

# How to Care for Someone with Symptoms Consistent with COVID-19

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The following information should not take the place of medical advice from a healthcare provider.

If you are in King County and have COVID-19 symptoms, questions about COVID-19 or if you're a healthcare provider with questions about COVID-19, contact our novel coronavirus call center at 206-477-3977.

## Common COVID-19 Symptoms

- **Cough**
  - Ask the person to wear a face mask whenever they are around others.
  - Ask if the person's cough is a new symptom, if their usual cough has changed in some way, or has become worse.
  - There are many reasons other than COVID-19 that someone might have a cough including COPD, allergies, pneumonia, influenza, or the common cold.
- **Fever**
  - A temperature higher than 100°F (37.8°C) is a sign that the body is fighting an infection. It will go away as the patient gets better.
  - People with fever can become dehydrated from sweating or from drinking/eating less when not feeling well.
- **Difficulty breathing or shortness of breath- Call 911**
  - If you identify a client with severe COVID-19 symptoms, call 911.
- **Sore throat**
- **Generalized muscle aches**

## Severe Symptoms Include:

- Difficulty breathing, short of breath, fast breathing, or skin paler than normal (bluish in lighter skinned people and gray or whitish in darker skinned people)
- Coughing up blood
- Pain or pressure in the chest or abdomen
- Confusion or does not respond or communicate appropriately
- Has convulsions (seizures)

- High fever
- Severe or persistent vomiting
- Sudden dizziness
- Shows signs of dehydration and cannot take enough fluids
- Is getting worse again after appearing to improve
- Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

### Monitoring, Comforting, and Preventing the Spread to Others

- Keep the ill person as comfortable as possible, **in an area separate from other guests/clients**. Rest is important.
- Ask the person to wear a face mask whenever they are around others.
- Keep tissues and a trash bag for their disposal within reach of the patient.
- Encourage respiratory best practices (wear mask, cover cough) and frequent hand washing.
- Encourage people to drink liquids (water, broth, herbal tea, diluted sports drinks or Pedialyte)
- Offer small amounts of fluids frequently to prevent dehydration, even if they do not feel thirsty.
- If the ill person is not eating solid foods, include fluids that contain sugars and salts, such as broth or soups, sports drinks, like Gatorade (diluted half and half with water), Pedialyte or Lytren (undiluted), ginger ale and other sodas, but not diet drinks.
- If a fever is making someone uncomfortable, they can take Tylenol to lower it.
- People are encouraged to use inhalers they have used in the past.
- Watch for signs of dehydration:
  - Decreased saliva/dry mouth and tongue.
  - Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out into its usual shape right away. If patient is dehydrated, the skin will “tent” or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
  - Decreased output of urine, which becomes dark in color from concentration.
  - Weakness or unresponsiveness.
    - If someone becomes unresponsive, call 911.
- Watch for complications and severe symptoms.

- Complications are more common in individuals with health conditions such as diabetes, heart and lung problems, or people with weakened immune systems.

## Patients Who Use Substances

As street outreach efforts are scaled back to essential personnel, street medicine teams should recognize that supplies of harm-reduction aids may be impacted. We highly recommend working with local harm-reduction agencies to obtain naloxone, syringes, pipes, and other harm-reduction aids to supply rough sleepers.

Street medicine teams should strongly encourage and educate rough sleepers who use substances, including tobacco, that sharing bottles, cigarettes/ joints/ blunts, needles, etc. is very risky during the COVID-19 pandemic.

Smoking substances like tobacco, marijuana, meth or cocaine can also make respiratory symptoms worse or may have contributed to underlying lung disease possibly making the person at higher risk of severe disease or complications. Recommend increased symptom monitoring.

## Alcohol Use Disorder (AUD)

- People with AUD are at higher risk of developing withdrawal symptoms due to:
  - mandated closure of liquor stores by state and local governments or voluntary closures by liquor store owners
  - decreased funds to pay for alcohol from decreased earning through panhandling
  - quarantine or isolation in indoor locations
  - local communities forcing rough sleepers into shelters (currently occurring in some locations)
- People with AUD are at high risk of drinking alcohol-based hand sanitizer, mouth wash, and other isopropyl alcohol products when supplies of liquor, beer, and wine are low. Drinking small quantities of these products can result in liver damage, liver failure, and death in larger quantities. Weigh the risks and benefits of distributing these products to rough sleepers with alcohol use disorder.
- Street medicine teams should consider the following information for managing alcohol withdrawal outside of hospitals:
  - People who drink liquor daily are most likely to develop withdrawal, as beer and wine have a much lower alcohol content and are more expensive
  - People who switch from liquor to beer or wine may experience dangerous withdrawal symptoms or hyponatremia (low sodium in the blood) due to drinking a higher volume of liquid.
- Drinking alcohol can increase the risk of dehydration
- Remember that stopping drinking suddenly is not safe. If you have to suddenly stop drinking after drinking heavy amounts of alcohol, get medical attention.