

# Guidelines developed for head and neck care during COVID-19

2 April 2020



should be queried by telephone about new or concerning signs or symptoms that may indicate recurrence and/or pending issues, as well as symptoms suggestive of COVID-19. In-person clinic visits should be offered to those at risk for significant negative outcomes without evaluation. To maintain relationships with patients and support assessments that can be made without in-person examinations, the use of telephone, video, or telemedicine visits should be considered. In-person examinations should be limited to patients who need a thorough head and neck examination. Detailed guidelines are provided for physical examinations and associated procedures.

"By following carefully planned routines and procedures, we will be able to provide excellent care and help protect the safety and health of our colleagues," the authors write.

(HealthDay)—In a special article published online March 31 in *JAMA Otolaryngology-Head & Neck Surgery*, guidelines are presented for head and neck physical examination and associated procedures during the coronavirus disease 2019 (COVID-19) pandemic.

One author disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text](#)

Since head and neck examinations are considered high risk in [patients](#) with suspected or confirmed COVID-19, Babak Givi, M.D., from NYU Langone Health in New York City, and colleagues developed recommendations for health care workers based on review of the literature and communication with physicians with firsthand knowledge of safety procedures during the COVID-19 pandemic.

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The authors note that nonurgent appointments should be postponed to limit infection of patients or [health care workers](#). This may include postponing appointments for patients with benign disease and for those undergoing routine surveillance after treatment for head and neck cancer. Patients

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