia (40-84%)
- Shortness of breath (31-40%)
- Myalgias (11-35%)
- Other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting
- Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms has also been reported.

Immunosuppressed patients may present with atypical symptoms such as fatigue, reduced alertness, reduced mobility, diarrhea, loss of appetite, delirium and absence of fever.

Moderate Disease - Pneumonia

Patient with clinical signs of pneumonia, fever, cough, dyspnea, rapid breathing but no signs of severe pneumonia, including SpO₂ > 90% on room air. While the diagnosis can be made on clinical grounds, chest imaging may assist in diagnosis and identify or exclude pulmonary complications.

Severe Disease – Severe Pneumonia

Patient with clinical signs of pneumonia, fever, cough, dyspnea, rapid breathing plus one of the following:

- Respiratory rate > 30 breaths/minute
- Severe respiratory distress
- SpO₂ < 90% on room air

While the diagnosis can be made on clinical grounds, chest imaging may assist in diagnosis and identify or exclude pulmonary complications.

Critical Disease - Acute Respiratory Distress Syndrome (ARDS)

- Onset within 1 week of a known clinical insult (i.e., pneumonia) or new or worsening respiratory symptoms

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- Chest imaging, bilateral opacities, not fully explained by volume overload, lobar or lung collapse or nodules
- Respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment to exclude hydrostatic cause of infiltrates/edema if no risk factor present (i.e., EKG)

Critical Disease - Sepsis

Acute life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection. Signs of organ dysfunction include:

- Altered mental status
- Difficult or fast breathing
- Low oxygen saturation
- Reduced urine output
- Fast heart rate
- Weak pulse
- Cold extremities
- Low blood pressure
- Skin mottling, Laboratory evidence of coagulopathy
- Thrombocytopenia
- Acidosis
- High lactate
- Hyperbilirubinemia

Critical Disease – Septic Shock

- Persistent hypotension despite volume resuscitation
- Requires vasopressors to maintain BP and serum lactate level > 2 mmol/L

Clinical Management of COVID-19 – Interim Guidance – WHO – May 27, 2020

<https://www.who.int/publications-detail/clinical-management-of-covid-19>

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SAMPLE

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