

# ADULT COVID TREATMENT PROTOCOL

Protocol version 2020\_4\_10

EXCEPTIONAL CARE. WITHOUT EXCEPTION.  
© 2020 RBG Realty

### Special Notes

- 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."

## All Suspected Persons

In addition to standard of care:

- Contact/Droplet Precautions
- Comprehensive Respiratory Panel
- COVID-19 PCR
- CBC, BMP, CRP, Ferritin, LDH, Fibrinogen\*
- Trop I, BNP
- Hepatitis BsAg, Hepatitis BsAb
- Imaging: CXR, EKG
- Continuous Pulse OX\*\*\*

\*\*\*For patients with history of Transplant, HIV, COPD/Asthma, Severe CHF

NOTE: N95 respirator for NP specimen collection

### Hydroxychloroquine dosing

600mg BID first day then

400 mg QD\* for 4 days (total 5d)

\*Can change to 200 mg BID if needed for GI intolerance

### Colchicine dosing

0.6 mg twice daily until discharged

### Azithromycin dosing

500mg first day then

250mg daily for 4 days (total 5d)

### Doxycycline dosing:

100mg q12h for 5 days

**IF Medium or High Probability for COVID**  
(i.e. respiratory symptoms: cough, shortness of breath, hypoxemia, etc. +/- Fevers +/- Exposure)

ORDER

Hydroxychloroquine (HCQ)

### Add colchicine

Unless 1 of the following is present:

- Renal impairment (CrCl < 50 ml/min)
  - Severe Hepatic dysfunction
- Concomitant CYP3A4 inhibitors
  - Pregnancy

If cannot add colchicine, add azithromycin<sup>†</sup> instead

## COVID PCR Negative

Stop hydroxychloroquine and colchicine  
OR azithromycin OR doxycycline

If continued high suspicion for COVID despite negative test,

Page COVID Treatment Team (5881)

## COVID PCR Positive

Continue Hydroxychloroquine and colchicine<sup>^</sup> OR azithromycin OR doxycycline

Discontinue Empiric Antibiotics UNLESS evidence of bacterial co-infection (elevated WBC, elevated PCT, focal consolidation, purulent sputum, positive cultures, etc.)

Trend labs daily\*

Due to concerns of QTc prolongation and drug interactions in ICU patients, hydroxychloroquine, azithromycin, and colchicine should be discontinued if patient admitted or transferred to the ICU.

<sup>†</sup> If QTc prolonged, consider using Doxycycline INSTEAD OF Azithromycin

<sup>^</sup> Discontinue colchicine if >3 loose stools per day, watery diarrhea, CrCl < 50 ml/min, or if patient receives dose of tocilizumab, sarilumab, or anakinra