



Adult Admitted with COVID-19
Page ID-COVID-19 team 15013

ID-COVID-19 Team will Screen for Emergency Use Access (EUA) Remdesivir

Inclusion criteria (must meet ALL):

- SpO2 ≤94% on RA, or supplemental O2, or intubated, or ECMO
- Not eligible to receive remdesivir through clinical trial or compassionate use
- EUA Remdesivir available (Scarcity Allocation System not activated)

Exclusion criteria: ALT > 5x ULN

Non-Pregnant

Pregnant
Consult OB

Evaluate O2 Requirement

On 2 to <4L NC O2

Increasing O2 requirement

On 4L NC or more O2 (includes HFNC, NRB) for 4 or more hours or increasing supplemental oxygen or intubated

If on 4-6L NC, NIPPV, HFNC, NRB or on mechanical ventilation OR on day 7 of illness with any O2 requirement **consider in consultation with OB:** prednisolone 40 mg po daily or hydrocortisone 80 mg IV BID x10 days

Monitor for increasing O2 requirement and reassess indications for dexamethasone

Start dexamethasone* 6 mg po or IV daily x 10 days

Other therapies:

- Convalescent plasma is available at SHC, however, per the NIH guidelines, there are insufficient data to recommend either for or against its use for COVID-19. Convalescent plasma should not be considered the standard of care for the treatment of patients with COVID-19, but may be considered in patients who are immunocompromised.
- We recommend against the use of anti-IL-6 receptor monoclonal antibodies (e.g., sarilumab, tocilizumab) or an anti-IL-6 monoclonal antibody (siltuximab) for the treatment of COVID-19, except in a clinical trial

* Note Strongyloides IgG should be checked for people who were born or have resided in a developing country or an endemic area of the US. Check Hep B sAg and cAb prior to starting steroids. In case of shortage can substitute prednisone 40 mg, methylprednisolone 32 mg or hydrocortisone 160 mg