COVID19 Therapy Updates
09.02.2020 *Routine treatment with investigative therapy is not endorsed outside of clinical trials*

Recommended Labs:

Daily labs:

- CBC w/ differential
- CMP (if ordering BMP add LFT)
- CRP
- CK
- Ferritin
- LDH
- Mg
- Chest X Ray

Every 48 hours:

- D-dimer
- Troponin I

Once on admission:

- Blood type and cross match
- Vitamin D level

Additional:

- Sputum culture = suspected bacterial superinfection
- MRSA nares = rule out MRSA PNA
- Procalcitonin (trend if high)

Anticoagulation:

- Prophylactic doses of LMWH (heparin in pregnancy or ESRD) unless patient meets criteria for therapeutic anticoagulation (PE, DVT, A. fib, etc.)

Inhaled Medications:

- Administer via MDI rather than nebulization to reduce risk of aerosolization of viral particles

Antimicrobials:

Not routinely recommended		
CAP *Superinfection* [abx duration: **5 days**]	Ceftriaxone 1g + azithromycin 500mg	Alt: Doxycycline 100mg BID
HAP/VAP *Superinfection* [abx duration: **8 days**]	Piperacillin/tazobactam +/- Vancomycin	Alt: Cefepime +/- Vancomycin

**Initiate antimicrobial therapy if clinical picture supports bacterial Co-infection (starting antimicrobials on all hospitalized COVID-19 patients is not advisable due to low rates of co-infection)*

Corticosteroids:

Routine use of corticosteroids for COVID-19 is not recommended especially in mild disease

Do not start steroids unless the patient progresses to oxygen requirement (severe disease) or has an alternate indication for corticosteroids. Duration should not exceed 10 days

- Dexamethasone 6 mg IV or PO daily
- Methylprednisolone 40 mg IV BID
- Prednisone 40mg PO daily – Typically do not give PO steroids in clinically declining patients due to erratic GI absorption

  Patient may need higher doses based on clinical status – COPD/ Asthma exacerbation .

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Remdesivir (Veklury)®:

- FDA approved for Emergent Use Authorization (EUA)
- Requires obtaining informed consent and Fact Sheet to be shared with patient/legal representative
- Requires Infectious Diseases approval
- Who can benefit from Remdisivir?

ACTT1 trial: Adaptive COVID-19 Treatment Trial (see table below),
NIH sponsored, Multinational, randomized, placebo-controlled trial
Reserved for patients 10-14 days from PCR +
Avoid or discontinue LFT > 5x ULN, GFR < 30,

	Room Air	Low Flow O_2	High Flow/NIMV	Invasive MV
Clinical Improvement	Small benefit	Benefit	No meaningful benefit	No meaningful benefit
Disease Progression	No difference	Benefit	No meaningful benefit	No meaningful benefit
Mortality/Death	No Difference	Benefit	No meaningful benefit	* No meaningful benefit

**Numerical mortality benefit in SIMPLE-1, but No benefit over placebo at d15 in ACTT-1.*

COVID-19 Convalescent Plasma (CCP):

- FDA approved for Emergent Use Authorization (EUA)
- Requires obtaining informed consent and Fact Sheet to be shared with patient/legal representative
- Requires Infectious Diseases approval
- Recommended for patient with moderate disease (see below)

COVID-19 Classification and management:

MILD DISEASE:

- Patient with no oxygen requirement or low oxygen requirement up to 2L
- Support therapy to help symptoms relief
- Monitor for progression of symptoms and trend inflammatory markers
- Infectious Diseases and/or Pulmonary consultation not usually required

MODERATE DISEASE:

- Patient with oxygen requirement 3 - 10 L (Low Flow)
- Consider starting corticosteroids
- Request Infectious Disease consultation to initiate appropriate COVID-19 therapy
- Pulmonary Consult (if worsening Oxygen requirements)

SEVERE DISEASE:

- Patient with respiratory failure requiring non-invasive or invasive respiratory support
- Infectious Diseases and Pulmonary/Critical Care consultation highly recommended

***Currently, there are no approved treatment for COVID-19. Any treatment that is given should be in the context of clinical trials. Mediations under consideration include Remdisivir, Glucocorticosteroids and Convalescent Plasma**