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### Presentations

#### Notable Symptoms
- ~65-80% Cough
- ~45% Febrile initially
- ~15% URI Sx
- ~10% GI Sx
- Anosmia
- Acute worsening after early mild sx

#### Increased Risk for Severe Disease
- Age >55
- Comorbid diseases:
  - Cardiac, pulm, renal
  - Diabetes, HTN
  - Immunocompromise

#### Labs Indicating Severe Disease
- Elevated D-dimer
- LDH >245
- Abs lymphocyte count <0.8

### Diagnostics

#### Daily Labs
- CBC with diff (esp. lymphocyte ct)
- CMP
- Fibrinogen
- D-dimer

#### Monitor for Worsening Disease or Drug Toxicity PRN
- Triglycerides
- Ferritin
- EKG
- CPK
- LFTs
- CRP

#### 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 cmH2O

#### 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

#### Usual Care
- Empiric abx per usual approach
- Sedation PRN vent synchrony
- 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