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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
Monoclonal antibodies can be considered per EUA / MGB criteria if COVID-19 is not the primary reason for hospitalization
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
If on supplemental oxygen, dexamethasone 6 mg PO or IV daily for up to 10 days
Consider statin if CV indication
Supportive care, close monitoring especially for those with multiple risk factors for progression

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
Consider statin if CV indication
Supportive care, close monitoring especially for those with multiple risk factors for progression

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 RDV
Dexamethasone strongly recommended
Decisions about alternative steroids, off-label immunomodulatory (such as tocilizumab) or other therapies can be considered on a case-by-case basis by the ICU team

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*
RDV/DEX can be d/c’d upon discharge
If clinically deteriorating on dexamethasone and CRP ≥ 75 mg/L, tocilizumab can be considered with guidance from critical care

§: 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