

Therapy	Inclusion Criteria	Exclusion Criteria
Remdesivir (Veklury) (FDA Approval) 200mg load followed by 100mg for 4 more days. May be extended to total of 10 day (if concurrent baricitinib)	<ul style="list-style-type: none"> • Patient hospitalized or awaiting hospitalization in the emergency department • Positive COVID-19 documentation • Patient > 12 y.o. and > 40Kg • SpO₂ ≤ 94% on Room air, requiring supplemental oxygen, or mechanical ventilation OR patient at high risk for clinical deterioration due to severe immunocompromised status Daily Labs: CBC w/diff CMP PT/INR	<ul style="list-style-type: none"> • Patient with GFR <30 or on dialysis
Steroids Dexamethasone 6mg IV or PO daily (until discharge or 10 days whichever first)	<ul style="list-style-type: none"> • Patients requiring supplemental O₂ (including invasive or non-invasive mechanical ventilation) • There is no data supporting use beyond 10-day even if the patient is not improving Alternatives: methylprednisolone IV 30mg daily or Prednisone PO 40mg daily	<ul style="list-style-type: none"> • Patient with mild or moderate disease (no O₂ support) unless there is another indication
Baricitinib (Olumiant) (EUA) Pulmonary or Infectious Diseases	<ul style="list-style-type: none"> • Patient requiring supplemental O₂ (including invasive or non-invasive mechanical ventilation) Daily Labs: CBC w/diff CMP PT/INR	Not recommended: <ul style="list-style-type: none"> • Dialysis or ESRD or AKI • Active TB Infection
Tocilizumab (Actemra) (EUA) Pulmonary or Infectious Diseases <u>Second dose Criteria:</u> CRP increase with continued status decline Admin: 8-24hr after first dose	<ul style="list-style-type: none"> • Worsening patient with escalating O₂ requirements (rapid increase of 6L/min or more in < 24h or a 10L/h or more requirement or escalating beyond nasal canula) • Respiratory status due to progressive COVID-19 and not other causes (bacterial/fungal superinfection, fluid overload, pulmonary embolism, asthma exacerbation) • Already on steroid/dexamethasone • CRP ≥ 75mg/L Labs: CBC DMP CRP	Not recommended: <ul style="list-style-type: none"> • Concurrent Active fungal or bacterial infection • ANC < 1000 mm³ • Plt < 50k • ALT/AST 10x ULN • Caution: ALT/AST 5x ULN
Vitamin D	<ul style="list-style-type: none"> • Consider supplementation in patients who are vitamin deficit. Labs: Vitamin D	
Antibiotics ceftriaxone + doxycycline x 5 days Routine use of Antibiotics is NOT recommended	<ul style="list-style-type: none"> • CXR displays lobar infiltrate and/or ICU admission Within 48h of <u>intubation</u> , bacterial superinfection was observed in 21.1% of patients. Labs: Sputum Gram Stain and Culture (ET tube culture if intubated) and procalcitonin	

Risk Factors for Disease Progression

Epidemiological	Age > 50 HTN Immunosuppressive Tx (biologic, transplant, HIV, CD4<200)	Pre-Existing Pulmonary Dz CV Dz	CKD Diabetes (A1c > 7.6%) Pregnancy
------------------------	--	------------------------------------	---

Vitals	RR > 24	HR > 125	SpO ₂ ≤ 94% on ambient air	PaO ₂ /FiO ₂ <300
---------------	---------	----------	---------------------------------------	---

Labs	D-dimer >1000ng/mL Elevated Troponin	CPK > 2x ULN Absolute lymphocyte < 0.8	CRP >100 LDH > 245 U/L Ferritin > 500 ug/L
-------------	---	---	--

