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PRESENTATION

**NOTABLE SX**
- ~65-80% Cough
- ~45% Febrile initially
- ~15% URI Sx
- ~10% GI Sx
- Anosmia
- Acute worsening after early mild sx

**INCREASED RISK FOR SEVERE DZ**
- Age >55
- Comorbid diseases:
  - Cardiac, pulm, renal
  - Diabetes, HTN
  - Immunocompromise

**LABS INDICATING SEVERE DZ**
- Elevated D-dimer, CPK, ferritin
- LDH >245, CRP > 100
- Abs lymphocyte count <0.8

DIAGNOSTICS

**DAILY LABS**
- CBC with diff (esp. lymphocyte ct)
- CMP
- CK
- D-dimer

**MONITOR FOR WORSENING DISEASE OR DRUG TOXICITY PRN**
- Triglycerides
- Ferritin
- EKG
- CPK
- LFTs
- Trop

**ONE TIME TEST FOR ALL PTS**
- Tracheal aspirate if intubated
- Additional tests for trial enrollment as needed
- Additional testing per ID guidance

RESPIRATORY FAILURE

**Transfer to ICU for HFNC vs Intubation**
- Monitor RR, WOB, FiO2, O2 Flow
- Consider early intubation if fail to improve on HFNC

**LUNG PROTECTIVE VENTILATION**
- Vt 4-6 ml/kg predicted body weight
- Plateau pressure <30
- Driving pressure (Pplat-PEEP) <15
- Target SaO2 90-96%, PaO2>60
- Starting PEEP 8-10 cmH20

**CONSERVATIVE FLUID STRATEGY**
- Post resuscitation: diuresis as tolerated by hemodynamics/Creat, NO maintenance fluids

**PEEP TITRATION**
- ARDSnet low PEEP table
- Best PEEP considered w/ ICU attending input

**PRONE**
- Early if cont. hypoxemia (P:F<150) or elevated driving/plateau pressure
- Supine ~qAM, longer proning duration allowed

**ADDITIONAL THERAPIES**
- Paralytics for vent dysynchrony, not routine
- Inhaled NO (no epoprostenol)

**ECMO CONSULT**
- If continued hypoxemia or elevated airway pressures

**PATIENCE**
- Anticipate possible prolonged intubation

HEMODYNAMICS

- Norepinephrine first choice pressor
- IF WORSENING:
  - ? myocarditis/cardiogenic shock
  - Check POCUS, EKG, TTE
  - ? Intestinal ischemia
  - Consider imaging/surgical consult

USUAL CARE

- Empiric abx per usual approach
- Sedation PRN vent sychrony
- Daily SAT/SBT when appropriate
- ABCDEF Bundle

CHANGE TO USUAL CARE

- **NO ROUTINE DAILY CXR**
- **VTE PROPHYLAXIS** as per hematology guidelines
- **MINIMIZE** staff contact in room
- **HIGH THRESHOLD** for bronchoscopy
- **HIGH THRESHOLD** to travel
- **BUNDLE** bedside procedures
- **AVOID** nebs, prefer MDIs
- Appropriate guideline-based isolation for aerosol generating procedures including intubation/extubation

THERAPEUTICS ALL ICU ADMISSIONS

- Remdesivir
- Dexamethasone in patients on oxygen or vent and <14 days from ARDS onset
- Trial enrollment if eligible for other novel Rx

**PAGER NUMBERS**

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