BWH QUICK-REFERENCE GUIDE
COVID-19 Drugs & Treatment

For more information on therapeutics, visit https://covidprotocols.org/protocols/therapeutics. See also: Inpatient, Outpatient, and ICU Patient guides at https://covidprotocols.org/quick-guides

ANTIBIOTICS
• Use only if concerned for bacterial co-infection
  ▪ procalcitonin not reliable in cytokine storm
• Azithromycin: use only if indicated for bacterial infection

ANTICOAGULATION
• Therapeutic AC: if otherwise indicated; currently not recommended for treatment of COVID alone
• Prophylactic AC: given increased VTE risk, COVID ICU patients need higher prophylaxis
  ▪ hold if PLT < 25K, neurosurgery, hemorrhage, etc.
  ▪ PTT may not be reliable due to coagulopathy, in some patients consider anti-Xa monitoring
    » Goal peak for VTE ppx is between 0.2 and 0.5 (measured 4–6 hours after 3–4 injections)
  ▪ outpatients: no prophylaxis unless otherwise indicated, recommend frequent ambulation

<table>
<thead>
<tr>
<th>Inpatient ppx (normal dose)</th>
<th>Weight</th>
<th>CrCl ≥ 30 ml/min</th>
<th>CrCl &lt; 30 ml/min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (&lt; 50 kg)</td>
<td>Enoxaparin 30 mg daily</td>
<td>UFH 5,000 units BID or TID</td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>Enoxaparin 40 mg daily</td>
<td>UFH 5,000 units q8h</td>
<td></td>
</tr>
<tr>
<td>Obese (≥ 120 kg or BMI ≥ 35)</td>
<td>Enoxaparin 40 mg BID or 0.5 mg/kg daily (max 100 mg daily)</td>
<td>UFH 7,500 units q8h</td>
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<th>ICU / post-ICU ppx until discharge (high dose)</th>
<th>Weight</th>
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ANTIHYPERTENSIVES
• ACEIs/ARBs: use as normal (no additional risk)
• CCBs: use as normal

ANTI-INFLAMMATORIES / IMMUNOSUPPRESSANTS
Page prescribing physician to discuss before changing home immunosuppression (some can be safely held, others cannot).
• Steroids: strongly consider if on supplemental oxygen
  ▪ Dexamethasone 6 mg IV or PO daily × 10 days, or alternative equivalents:
    » Hydrocortisone 50 mg IV q8h × 10 days
    » Methylprednisolone 15 mg IV BID × 10 days
    » Prednisone 40 mg PO daily × 10 days
• Anti-IL1, Anti-IL6: consult Rheum or Pulmonary
• Hydroxychloroquine: do not use
• NSAIDS: use as normal

ANTITUSSIVES AND EXPECTORANTS
• Guaifenesin may help with secretions
• Dextromethorphan, Benzonatate, Codeine for cough

ANTIVIRALS
ID follows inpatients for clinical trials and current Tx. (See Therapeutics Summary at covidprotocols.org)
• Remdesivir recommended if patient meets EUA criteria
• Convalescent Plasma: unclear benefit, likely depends on titer and neutralizing Ab; available only via clinical trial
• No convincing evidence for: Interferon, IVIG, Lopinavir/ Ritonavir, Ribavirin, Zinc, Vitamin C

BRONCHODILATORS/INHALERS
• Bronchodilators if patient has asthma or COPD, but not routinely indicated for COVID
• Use MDIs if possible (less aerosolizing), treat nebulizers as AGP unless ventilated (in-line closed circuit neb)

INTRAVENOUS HYDRATION
• Conservative boluses as needed (LR preferred) with dynamic measures of response (delta BP, UOP, PPV, CVP)
• Avoid maintenance IVF due to hypoxemia risk

See https://covidprotocols.org/ for current full manual.