- Data shows that corticosteroids reduce mortality in patients requiring mechanical ventilation and patients requiring supplemental oxygen. Corticosteroids are not of any benefit in patients not requiring oxygen supplementation.
- Remdesivir is recommended for hospitalized patients with early disease requiring supplemental oxygen or at high risk for development of severe disease. COVID-19 symptoms ≤ 7 days, ≥ 12 yo and ≥ 40 kg. Treatment duration 5 days unless discharged sooner. Not recommended to start in patients already on mechanical ventilation or ECMO.
- **Risk factors for severe illness include:** cancer, CKD, COPD, solid organ transplant, BMI > 30, serious heart disease, sickle cell disease, type 2 diabetes mellitus, smoking (past or present), pregnancy, and Down Syndrome
- Tocilizumab or baricitinib, in combination with dexamethasone, has demonstrated mortality benefit in patients with escalating oxygen requirements (but not mechanical ventilation) and with evidence of systemic inflammation determined by a CRP > 75 mg/L. Addition of tocilizumab within 24 hr. of commencing respiratory support may improve survival among critically ill patients.
- COVID convalescent plasma (CCP) now all contains verified high titer antibody. Unfortunately the RECOVERY trial did not show any benefit at any stage of the disease of hospitalized patients. CCP is no longer recommended

### Assess Patient’s Clinical Status

- No supplemental oxygen requirement with stable or improving clinical status: Evaluate for risk factors for clinical decompensation.
- SpO2 < 94% on RA, requiring supplemental O2, but not mechanically ventilated
- Requiring mechanical ventilation or ECMO

#### Supportive care, including pharmacologic VTE prophylaxis, unless contraindicated

- Consider remdesivir
- Give pharmacologic VTE prophylaxis, unless contraindicated

#### SpO2 < 94% on RA, requiring supplemental O2, but not mechanically ventilated

- Recommend remdesivir if not on HFNC or NIV
- May consider remdesivir if on HF O2 or NIV but benefit not as well demonstrated in these groups

#### Requiring mechanical ventilation or ECMO

- Use standard dose DVT chemoprophylaxis
- Start dexamethasone
- Data do not support using remdesivir

### Dosing Recommendations:

**USE COVID-19 MEDICATIONS AND LABS ORDER PANEL**

- Remdesivir: 200mg IV on Day 1, followed by 100mg IV on Days 2-5
- Dexamethasone: 6mg IV/PO daily for 10 days
- Baricitinib: 4mg PO daily up to a maximum of 14 days or until discharge if sooner; contact pharmacy for renal adjustment
- Anticoagulation: refer to Sutter COVID-19 Anticoagulation Algorithm
- Tocilizumab: One-time dose based on weight
  - > 90 kg = 800 mg
  - 65 to 90 kg = 600 mg
  - 40 to 65 kg = 400 mg
  - ≤ 40 kg = 8 mg/kg

**Consider adding tocilizumab to dexamethasone in patients showing evidence of cytokine inflammation or are exhibiting rapid progression of respiratory failure and within 24 hrs of commencing respiratory support**

**Clinical evidence or suspicion for thrombosis? Use full therapeutic dose anticoagulation.**
Patient presents for evaluation for COVID-19

Patient will be Admitted for COVID?

YES

Patient is a candidate for casirivimab/Imdevimab, confirm local availability. Patient should not be given a COVID-19 vaccine within 90 days after administration but should be vaccinated after that.

NO

Not a candidate for monoclonal antibodies
Refer to inpatient algorithm

YES

Being Evaluated for Early Treatment of Disease

NO

Symptoms ≤ 5 calendar days

YES

≥ 65 yo OR
> 18 yo plus 1 or more of following:
• BMI 30 or greater
• Cardiovascular Disease (including hypertension)
• Chronic Lung Disease
• Diabetes
• Immunocompromising condition or active immunosuppressive therapy

NO

Being Evaluated for Post Exposure Prophylaxis

NO

Exposure ≤ 5 calendar days

YES

Asymptomatic & Test Neg in last 24 hrs

NO

Not a candidate for monoclonal antibodies

Sutter Health Medication Algorithm
For Ambulatory/ED Treatment of COVID-19 and PEP
Latest update: 8/5/21 (4)
Examples of persons with immunocompromising conditions or on active immunosuppressive therapy where fully vaccinated persons should be tested and treated as not vaccinated against COVID

Approved ID, Ob/Peds, Ambulatory, and IM CAGS May 2021

1. Cancer on Chemotherapy, excluding hormonal therapy
2. Bone marrow, solid organ, stem cell transplants or CAR-T therapy
3. Lymphoma, not in remission
4. Acute leukemia, multiple myeloma, Waldenstrom’s macroglobulinemia, or immunoglobulin deficiencies other than IgA
5. Uncontrolled HIV (CD4<200)
6. Chronic steroids (>20mg/day or equivalent prednisone for ≥ 2 weeks)
7. Immunosuppressant, immune modulating or chemotherapy agents e.g. TNF inhibitors, JK inhibitors, mycophenolate
8. Other immune suppressing diseases

* NB: Patients on inhalational steroids or pregnancy are not considered immunocompromised conditions