# BWH QUICK-REFERENCE GUIDE

## COVID-19 Drugs & Treatment

For more information on therapeutics, visit https://covidprotocols.org/en/chapters/treatments/. 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
  - *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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<tr>
<th>WEIGHT</th>
<th>CrCl ≥ 30 ml/min</th>
<th>CrCl &lt; 30 ml/min</th>
</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>
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</tr>
<tr>
<td>Obese (≥120 kg or BMI ≥ 35)</td>
<td>Enoxaparin 0.5 mg/kg BID (max 100 mg BID)</td>
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</tr>
</tbody>
</table>

## ANTIHYPERTENSIVES

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

## ANTI-INFLAMMATORYS / IMMUNOSUPPRESSANTS

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

- **Steroids**: recommended if on supplemental oxygen
  - Dexamethasone 6mg IV or PO daily × 10 days, or alternative equivalents:
    » Hydrocortisone 50mg IV q8h × 10 days
    » Methylprednisolone 15mg IV BID × 10 days
    » Prednisone 40mg PO daily × 10 days
- **Anti-IL6 or JAK inhibitors**: consider in select patients in consultation with Rheumatology and/or Pulmonary
- **Hydroxychloroquine**: do not use
- **NSAIDS**: use as normal

## ANTITUSSIVES AND EXPECTORANTS

- Guaifenesin may help with secretions
- Dextromethorphan, Benzonatate, Codeine for cough

## ANTIVIRALS AND ANTIBODIES

See Therapeutics Summary at covidprotocols.org

- **Remdesivir** recommended if patient meets criteria
- **Monoclonal Antibodies**: consider in early disease if patient meets EUA criteria
- **Convalescent Plasma**: unclear benefit, likely depends on titer and neutralizing Ab
- **No convincing evidence** for: Interferon, Ivermectin, 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.