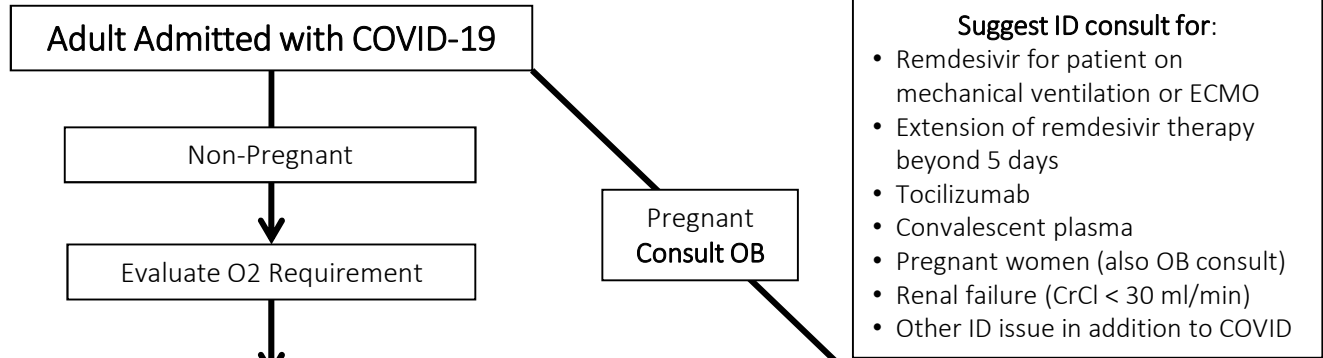


COVID-19 Treatment Algorithm

Shanthi Kappagoda, MD,
David Ha, PharmD, and Anne Liu, MD
March 5, 2021



- Suggest ID consult for:**
- Remdesivir for patient on mechanical ventilation or ECMO
 - Extension of remdesivir therapy beyond 5 days
 - Tocilizumab
 - Convalescent plasma
 - Pregnant women (also OB consult)
 - Renal failure (CrCl < 30 ml/min)
 - Other ID issue in addition to COVID

| Respiratory Status | Dexamethasone | Tocilizumab (ID approval only) | Remdesivir |
|--|---------------|--|-----------------------------|
| 2L NC, stable resp status | Not indicated | Not indicated | START |
| 2L NC and worsening (↑O2 req, ↑RR, resp distress) to 4L+ NC | START | Not indicated | START |
| HFNC or NIMV* (within first 24h of this level of O2 support) | START | START | CONSIDER |
| HFNC or NIMV* (after first 24h of this level of O2 support) | START | CONSIDER (up to 48 hours from admission) | CONSIDER |
| MV (within 24 hours) | START | START | CONSIDER (ID approval only) |
| MV (after 24 hours) | START | Not indicated | |
| ECMO | START | Not indicated | |

If on 4-6L NC, NIPPV, HFNC, NRB or on mechanical ventilation OR on day 7 of illness with any O2 requirement **consider in consultation with OB: dexamethasone 6 mg PO or IV daily x 10 days**
Consider remdesivir**

Dexamethasone: 6 mg PO or IV daily x 10 days
Tocilizumab: 8 mg/kg (max 800 mg) IV x 1 dose. Demonstrated mortality benefit in a limited subset of patients. **Avoid in: Pregnancy, Immunosuppression, AST/ALT > 5xULN, Platelets < 50, Active/Suspected concurrent bacterial or fungal infection. Use caution in age 70 or older.**
Remdesivir: 200 mg IV x 1 dose f/b 100 mg IV q24H x 4 doses (5 days total). Demonstrated symptomatic benefit in patients on oxygen supplementation.
 * Assumes all patients on HFNC or NIMV are admitted to ICU level of care

Other therapies:
Convalescent plasma (CP) is available at SHC, however, per the NIH guidelines, there are insufficient data to recommend either for or against its use for COVID-19. CP should not be considered the standard of care for the treatment of patients with COVID-19, but may be considered in immunocompromised patients. We do not recommend use of baricitinib+remdesivir when corticosteroids and/or tocilizumab can be used.

* Note Strongyloides IgG should be checked for people who were born or have resided in a developing country or an endemic area of the US. In case of dexamethasone shortage can substitute prednisone 40 mg, methylprednisolone 32 mg or hydrocortisone 160 mg
 ** Remdesivir may be ordered without ID approval in hospitalized patients with COVID-19 on supplemental oxygenation but not mechanical ventilation or ECMO for a maximum of 5 days of therapy. For patients on mechanical ventilation or therapy extension beyond 5 days, page ID team for approval (first dose may be given per primary team prior to COVID-ID approval to avoid treatment delay).