TREATMENT WORKFLOW FOR COVID CONFIRMED CASES (Refer to Treatment Guidelines for details)

CONFIRMED COVID (Hospitalized patients)

MILD DISEASE
- Cough, fever, myalgia
- No dyspnea
- SAO2 ≥94% on RA
- Radiology: No or minimal pulmonary infiltrates

MODERATE DISEASE
- Cough, fever, myalgia
- Dyspnea
- SAO2 <94% on RA
- Supplemental O2
- Radiology: Pulmonary infiltrates

SEVERE DISEASE
- Respiratory failure requiring mechanical ventilation

Outpatient management
- Social distancing
- Symptom relief
- Cough:
  -vaporizer/humidifier
  -dextromethorphan (dry cough)
  -guaifenesin (productive cough)
- Fever:
  -acetaminophen

Inpatient management
- Daily labs
  -CBC & diff.; BMP, magnesium, LFTs, LDH, CRP, ferritin, CPK
- Every 48 hours
  -Troponin (high sen.), D-dimer,
- Influenza A/B PCR if not done
- EKG

ICU management
- Mechanical ventilation if ARDS
- Once on ICU admission
  -Il-6 and DIC panel, EKG
- Daily labs: CBC & diff., BMP, LFTs, LDH, magnesium, CRP, ferritin, CPK
- Every 48 hours: Troponin (high sen.), D-dimer

Treatment
- **Hydroxychloroquine**
  400 mg PO BID x 2 doses, then 200 mg BID x 4 days
OR
- **Remdesivir**
  -Clinical trial, informed consent.
  -Contact ID

Treatment
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  -Expanded access trial
  -Contact ID
OR
- **Hydroxychloroquine**
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- **Corticosteroids can be used if other indications e.g. asthma, COPD, shock**
- **Use the lowest dose for shortest duration**

- **Routine use of corticosteroids for COVID is not recommended**

Increasing supplemental oxygen and early ARDS (PaO2/FiO2 < 200) AND Influenza test is negative
- **Low dose methylprednisolone** (0.5-1 mg/kg/day based on actual body weight divided in 2 doses X 3 days)

- **Increasing supplemental oxygen**
  -Oxygen >4L NC,
  -Doubled from baseline
  and early ARDS (PaO2/FiO2 < 200)
  AND
  Influenza test is negative
- **Low dose methylprednisolone** (0.5-1 mg/kg/day based on actual body weight divided in 2 doses X 3 days)

- immunomodulator e.g. Il-6 blocker, usage on a case-by-case basis by ICU and ID COVID team