

YNHHS Treatment Protocol for **Hospitalized** PATIENT with **Non-Severe*** COVID-19

Disclaimer: There are no FDA-approved treatments for COVID-19, supportive care is standard of care. Limited treatment data are available & clinical judgment is warranted.

PATIENT with **confirmed POSITIVE** SARS-CoV-2 by PCR

*(If mechanically ventilated or on ECMO, proceed to Severe algorithm)

Presence of:

Oxygen saturation $\leq 93\%$ on room air OR on chronic O_2 supplementation

YES

NO

START TREATMENT
(see treatment below)

SUPPORTIVE CARE
& CLOSE
OBSERVATION with
**continuous O_2
monitoring**

If Oxygen saturation $\leq 93\%$

TREATMENT

1) atazanavir^{1,2} AND hydroxychloroquine^{1,2}
Continuous O_2 saturation monitoring

2) Consult Inpatient Infectious Diseases (ID)
For YNHH: From 8AM - 5PM:
Place EPIC Order for ID Consult
From 5PM to 8AM: call on-call ID fellow

3) If > 3 Liter O_2 requirement, consider starting tocilizumab^{1,2}, inform MICU, ID consult for remdesivir EIND, and proceed to the **Severe algorithm**

Presence of:

1) Fever and/or signs & symptoms of respiratory disease (e.g. cough, dyspnea)

AND

2) Chest imaging showing CXR infiltrate OR CT Chest with Ground Glass Opacities

YES

Does patient have:

Age ≥ 60

Morbid Obesity with BMI ≥ 40 OR

Chronic heart disease OR

Chronic lung disease OR

Immunosuppressed state

YES

START TREATMENT

COVID-SPECIFIC LABS

1) Draw at Baseline & every 12 hours:
CRP, Procalcitonin, Ferritin, LDH, troponin, D-dimer, fibrinogen, PT/PTT

2) Draw at Baseline Only:
HIV-1/HIV-2 antibody/antigen

2) Draw at Baseline & every 48 hours:
Cytokine panel

Algorithm Updated as of 3/19/20 reviewed
by YNHHS SAS and YNHH/YSM Ad-Hoc
COVID-19 Treatment Team

¹Requires restricted medication request to pharmacy

²Limited data

YNHHS Treatment Protocol for Hospitalized PATIENTS with **Severe** COVID-19

Disclaimer: There are no FDA-approved treatments for COVID-19, supportive care is standard of care. Limited treatment data are available & clinical judgment is warranted.

Respiratory failure with **Mechanical ventilation (including ECMO) PLUS confirmed POSITIVE** SARS-CoV-2 by PCR

TREATMENT

1) atazanavir^{1,2} & hydroxychloroquine^{1,2}



Consult Inpatient Infectious Diseases to determine eligibility for **remdesivir**

Infectious Diseases will help to coordinate with Antimicrobial Stewardship/Pharmacy to facilitate emergency IND for remdesivir

2) Consider **tocilizumab x 1 dose**

(Additional doses determined by clinical response given the drug's long half-life in consultation with ID, pharmacy, & critical care)

Does patient have any Exclusion Criteria for remdesivir IND?

- Evidence of Multi-organ failure
- Pressor requirement to maintain blood pressure
- ALT levels > 5x the ULN
- Cr Clearance <30 mL/min or renal replacement therapy

Use of other treatment agents for COVID19 is allowed if discontinued prior to starting Remdesivir

COVID-SPECIFIC LABS

1) Draw at Baseline & every 12 hours:

CRP, Procalcitonin, Ferritin, LDH, troponin, D-dimer, fibrinogen, PT/PTT

2) Draw at Baseline Only:

HIV-1/HIV-2 antibody/antigen

2) Draw at Baseline & every 48 hours:

Cytokine panel

For refractory disease, advise a multidisciplinary discussion including pharmacy, ID, & primary team for other possible therapies including investigational agents

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Ad-Hoc COVID-19 Treatment Team