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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
- 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**

**CONSIDER EARLY INTUBATION IN ICU**

**“AVOID USING HFNC or NIPPV”**

**WARNING SIGNS:** 
- Inc FiO2,
- Dec SaO2,
- CXR WORSE

**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

**PATIENT**
- Anticipate possible prolonged intubation

**HEMODYNAMICS**

- Norepinephrine first choice pressor
- IF WORSENING:
  - ? myocarditis/cardiogenic shock
  - Obtain POCUS, EKG, troponin, lactate, CVO2 (formal TTE if high concern)

**USUAL CARE**

- Empirc abx per usual approach
- Sedation PRN vent sync
- 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**
- Clinical trial enrollment if eligible
- Consider dexamethasone in patients on oxygen or vent and <14 days from ARDS onset
- Consider concurrent remdesivir for patients receiving dexamethasone