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

Severe disease
SpO2 ≤ 94% on RA, P/F ratio < 300, RR>30

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

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*

If eligible‡, ensure PT, eGFR, ALT; remdesivir 200 mg IV x 1, then 100 mg IV daily for 4 days
If on supplemental oxygen, 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

Other off-label therapies can be considered with guidance from ID‡

$: 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. ID strongly recommends referral to clinical trials, which occurs automatically for all admissions
‡: 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

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