**SJRH ED COVID-19 Clinical Treatment Guidance**

**Mild**
- Alert
- RR12-20
- SpO2>95%
- HR 51-110

**Mod**
- Alert
- RR21-24
- SpO2 94-95%
- HR 111-130

**Severe**
- Alert
- AMS
- RR>24
- SpO2 92-93%
- HR >130

**Critical**
- AMS, end organ dysfunction
- RR>24 >8
- SpO2 <91%
- HR>130; AbN perfusion

**Investigations:** NPS
- CXR- portable
- Sepsis bloods + LFTs
- ECG

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**General Treatment:**
- FiO2: lowest flow possible to maintain SpO2>90%$$
- IVF: +/- maintenance (limited)
- Abx: cefuroxime 1.5g IV q8h + azithromycin IV/po x48h (r/a)
  - if allergic: moxifloxacin 400mg IV/po q24x48h (r/a)
- Antiviral IF influenza circulating:
  - oseltamivir 75mg po bid — D/C if neg influenza swab
- Bronchodilators by MDI (COPD/Asthma)
  - Consider Conscious Proning — per guidance document

**Persistent Hypoxemia:**
- Failing O2 5L/np (with surgical mask) - consider evolving ARDS
- Plan ETT/MV ➤ Checklist ➤ AIRBORNE PRECAUTIONS

- 5 person team: In Room- MD/RN/RT
  - Outside- MD/RN
- Limit and protect NIPV, HF(N)O ➤ AIRBORNE PRECAUTIONS
- 2 person BVM, VL best option, most experienced provider
- LMA for rescue oxygenation
- Inflate cuff before bagging/MV post-intubation
- HEPA filter at patient end for all circuits
- Liberal sedation/analgesia
- ARDS MV: TV6ml/kg PBW; higher PEEP, Plateau <30cmH2O
  - Consider Prone Ventilation if refractory hypoxemia

**Shock:**
- Trial IVF as above w/ freq r/a (VS, POCUS)
- Early vasopressors to MAP 65mmHg (60-65 >65yo):
  - Adults 1) norepinephrine 0.01-3mcg/kg/min
  - 2a) epinephrine 0.1-0.5mcg/kg/min
  - 2b) Vasopressin 0.03 units/min
- Peds 1) epinephrine 0.1-1.5mcg/kg/min
  - 2) norepinephrine 0.01-3mcg/kg/min
- Vasopressors should be infused through CVA ASAP.

**Hydroxychloroquine:** only in select/confirmed cases in consultation and for compassionate care and/or enrolled in a clinical registry. NOT STANDARD

**Legend:**
- AMS= altered mental status
- AGP (aerosol generating procedure)
- NIPPV= noninvasive positive pressure ventilation
- RTED= return to ED
- ETT/MV= intubation & mechanical ventilation
- HF(N)O= high flow (nasal) O2
- BVM= bag-valve-mask ventilator
- PBW= predicted body weight
- CVA= central venous access
- Caution

**At risk conditions include:** >65y, end organ dysfunction, CAD, DM, CHF, COPD/asthma, HTN, immunocompromised

**Airborne/Contact (N95+):**
- *Cardiac arrest/Critical O/A
- *Aerosol Gen. Procedure

**Droplet/Contact:** no AGPs/mild
- No specific role for steroids
- Limit IV fluid administration
- Caution vs NSAIDs >mild, contraindicated

**LIMIT AND PROTECT VS. AGPs**

**Airborne/Contact:** (N95+)
- HFNO/ Optiflow- Limit, surgical mask pt
- NIPPV (CPAP/BiPAP) - Avoid
- Nebulized treatments- Avoid
- BVM, Intubation- Protected
- Suction, disconnections, Surg. Airway

**Home:**
- education & h/o

**Fam Med- prn clinical f/u pending result. Call on call RTED/Direct Admit:**
- AMS or unwell or RR>20 or SpO2<94% or ↑ dyspnea

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**General Treatment:**
- FiO2: to SpO2 94% until stabilized, and 90% thereafter
- IVF: Adults 250-500ml q30-60ml. Stop if overload, no effect
  - Peds 10-20ml q15-30min x2
- Abx: ceftriaxone 2gIVq24 + azithromycin 500mg IV q24x48h (r/a)
- Antiviral IF influenza circulating; d/c if swab (-):
  - oseltamivir 75mg po bid — D/C if neg influenza swab
  - Bronchodilators by MDI (COPD/Asthma)
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Mild to Mod AND at risk disease: 400mg po q12h x1d, then 200mg po q12h x4d
Severe/Critical; above regimen AND azithromycin 500mg IV q24h x3d