

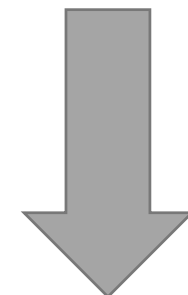
**INITIAL EVALUATION for COVID 19 PUI
(ER or CLINIC)
REQUIRING ADMISSION***

Initial Evaluation

- Fever present at presentation in <50%
- Avoid OVER-aggressive fluid resuscitation
 - Goal of <30mL/kg crystalloid
- Admissions for hypoxia
- +/- Emp CAP tx
- Azithromycin +/- Ceftriaxone
- MUST Address Code status
- ICU eval in pts with NEWS ≥ 5 & >4L O2 requirement

Labs for PUI/Positive Admission

- Resp Biofire PCR (to include Flu)
- COVID test
- CBC with diff
- LDH, ferritin, CRP, ESR, D-dimer
- Procalcitonin
- Troponin, BNP, EKG
- CXR



WARD EVALUATION AND TREATMENT

PPE for Medical Wards

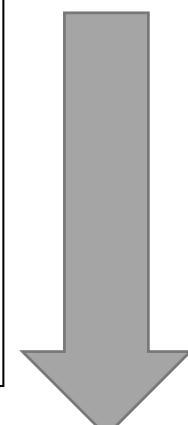
- Droplet and Contact precautions
 - FOR PUI and positive
- Avoid aerosolizing procedures
- NO Nebs
- Limit no. of providers

COVID Negative PUI (with high suspicion)

- Consider repeat COVID test

Medical Ward Algorithms

- Triage patient to COVID risk category (CovRC)
- Consider treatment outlines based on CovRC
- Cont. pulse ox, consider tele for QTc eval.
- Empiric bacterial PNA coverage
- Care as normal for viral pneumonia
- Avoid steroids for treatment of PNA
- ICU eval for \uparrow O2 requirement of >6L, NEWS ≥ 5 & >4L O2 requirement



**Covid-19 Risk Categories for Severe Dx
Demo Risk Factor (DRF)**

- Age >55, pulm disease, CKD, hx of HTN, Hx of CAD, immunosuppressed

Vital sign Risk Factor (VRF)

- Resp Rate >24
- HR >125
- >2L O2 requirement for sat of 90%

Laboratory Risk Factor (LRF)

- Lymphocyte <0.8,
- D-Dimer >1000
- CRP >100, LDH >245, Ferritin >300
- \uparrow Trop

**Covid-19 Therapy Suggestions
General**

- Avoid steroids (unless tubed ARDS)
- Avoid NSAIDs
- Continue/start statin therapy

Mild Disease Category

- 1 DRF, No VRF or LRF

- Supportive care

Moderate/Sever Risk Category

- ≥ 1 DRF +/- ≥ 1 VRF or LRF
- Consider HCQ+Azi or Remdecivir **
 - May require clinical trial
 - Please review dosing on back

*This algorithm is intended for inpatients requiring admission for further observation based on comorbidities, clinical presentation. Utilize clinical expertise to determine need for admission

This is a suggested algorithm and is subject to change (3/25/2020)

ICU Transfer

**Monitor HCQ+AZM tx for QTc prolongation
QTc of >470 associated with Torsades de Pointes
Consider ID consult for HCQ OR COVID+

Treatment Considerations for SARS-CoV-2 Infection (COVID-19)

Disease severity	Therapy Options	Specifics
Mild <ul style="list-style-type: none"> Outpatients OR <ul style="list-style-type: none"> Hospitalized patients with no oxygen requirement (SpO2 >94%) and NO radiographic evidence of pneumonia 	<ul style="list-style-type: none"> Supportive therapy only OR <ul style="list-style-type: none"> Azithromycin (AZM) for 5 days 	Consider admission for: <ul style="list-style-type: none"> Hypoxia, HR>125, RR>24 Age >55 Underlying pulmonary disease, CKD, Coronary Artery Dx Immunosuppression
Moderate <ul style="list-style-type: none"> Hospitalized patients with SpO2<94% Radiographic evidence of pneumonia 	<ul style="list-style-type: none"> Supportive therapy only OR <ul style="list-style-type: none"> Consider Remdesivir** clinical trial protocol Consider Hydroxychloroquine*+ Azithromycin(HCQ+AZM) ¥ If discharged, discontinue hydroxychloroquine 	<ul style="list-style-type: none"> Robust clinical data on hydroxychloroquine (HCQ) is limited. Consult ID prior to use. ECG is required prior to initiation of hydroxychloroquine, repeated after initiating therapy. Prolonged QTc may result in Torsades de Pointes Avoid other QTc prolonging medications
Severe disease with hypoxic respiratory failure <ul style="list-style-type: none"> Mechanical ventilation° Caveats: <ul style="list-style-type: none"> Not on vasopressors CrCl>30 ml/min ALT < 5x ULN 	<ul style="list-style-type: none"> Consider Remdesivir** per compassionate use or clinical trial protocol OR <ul style="list-style-type: none"> Consider HCQ+AZM¥ AND <ul style="list-style-type: none"> Consider Methylpred 1-2 mg/kg/day for 5-7 days (<i>ONLY in ARDS pts</i>) 	<ul style="list-style-type: none"> Remdesivir should not be used concomitantly with hydroxychloroquine or other antivirals ECG is required prior to initiation of hydroxychloroquine, repeated after initiating therapy. Prolonged QTc may result in Torsades de Pointes Avoid other QTc prolonging medications
Severe disease with multi-organ failure <ul style="list-style-type: none"> Mechanical ventilation° AND (any one of the following) <ul style="list-style-type: none"> Vasopressors CrCl<30 ml/min (or requiring RRT) ALT > 5x ULN 	<ul style="list-style-type: none"> Consider Remdesivir** per compassionate use or clinical trial protocol OR <ul style="list-style-type: none"> Consider HCQ+AZM¥ Consider Inhaled nitric oxide (ineligible for remdesivir unless via trial protocol) 	<ul style="list-style-type: none"> ECG is required prior to initiation of hydroxychloroquine Avoid other QTc prolonging medications
Cytokine release syndrome/Secondary hemophagocytic lymphohistocytosis <ul style="list-style-type: none"> Unremitting fever Cytopenias Hyperferritinemia Elevated Hscore Elevated IL-6, Fibrinogen, d-dimer, CRP 	Very limited clinical experience. Seek expert guidance. <ul style="list-style-type: none"> Consider tocilizumab/anakinra/sarilumab <ul style="list-style-type: none"> Medication availability and ongoing clinical trials to dictate care Consider Heme/onc consult regarding HLH pathologic eval. 	<div style="border: 1px solid black; padding: 5px;"> <p>*Hydroxychloroquine is currently restricted due to limited supply and minimal robust data. Consult ID for use. ¥ HCQ+AZM: Hydroxychloroquine of 400mg PO daily q12hr x 2doses, 400mg PO daily thereafter for 5-10 days + Azithromycin for 5 days **Remdesivir is available via compassionate use or clinical trial Use of Hydroxychloroquine may preclude entering into trial. Consult ID for direction</p> </div>

°For mechanical ventilation, target ARDSnet high PEEP lower FiO2, lung-protective tidal volume (4-8 mL/kg ideal body weight), and lower inspiratory pressures (plateau pressure <30 cm H2O)

