

Table : Neosemiology of COVID 19. What we learned at IHU MI and implication on the care.

	Influence on knowledge and Care
Systematic PCR testing	<ul style="list-style-type: none"> -Prevalence of asymptomatic persons -Children are not infected -False positive test if ct >34 -Discharge of hospitalized patient when CT>34 enhances patient rotation in wards - allows criteria for corticosteroid therapy
Anosmia	<ul style="list-style-type: none"> -Enhances clinical diagnostic probability -Allows early detection -Allows early rehabilitation and treatment -Anticipated post-covid complaint and follow-up
Ageusia	<ul style="list-style-type: none"> -Enhances clinical diagnostic probability, anticipated post-covid complaint
LDCT Scanner	<ul style="list-style-type: none"> - Asymptomatic or silent pneumonia - Criteria for hospitalization - Complementary antibiotic therapy if associated with fever
Oxygen saturation < 95%	<ul style="list-style-type: none"> - Alerts on happy hypoxemia in patient without shortness of breath - Criterion for hospitalization and oxygen supplementation - Indication for Hyper oxygen therapy
Point of care serum potassium level (5 minutes)	<ul style="list-style-type: none"> -Frequent hypokalemia in Covid related to virus-induced hyper aldosteronism -Used as HCQ/AZT treatment eligibility criterion
ECG	<ul style="list-style-type: none"> -Allows establishing the absence of risk for HCQ/AZT combination -QTc< 460 ms used as treatment eligibility criterion
D Dimers	<ul style="list-style-type: none"> - Prophylactic anti-coagulation if up to 0.5µg/ml - Angio CT Scanner to rule out pulmonary embolism if up to 2µg/ml