

Respiratory Distress or Tachypnea or SPO<sub>2</sub> <93% or Tachycardia

YES

NO

Hospitalization to the Designated Service\*

YES

Comorbidity or Age>50

NO

Whole Blood, CRP + PA Lung graph or CT\*\*

Severe pneumonia findings

Normal or mild pneumonia findings

Hospitalization to the Designated Service\*

Test (PCR)

Home isolation and Follow-up until Conclusion

Test result

Negative

Positive

Disease Findings

Start Hydroxychloroquine<sub>3</sub> and follow-up according to home-treatment rules.

Improved

Progressed

Isolated home follow-up up to 7 days from the onset of the symptom.

Re-evaluated for hospitalization and retest by calling to the hospital.

Empirical Treatment: Oseltamivir<sup>1</sup> + Hydroxychloroquine<sup>2</sup> ± Antibiotic

Test (PCR)

Negative

Positive

PCR again 24 hours later

Negative

Positive

Continue COVID Treatment

Stop Empirical Treatment Consider Alternative Diagnosis



Service\*

Patients with the criteria of admission to the ICU are hospitalized in the intensive care unit.

CT\*\* ⚠️

Fever + cough - Lung graph natural: Non-contrast low-dose CT

Fever + cough - Lung graph diagnostic/not diagnostic: Non-contrast low dose CT Fever + cough + comorbidity or Age > 50 + non-diagnostic lung graph:

Non-contrast full dose CT, contrast-enhanced CT if there is an indication for another disease

⚠️ CT should be avoided in young women under 20.

⚠️ To prevent cross contamination, the CT device must be properly cleaned after each patient.

1 Can be interrupted in patients with influenza test negative

2 People who have a history of cardiac arrhythmia or who use drugs that extend the QT distance need to have ECG before starting hydroxychloroquine.

3 In children, chloroquine is used only in severe cases