

INFORMATION 10.08.2020. D.Carnes

COVID -19: Diagnosis, Latest from the BMJ: at a glance

More detail at: <https://bestpractice.bmj.com/topics/en-gb/3000168/history-exam#keyFactors>

Main diagnostic factors	Common	Uncommon
*Temperature	Fatigue	GI symptoms, dizziness,
*Cough	Myalgia and arthralgia	Headache, nasal congestion
*Dyspnoea	Anorexia	Neuro and cutaneous symptoms
*Smell and taste	Sputum expectorant	Chest pain, conjunctivitis
	Chest tightness	Haemoptysis, bronchial breath sounds,
	Sore throat	Tachypnoea, tachycardia, cyanosis
		Crackles on auscultation

Main Diagnostic factors

Temperature

Reported in approximately 78% of patients. Prevalence has been higher in some case series. In one case series, only 44% of patients had a fever on presentation, but it developed in 89% of patients after hospitalisation. The course may be prolonged and intermittent, and some patients may have chills/rigors. In children, fever may be absent or brief and rapidly resolving.

Cough

Reported in approximately 57% of patients. Prevalence has been higher in some case series. The cough is usually dry; however, a productive cough has been reported in some patients.

Dyspnoae

Reported in approximately 23% of patients. Prevalence has been higher in some case series. The World Health Organization estimates the range to be 31% to 40%. Median time from onset of symptoms to development of dyspnoea is 5 to 8 days. It is less common in children, but the most common sign in neonates. May last weeks after initial onset of symptoms. Wheeze has been reported in 17% of patients.

Smell and taste

In European studies; 87% of patients self-reported loss of smell and 56% reported taste dysfunction in one study. The current evidence base is of poor quality due to the mainly retrospective and cross-sectional nature of studies available. Complete resolution or improvement in symptoms was reported in 89% of patients 4 weeks after onset.