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| --- | --- |
| Hospitalized but does not require suppl O2 | No ccsNo rec for or against remdes, for pts at high risk of dz progression, t/c remdesivir |
| Hospitalized and reqs suppl O2 | Use one of the following:* Remdes if reqs min suppl O2
* Dex plus remdes if requires increasing O2 reqs
* Dex when combo w/ remdes can’t be used or not avail
 |
| Hospitalized and reqs HFNC or NIV | Use one of the following:* Dex
* Dex plus remdes

If recently hospitalized and rapidly increasing O2 rews and systemic inflammation* Add tocilizumab or baricitini. If not avail, can use:
	+ tofacitinib instead of baricitinib
	+ sarilumab instead of tocilizumab
 |
| Mech vent or ECMO | If w/in 24 hrs of ICU admission:* Dex and tocilizumab
	+ If tocilizumab not avail then sarilumab
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| Regimens |
| Remdesivir  | 200 mg IV x1, the 100 mg IV qd x4 days or until hospital d/c |
| Dexamethasone | 6 mg IV or PO daily x10 days or until hospital d/c |
| Tocilizumab | 8 mg/kg actual body weight x1. Can give 2nd dose 8 hrs after first dose if no clinical improvement. |
| Baricitinib | 4 mg PO daily, adjust for GFR |
| Sarilumab | If tocilizumab not avail or can’t use400 mg in 100 mL NS IV over 1 hr |
| Tofacitinib | If baricitinib not avail10 mg PO BID x14 days or until hospital d/c |

NIH currently recommends ***against***

* tocilizumab and baricitinib at the same time
* siltuximab
* A/c antiplatelet therapy unless indicated for other (non-COVID-19) condition
* No data to support measuring coagulation markers such as d-dimer, fibrinogen, PT, platelet count, unless needed for other reasons. Insufficient data to recommend using the #s to guide mgmt..

Sources

* NIH “COVID-19 Treatment Guidelines” (covid19treatmentguidelines.pdf), <https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>