

Management of Patients with COVID-19 Infection

Disease Severity	Recommendation	NOTE
Not Hospitalized with Mild-Moderate COVID-19 with No Risk Factors for Developing Severe Disease	Symptomatic therapy with <ul style="list-style-type: none"> Cough suppressant Acetaminophen or NSAIDs Vaporizer/Humidifier 	<ul style="list-style-type: none"> Antibiotics should NOT be used Steroids should NOT be used *Studies showed no benefit of starting steroids on patients that are not requiring supplemental oxygen and it could cause harm (e.g. suppressing immunity) *Using antibiotics of no benefit in viral illness and can result in development of Multi-Drug Resistant Organisms (MDRO)
Not Hospitalized with Mild-Moderate COVID-19 WITH Risk Factors for Developing Severe Disease	<ul style="list-style-type: none"> Symptomatic therapies (as stated above) Monoclonal antibodies 	<ul style="list-style-type: none"> Bamlanivimab or Regeneron available through EUAs for Outpatient use – These are <u>not authorized</u> for use in hospitalized patients * See guidelines for ordering monoclonal antibodies on a separate document
Hospitalized with Mild-Moderate COVID-19 with NO Oxygen Requirement	<ul style="list-style-type: none"> Symptomatic therapies (as stated above) 	<ul style="list-style-type: none"> Antibiotics should NOT be used Steroids should NOT be used
Hospitalized with Moderate-Severe COVID-19 On Oxygen (e.g. 2-10L NC) but NOT on High-Flow, BiPAP/CPAP or Mechanical Ventilation	<ul style="list-style-type: none"> Remdesivir x 5 days Dexamethasone x 10 days Antibiotics if there is evidence of bacterial super or co-infection 	<ul style="list-style-type: none"> Remdesivir x 5 days does not require ID approval – follow protocol as per order set in EPIC Dexamethasone 6 mg IV If dexamethasone is unavailable, equivalent total daily doses of alternative glucocorticoids may be used (methylprednisolone 32 mg and prednisone 40 mg) ID consult is NOT required Therapy should only be started within 10 days from diagnosis or development of symptoms
Hospitalized with Severe COVID-19 on High-Flow, BiPAP/CPAP or Mechanical Ventilation	<ul style="list-style-type: none"> COVID-19 Convalescent Plasma (CCP) Remdesivir + Baricitinib (NEW) 	<ul style="list-style-type: none"> Remdesivir alone has no meaningful benefit on patients that are on High-Flow or higher oxygen requirement ID + pulmonary consults are required

References:

- <https://www.covid19treatmentguidelines.nih.gov/therapeutic-management/>
- <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>
- Adaptive COVID-19 Treatment Trial (ACTT): Remdesivir for the Treatment of Covid-19—Final Report N Engl J Med 2020;383:1813-26. DOI: 10.1056/NEJMoa2007764
- Adaptive COVID-19 Treatment Trial 2 (ACTT-2): Baricitinib plus Remdesivir for Hospitalized Adults with Covid-19 DOI: 10.1056/NEJMoa2031994
- Early High-Titer Plasma Therapy to Prevent Severe Covid-19 in Older Adults January 6, 2021 DOI: 10.1056/NEJMoa2033700
- https://www.gilead.com/-/media/files/pdfs/medicines/covid-19/veklury/veklury_pi.pdf
- <https://www.fda.gov/media/143603/download> FACT SHEET FOR HEALTH CARE PROVIDERS EMERGENCY USE AUTHORIZATION (EUA) OF BAMLANIVIMAB

<p>Recommended Labs:</p> <p>Daily labs:</p> <ul style="list-style-type: none"> • CBC w/ differential • CMP (if ordering BMP add LFT) • CRP • CK • Ferritin • LDH • Mg 	<p>Antibiotics:</p> <p>Suspected CAP:</p> <ul style="list-style-type: none"> • Ceftriaxone 1g + azithromycin 500mg x 5 days, or • Doxycycline 100mg BID x 5 days <p>Suspected HAP/VAP:</p> <ul style="list-style-type: none"> • Piperacillin/tazobactam +/- Vancomycin, or • Cefepime +/- Vancomycin 	<p>Anticoagulation:</p> <ul style="list-style-type: none"> • prophylactic doses of LMWH (heparin in pregnancy or ESRD) unless patient meets criteria for therapeutic anticoagulation (PE, DVT, A. fib, etc.)
<p>Every 48 hours:</p> <ul style="list-style-type: none"> • D-dimer • Troponin I 	<p>Additional:</p> <ul style="list-style-type: none"> • Sputum culture: if suspected bacterial superinfection to help guide therapy for PNA • MRSA nares by PCR: to rule out MRSA PNA → D/C MRSA coverage if negative • Procalcitonin (trend if needed, based on clinical picture) 	<p>Inhaled Medications:</p> <ul style="list-style-type: none"> • Administer via MDI rather than nebulization to reduce risk of aerosolization of viral particles
<p>Once on admission:</p> <ul style="list-style-type: none"> • Blood type and cross match • Vitamin D level • Procalcitonin 	<p>NOTE:</p> <ul style="list-style-type: none"> • Therapy should only be started within 10 days from diagnosis or development of symptoms (this applies for monoclonal antibodies, Remdesivir, Baricitinib and CCP) 	<p>NOTE:</p> <ul style="list-style-type: none"> • Best results seen when therapies are started within 72-hours from diagnosis or development of symptoms

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- Adaptive COVID-19 Treatment Trial 2 (ACTT-2): Baricitinib plus Remdesivir for Hospitalized Adults with Covid-19 DOI: 10.1056/NEJMoa2031994
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- https://www.gilead.com/-/media/files/pdfs/medicines/covid-19/veklury/veklury_pi.pdf
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