

ADULT COVID TREATMENT PROTOCOL

Consider Remdesivir in the following scenarios

Lane 1

Lane 2

Admitted for COVID symptoms

Symptoms < 5 days

No

Yes

Consider Remdesivir only in patients with immune suppression (ie. severe B or T cell dysfunction or on active chemotherapy) or other reasons for suspected ongoing viral replication

Remdesivir recommended for

Nosocomial COVID (initial COVID PCR negative, then positive during admission) and:
 (1) Unvaccinated or without a full 3-shot series OR
 (2) Vaccinated with one of the following risk factors: ≥ 60 yo, HTN, cardiovascular disease, obesity, immune compromised, CKD, chronic liver disease, chronic lung disease, active cancer, sickle cell

Remdesivir Dosing Considerations

(Not recommended if CrCl < 30 ml/min or LFTs > 5x ULN)

200 mg IV x1, followed by 100 mg IV daily

Duration: 3 days to prevent progression to severe disease (lane 1)

Duration: 5 days if hospitalized for COVID and immune suppressed (lane 2)

SpO₂ ≤ 94% on RA or new O₂ requirement sustained over 1 hr without other suspected etiology?

Yes

No

Dexamethasone not indicated

Start Dexamethasone 6 mg IV/PO once daily x 10 days

Have they been intubated OR has O₂ requirement rapidly escalated to super soft nasal cannula (flow rate ≥ 10-15 L/min) within last 24 hours?

Yes

No

No tocilizumab
Re-evaluate if requirements change

Yes

Do they have any contraindications?

- Active bacterial infection
- OR
- Platelets < 50,000/μl
- OR
- Absolute neutrophils < 100 μl
- OR
- LFTs > 5x ULN
- OR
- Hx of diverticulitis or GI surgery/ bleed/ ulcer < 90 days ago

No

Order Inflammatory markers (both)

- CRP and
- IL-6

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Patient born or lived in resource-poor country?

No

Ivermectin not indicated

Is that country in Central Africa?

No

Order ivermectin 200 mcg/kg PO x1 on day 1 and day 2 for empiric treatment of Strongyloides

Ivermectin not recommended due to risk of morbidity from larval migration with certain filarial nematodes. Discuss with ID (8902).

COVID-19 Infectious Diseases Pagers & Link:

p8902: ID Consults for COVID and non-COVID patients

p8523: Approval of remdesivir or questions about treatments

ID COVID Website: <http://www.bumc.bu.edu/id/covid-19-response/>

IL-6 Inhibitor Dosing Considerations

Sarilumab 400 mg x 1

Tocilizumab 8 mg/kg x1; Max 800 mg

Not recommended if LFTs > 5x ULN

Labs (baseline and q48 after starting dexamethasone and/or tocilizumab): CRP, Ferritin, LDH

Labs (baseline only for tocilizumab): IL-6