

# YNHHS Treatment Protocol for **Hospitalized** PATIENT with **Non-Severe\*** COVID-19

**Disclaimer:** There are no FDA-approved treatments for COVID-19, supportive care is standard of care. Limited treatment data are available & clinical judgment is warranted.

PATIENT with **confirmed POSITIVE** SARS-CoV-2 by PCR

*\*(If mechanically ventilated or on ECMO, proceed to Severe algorithm)*

Presence of:

**Oxygen saturation  $\leq$  93% on room air OR on chronic O<sub>2</sub> supplementation**

YES

NO

**START TREATMENT**  
(see treatment below)

SUPPORTIVE CARE  
& CLOSE  
OBSERVATION with  
**continuous O<sub>2</sub>**  
**monitoring**

If Oxygen saturation  $\leq$  93%

## TREATMENT

**1) atazanavir<sup>1,2</sup> AND hydroxychloroquine<sup>1,2</sup>**  
Continuous O<sub>2</sub> saturation monitoring

**2) Consult Inpatient Infectious Diseases (ID)**

**For YNHH:** From 8AM - 5PM:  
Place EPIC Order for ID Consult  
From 5PM to 8AM: call on-call ID fellow

**3) If > 3 Liter O<sub>2</sub> requirement, consider starting tocilizumab<sup>1,2</sup>, inform MICU, ID consult for remdesevir EIND, and proceed to the Severe algorithm**

**START TREATMENT**

## COVID-SPECIFIC LABS

- 1) Draw at Baseline & every 12 hours:** CRP, Procalcitonin, Ferritin, LDH, troponin, D-dimer, fibrinogen, PT/PTT
- 2) Draw at Baseline Only:** HIV-1/HIV-2 antibody/antigen
- 2) Draw at Baseline & every 48 hours:** Cytokine panel

Algorithm Updated as of 3/19/20 reviewed by YNHHS SAS and YNHH/YSM Ad-Hoc COVID-19 Treatment Team

<sup>1</sup>Requires restricted medication request to pharmacy

<sup>2</sup>Limited data

# YNHHS Treatment Protocol for **Hospitalized** PATIENTS with **Severe** COVID-19

**Disclaimer:** There are no FDA-approved treatments for COVID-19, supportive care is standard of care. Limited treatment data are available & clinical judgment is warranted.

Respiratory failure with **Mechanical ventilation (including ECMO) PLUS confirmed POSITIVE** SARS-CoV-2 by PCR

## TREATMENT

1) atazanavir<sup>1,2</sup> & hydroxychloroquine<sup>1,2</sup>



Consult Inpatient Infectious Diseases to determine eligibility for **remdesivir**

Infectious Diseases will help to coordinate with Antimicrobial Stewardship/Pharmacy to facilitate emergency IND for remdesivir

2) Consider **tocilizumab x 1 dose**

(Additional doses determined by clinical response given the drug's long half-life in consultation with ID, pharmacy, & critical care)

## Does patient have any Exclusion Criteria for remdesivir IND?

- Evidence of Multi-organ failure
- Pressor requirement to maintain blood pressure
- ALT levels > 5x the ULN
- Cr Clearance <30 mL/min or renal replacement therapy

Use of other treatment agents for COVID19 is allowed if discontinued prior to starting Remdesivir

## COVID-SPECIFIC LABS

1) Draw at Baseline & every 12 hours:

CRP, Procalcitonin, Ferritin, LDH, troponin, D-dimer, fibrinogen, PT/PTT

2) Draw at Baseline Only:

HIV-1/HIV-2 antibody/antigen

2) Draw at Baseline & every 48 hours:

Cytokine panel

For refractory disease, advise a multidisciplinary discussion including pharmacy, ID, & primary team for other possible therapies including investigational agents

<sup>1</sup>Requires restricted medication request to pharmacy

<sup>2</sup>Limited data

Algorithm Updated as of 3/19/20 reviewed by YNHHS SAS and YNHHS/YSM Ad-Hoc COVID-19 Treatment Team