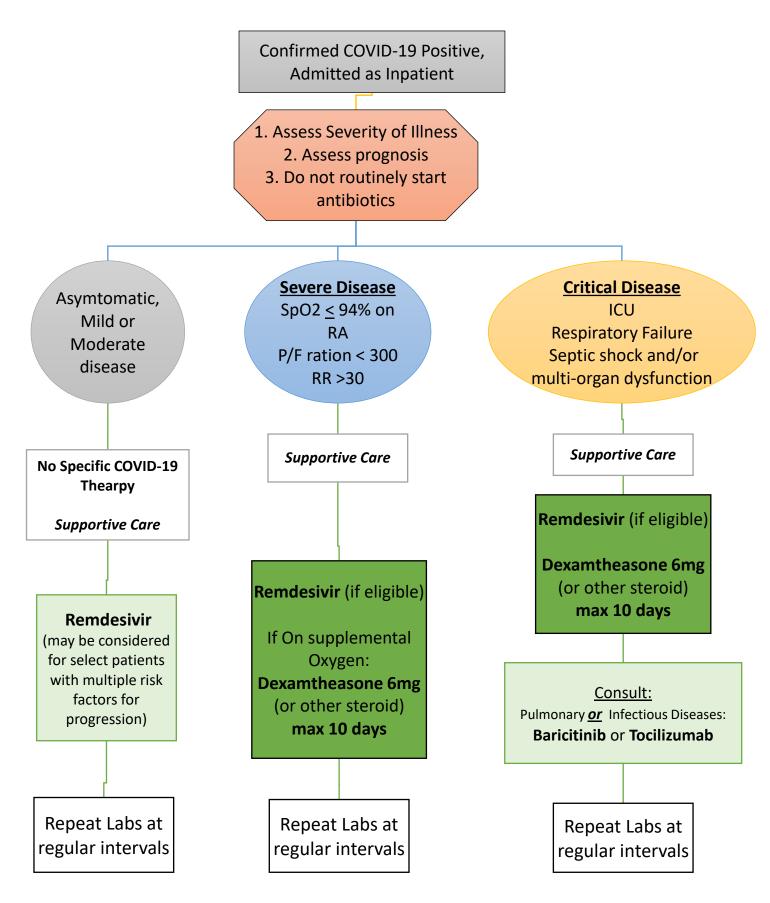
| Therapy | Inclusion Criteria | Exclusion Criteria |
|--|--|---|
| Remdesivir (Veklury) (FDA Approval) 200mg load followed by 100mg for 4 more days. May be extended to total of 10 day (if concurrent baricitinib) | Patient hospitalized or awaiting hospitalization in the emergency department Positive COVID-19 documentation Patient > 12 y.o. and > 40Kg SpO2 ≤ 94% on Room air, requiring supplemental oxygen, or mechanical ventilation OR patient at high risk for clinical deterioration due to severe immunocompromised status Daily Labs: CBC w/diff CMP PT/INR | Patient with GFR <30 or on dialysis |
| Dexamethasone 6mg IV or PO daily (until discharge or 10 days whichever first) | Patients requiring supplemental O2 (including invasive or non-invasive mechanical ventilation) There is no data supporting use beyond 10-day even if the patient is not improving Alternatives: methylprednisolone IV 30mg daily or Prednisone PO 40mg daily | Patient with mild or moderate disease (no O2 support) unless there is another indication |
| Baricitinib (Olumiant) (EUA) | Patient requiring supplemental O2 (including invasive or non-invasive mechanical ventilation) Daily Labs: CBC w/diff CMP PT/INR | Not recommended: • Dialysis or ESRD or AKI • Active TB Infection |
| Pulmonary or Infectious Diseases Tocilizumab (Actemra) (EUA) Pulmonary or Infectious Diseases Second dose Criteria: CRP increase with continued status decline Admin: 8-24hr after first dose | Worsening patient with escalating O2 requirements (rapid increase of 6L/min or more in < 24h or a 10L/h or more requirement or escalating beyond nasal canula) Respiratory status due to progressive COVID-19 and not other causes (bacterial/fungal superinfection, fluid overload, pulmonary embolism, asthma exacerbation) Already on steroid/dexamethasone CRP > 75mg/L | Not recommended: Concurrent Active fungal or bacterial infection ANC < 1000 mm ³ Plt < 50k ALT/AST 10x ULN Caution: ALT/AST 5x ULN |
| Vitamin D | Consider supplementation in patients who are vitamin deficit. As a Witnessin D. | |
| Antibiotics ceftriaxone + doxycycline x 5 days Routine use of Antibiotics is | CXR displays lobar infiltrate and/or ICU admission Within 48h of intubation, bacterial superinfection was observed in 21.1% of patients. | |
| NOT recommended | Labs: Sputum Gram Stain and Culture (ET tube culture if intubated) and procalcitonin | |

Risk Factors for Disease Progression

| Epidemiological | Age > 50 | Pre-Existing | CKD | CKD Diabetes (A1c > 7.6%) | | | | | | |
|-----------------|--------------|---|-------------|---------------------------|-----------|---------------------|--|--|--|--|
| | HTN | CV Dz BMI > 30 | | Pregn | Pregnancy | | | | | |
| | Immunosup | Immunosuppressive Tx (biologic, transplant, HIV, CD4<200) | | | | | | | | |
| | | | | | | | | | | |
| Vitals | RR > 24 | HR | > 125 SpO | 2 <u><</u> 94% on ambi | ent air | PaO2/FiO2 <300 | | | | |
| | | | | | | | | | | |
| Labs | D-dimer >10 | 00ng/mL | CPK> 2x ULI | N CRP >100 | | LDH > 245 U/L | | | | |
| | Elevated Tro | Elevated Troponin Absolute lymphoc | | | | Ferritin > 500 ug/L | | | | |



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