

## All Suspected Persons

**In addition to standard of care:**

- Contact/Droplet Precautions**
- Comprehensive Respiratory Panel**
- COVID-19 PCR**
- CRP, Troponin I, BNP**
- Imaging: CXR, EKG**
- Continuous Pulse OX\*\*\***

**NOTE: N95 respirator for NP specimen collection**

\*\*\*Especially for patients with history of Transplant, HIV, COPD, Asthma, Severe CHF

### Hydroxychloroquine dosing

400mg BID first day then  
200mg BID for 4 days (total 5d)

### Azithromycin dosing

500mg first day then  
250mg daily for 4 days (total 5d)

### Remdesivir dosing

200mg first day then  
100mg daily for 4 days (total 5d)

### Doxycycline dosing:

100mg q12h for 5 days

### Special Notes

- If high suspicion for risk of COVID, but not meeting criteria for treatment please page ID to discuss.
- Corticosteroids are not routinely indicated for COVID.
- Corticosteroids can be used for other conditions necessitating them (e.g., 0.5 mg/kg prednisone in moderate-severe COPD, or hydrocortisone 50mg QID in refractory septic shock) in COVID suspects.
- Please consult with ID & Pulm/CC to discuss risks/benefits if high dose steroids are being considered."

## COVID PCR Negative

**Stop Hydroxychloroquine,  
Azithromycin/Doxycycline**

**If continued high suspicion  
for COVID, call Infectious  
Diseases**

**Start Usual Tx AND**  
**If new hypoxemia (SpO<sub>2</sub> <92%)**  
**OR >4% decline from baseline SpO<sub>2</sub>**  
**for chronically hypoxemic patients**  
**+/- T >101.5 degrees F**  
**Order Hydroxychloroquine<sup>^</sup> AND**  
**Azithromycin †**  
**Trend Glucose daily**

## COVID PCR Positive

**Call Infectious Diseases**  
**Continue**

**Hydroxychloroquine**  
**Request Remdesivir through  
online portal:**

<https://rdvccu.gilead.com>

**^ Once ordered, verifying pharmacist will obtain approval from on-call clinical pharmacist**

**† If QTc prolonged, consider using Doxycycline instead of Azithromycin**