

How to Determine if You Need to Go to the Hospital for COVID

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

STORY AT-A-GLANCE

- › Most people with COVID-19 have mild illness and are able to recover at home
- › A significant number of patients with COVID-19 who come to the hospital don't need to be there
- › Going to a hospital unnecessarily increases your risk of medical errors, health care-associated infections and potentially infectious diseases like COVID-19
- › Trouble breathing, shortness of breath, pain or pressure in your chest and new confusion are signs that you should go to a hospital
- › Niacin, melatonin, NAC, a nebulizer, hydrogen peroxide and a pulse oximeter are examples of supplies to keep on hand for at-home COVID-19 support

Hospitals excel at treating life-threatening emergencies. Having a stroke or getting seriously injured in an accident are two examples of when going to the hospital can save your life. There are many cases, however, when it's in your best interest to avoid hospitals, which are often sources of infectious disease and medical errors.

If you have COVID-19, then, you may be wondering when and if you need to go to the hospital. First, it's important to keep things in perspective. If you have a fever and a cough, don't panic. This is a normal part of many viruses, including COVID-19.

In most cases, you will recover fully at home with no hospital visit needed. Even the U.S. Centers for Disease Control and Prevention states, “If you have a fever, cough or other symptoms, you might have COVID-19. Most people have mild illness and are able to recover at home.”¹

Most People Don’t Need a Hospital for COVID-19

In an interview with the Tampa Bay Times, Dr. Jason Wilson, associate medical director of the emergency department at Tampa General Hospital, said that a significant number of patients who come to the hospital don’t need to be there.² Not only does this put an unnecessary strain on the facility but it exposes the patient to undue risks.

The first group of people who shouldn’t visit a hospital are those looking for a COVID-19 test. Getting tested at a hospital may cost you more and have a longer wait than using a testing site. Even if you’ve been diagnosed with COVID-19 and are having symptoms like fever, cough, aches and sore throat, it doesn’t mean you need to go to a hospital. Wilson said:³

“If you are not feeling short of breath, or experiencing a worsening shortness of breath, a lot of the time it’s OK to stay home ... if you do get COVID and you’re unvaccinated and you don’t have other issues, you may be able to just stay home and isolate for 10 days, per the CDC guidelines ... We expect people to have a fever and a cough. That’s not surprising with a virus.”

Signs You May Need a Hospital

The signs you may need to visit a hospital for COVID-19 are similar to those that should prompt an emergency visit for virtually any disease or condition. They include:⁴

- Trouble breathing
- Persistent pain or pressure in your chest
- New confusion

- Inability to wake or stay awake
- Pale, gray or blue-colored skin, lips or nail beds, depending on skin tone

Wilson added that those who need to visit a hospital for COVID-19 are people who need oxygen, an IV or are sick enough to be admitted to the intensive care unit. Outside of these circumstances, he said, “there’s no other special medicine you’re going to get at the hospital that you can’t get outside of it.”⁵

While some hospitals are offering monoclonal antibody treatment, this is typically available at outpatient clinics. If you’re unsure whether or not you need to go to the ER, shortness of breath is a good indicator, and oxygen is the No. 1 treatment that hospitals offer to patients with COVID-19.

If you notice that it’s becoming noticeably harder to breathe while going about your normal routine, you should go to the hospital. This includes, Wilson said, “If you’re short of breath, become cold, clammy and sweaty at the same time, or feel like you might pass out.”⁶

One tool I recommend you keep at home is a pulse oximeter so you can measure and monitor your oxygen saturation levels. If your blood-oxygen level falls below 90 for more than five minutes, Wilson recommends going to the hospital.

Dehydration is another reason to go to the ER; if you’re unable to keep fluids down due to diarrhea and vomiting, you could become seriously dehydrated and need to visit the ER for intravenous fluids.

Medical Errors Are the Third Leading Cause of Death in US

In 2016, an analysis published in The BMJ revealed that death from medical care itself is extremely common, but medical error is not included on death certificates or official rankings of cause of death.⁷ This is because the CDC’s annual list of top causes of death in the U.S. is based on death certificates, which must have an International Classification of Disease (ICD) code listed as a cause of death.

“As a result,” the BMJ analysis noted, “causes of death not associated with an ICD code, such as human and system factors, are not captured.”⁸ When the researchers analyzed the scientific literature on medical errors to find out where it falls in relation to the top causes of death listed by the CDC, it came in at the No. 3 spot.⁹

The study’s authors — Johns Hopkins patient safety experts — calculated that medical errors result in more than 250,000 deaths annually in the U.S. Dr. Martin Makary, professor of surgery at the Johns Hopkins University School of Medicine, said:¹⁰

“Top-ranked causes of death as reported by the CDC inform our country’s research funding and public health priorities. Right now, cancer and heart disease get a ton of attention, but since medical errors don’t appear on the list, the problem doesn’t get the funding and attention it deserves.”

Most of the errors, Makary said, stem from “systemic problems, including poorly coordinated care, fragmented insurance networks, the absence or underuse of safety nets and other protocols, in addition to unwarranted variation in physician practice patterns that lack accountability.”¹¹

Health care-associated infections (HAIs) are another significant issue and include infections that result from medical devices and procedures. Examples of HAIs, which affect about 1 in 31 U.S. hospital patients daily,¹² are:¹³

- Central line-associated bloodstream infections
- Catheter-associated urinary tract infections
- Ventilator-associated pneumonia
- Surgical site infections

According to the U.S. Department of Health and Human Services, 1 in 25 patients in the U.S. ends up contracting some form of infection while in the hospital.¹⁴ Research published in 2013 also estimated that preventable hospital errors kill 210,000 Americans each year.¹⁵ However, when deaths related to diagnostic errors, errors of omission and failure to follow guidelines were included, the number skyrocketed to 440,000 preventable hospital deaths each year.

“This is roughly one-sixth of all deaths that occur in the United States each year,” researchers wrote in the Journal of Patient Safety. “The problem of PAEs [preventable adverse events] must emerge from behind the ‘Wall of Silence’ and be addressed for the sake of prolonging the lives of Americans.”¹⁶ Adding another element of risk is the fact that no patient advocates are allowed for most patients with COVID-19.

20% of COVID Patients Caught It at a Hospital

And what is another reason to stay out of hospitals except in cases of emergency? COVID-19 is transmitted from health care workers to patients, as well as from infected patients to other hospital patients.

Figures released from NHS England suggest that up to 20% of hospital patients with COVID-19 were infected at the hospital, and Prime Minister Boris Johnson went so far as to call deaths from hospital-acquired COVID-19 an epidemic.¹⁷ The data came from an NHS briefing and were reported by the Guardian in May 2020:¹⁸

“Senior figures at several NHS trusts have confirmed to the Guardian that a senior official at NHS England said in the briefing, held by telephone conference in late April, that the rate of hospital-acquired Covid-19 infections was running at 10% to 20% and that asymptomatic staff had caused some of the cases.

Senior doctors and hospital managers say that doctors, nurses and other staff have inadvertently passed on the virus to patients because they did not have adequate personal protective equipment (PPE) or could not get tested for the virus.”

Nosocomial (originating in a hospital) transmission of SARS-CoV-2 was also reported in a 24-bed geriatric unit located in Edouard Herriot University Hospital, the largest emergency hospital in the Lyon, France, area.¹⁹

A rapid review and meta-analysis of 40 studies found an even higher rate of nosocomial infections, noting, “As patients potentially infected by SARS-CoV-2 need to visit hospitals, the incidence of nosocomial infection can be expected to be high.”²⁰

It's been estimated that 1.7 million health care-associated infections occur in U.S. hospitals each year, making such infections "a significant cause of morbidity and mortality in the United States."²¹ During outbreaks of MERS and SARS, hospitals have been called out as super spreaders of disease, including in Ontario in 2003, where 77% of SARS cases were contracted in a hospital.²²

At-Home Support for COVID-19

I've often stated that if you want to stay healthy, staying out of hospitals, except in cases of emergency, is highly recommended. This holds true for COVID-19, but I do suggest having supplies from the Front Line COVID-19 Critical Care Working Group (FLCCC) I-MASK+ protocol on hand.

FLCCC's I-MASK+ protocol can be downloaded in full,²³ giving you step-by-step instructions on how to prevent and treat the early symptoms of COVID-19. FLCCC also has protocols for at-home prevention and early treatment, called I-MASS, which involves ivermectin, vitamin D3, a multivitamin and a digital thermometer to watch your body temperature in the prevention phase and ivermectin, melatonin, aspirin and antiseptic mouthwash for early at-home treatment.

Household or close contacts of COVID-19 patients may take ivermectin (18 milligrams, then repeat the dose in 48 hours) for post-exposure prevention.²⁴ Others have had success using niacin and melatonin, known as the Niatonin Protocol.²⁵

N-acetylcysteine (NAC), a form of the amino acid cysteine and a common dietary supplement, also shows promise for COVID-19. According to one literature analysis,²⁶ glutathione deficiency may be associated with COVID-19 severity, leading the author to conclude that NAC may be useful both for its prevention and treatment.

NAC may also combat the abnormal blood clotting seen in many cases, and helps loosen thick mucus in the lungs. I also recommend getting a nebulizer, and the moment you feel a sniffle or something coming on, use nebulized hydrogen peroxide.

This is a proactive preventive therapy that can be used both prophylactically after known exposure to COVID-19 and as a treatment for mild, moderate and even severe illness. You can also use it twice a week to help kill unnecessary pathogens that are in your upper respiratory system that tend to die and secrete toxins that can cause dysbiosis or imbalance of your gut microbiome.

As mentioned, having a pulse oximeter on hand is also wise, as it's a noninvasive way to measure the oxygen levels in your blood, allowing you to monitor your levels and help gauge whether a trip to the ER is truly in order.

Sources and References

- ^{1, 4} [CDC, COVID-19, What to Do if You Are Sick, March 17, 2021](#)
- ^{2, 3, 5, 6} [Tampa Bay Times, August 24, 2021](#)
- ^{7, 8, 9} [BMJ 2016;353:i2139](#)
- ^{10, 11} [Johns Hopkins Medicine, May 3, 2016](#)
- ¹² [U.S. CDC, HAIs, HAI Data](#)
- ¹³ [U.S. CDC, HAIs, Types of Healthcare-associated Infections](#)
- ¹⁴ [Health.gov Health Care Associated Infections](#)
- ^{15, 16} [Journal of Patient Safety September 2013: 9\(3\); 122-128](#)
- ^{17, 18} [The Guardian, May 17, 2020](#)
- ¹⁹ [Infection Control & Hospital Epidemiology, March 30, 2010](#)
- ²⁰ [medRxiv, April 17, 2020](#)
- ²¹ [Public Health Rep. 2007 Mar-Apr; 122\(2\): 160–166](#)
- ²² [The American Conservative, April 20, 2020](#)
- ²³ [FLCCC Alliance, I-Mask+](#)
- ²⁴ [FLCCC Alliance, I-MASS](#)
- ²⁵ [NiacinCuresCovid.com](#)
- ²⁶ [Alexey V. Polonikov, Research Gate, April 2020](#)