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Algorithm based on severity

**Confirmed COVID Positive, Admitted as Inpatient**

1. Assess severity of illness
2. Assess prognosis
3. Do not routinely start antibiotics

**Clinical trials team considers candidacy for all admissions**

- **Asymptomatic, mild or moderate disease**
  - No specific COVID-19 therapy
  - Supportive care, close monitoring, especially for those with multiple risk factors for progression
  - Repeat labs at regular intervals
  - Remdesivir may be considered for select patients with multiple risk factors for progression
  - If progresses to severe disease, may reassess candidacy for clinical trials and other therapies

- **Severe disease**
  - SpO2 ≤ 94% on RA, P/F ratio < 300, RR>30
  - If eligible, ensure PT, eGFR, ALT; remdesivir 200 mg IV x 1, then 100 mg IV daily for 4 days
  - Dexamethasone 6 mg PO or IV daily for up to 10 days
  - RDV/DEX can be d/c'd upon discharge
  - Consider statin if CV indication
  - Supportive care, close monitoring especially for those with multiple risk factors for progression
  - Repeat labs at regular intervals
  - If on RDV, follow daily LFTs and eGFR
  - If not on RDV, may reconsider via the ID antibiotic approval pager

**Critical disease (ICU, respiratory failure, septic shock, and/or multiple organ dysfunction)**

- Refer to MGH ICU COVID management guidance
- Follow daily LFTs and eGFR if on remdesivir
- Dexamethasone strongly recommended
- Decisions about alternative steroids, off-label immunomodulatory or other therapies can be considered on a case-by-case basis by the ICU team, with ID guidance

§: When assessing severity, consider whether hypoxia is a new requirement or due to another cause (such as CHF)
*: See risk factors table on previous page
†: Current list of clinical trials is found at this link.
‡: Check RDV criteria on next page. Guidance from ID regarding use of remdesivir (e.g. eGFR<30), off-label use, is available 8am to 8pm via the antibiotic approval pager
❖: If not on RDV (eg declined or not qualified earlier in admission), regardless of clinical trial enrollment status, patient may be reconsidered for RDV should they qualify