

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[†] 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[^] 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.

[†] If QTc prolonged, consider using Doxycycline INSTEAD OF Azithromycin

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