BWH QUICK-REFERENCE GUIDE

COVID-19 Drugs & Treatment

Version 112020.1

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)

WEIGHT	CrCl ≥ 30 ml/min	CrCl < 30 ml/min
Low (< 50 kg)	Enoxaparin 30 mg daily	UFH 5,000 units BID or TID
Standard	Enoxaparin 40 mg daily	UFH 5,000 units q8h
Obese (≥ 120 kg or BMI ≥ 35)	Enoxaparin 40 mg BID or 0.5 mg/kg daily (max 100 mg daily)	UFH 7,500 units q8h

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

WEIGHT	CrCl ≥ 30 ml/min	CrCl < 30 ml/min
Low (< 60 kg)	Enoxaparin 30 mg BID	UFH 7,500 units q8h
Standard	Enoxaparin 40 mg BID	UFH 7,500 units q8h
Obese (≥ 120 kg or BMI ≥ 35)	Enoxaparin 0.5 mg/kg BID (max 100 mg BID)	UFH 10,000 units q8h

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**: *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 covidprotcols.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