**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 < 25 K, 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

### Inpatient ppx (normal dose)

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Standard</td>
<td>Enoxaparin 40 mg daily</td>
<td>UFH 5,000 units q8h</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>
</tr>
</tbody>
</table>

### ICU/post-ICU ppx until discharge (high dose)

<table>
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<th>CrCl ≥ 30 ml/min</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Low (&lt; 60 kg)</td>
<td>Enoxaparin 30 mg BID</td>
<td>UFH 7,500 units q8h</td>
</tr>
<tr>
<td>Standard</td>
<td>Enoxaparin 40 mg BID</td>
<td>UFH 7,500 units q8h</td>
</tr>
<tr>
<td>Obese (≥ 120 kg or BMI ≥ 35)</td>
<td>Enoxaparin 0.5 mg/kg BID (max 100 mg BID)</td>
<td>UFH 10,000 units q8h</td>
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</tbody>
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### Antihypertensives

- ACEIs/ARBs: use as normal (no additional risk)
- CCBs: use as normal

### Anti-Inflammatory / Immunosuppressants

Page prescribing physician to discuss before changing home immunosuppression (some can be safely held, others cannot).

- Steroids: recommended 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: do not use unless in consultation with 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 criteria
- Convalescent Plasma: unclear benefit, likely depends on titer and neutralizing Ab; available under EUA
- Monoclonal Antibodies: consider in early disease if available, detailed recommendations coming soon
- 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.