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| Image result for lac+usc logo  | **Inpatient Treatment Guidelines for Covid-19** **Updated: Aug 13, 2021** |
| These recommendations summarize current, evidence-based recommended medical management of hospitalized Covid-19 patients at LAC+USC. As new information becomes available, treatment recommendations will be updated and distributed accordingly.  |
| **Table 1: Inpatient Management by Disease Severity** |
| **Disease Severity** | **Recommended Therapies** | **Comments** |
| **Asymptomatic or minimal disease** | Supportive Care, no specific therapies | SpO2 ≥ 94% on room air |
| **Supplemental O2 Requirement**(e.g. nasal cannula, simple mask or other low flow O2 delivery device) | Dexamethasone + remdesivir | Do **not** keep hospitalized to finish remdesivir course if clinically improved & stable for Safer @ Home O2 discharge.  |
| **High Flow O2 Requirement**(e.g. HFNC ≥ 30L/min) | Dexamethasone & consider tocilizumab\* in consulation with COVID ID attending. **Tocilizumab General Requirements**:- Illness duration < 14 days- AST/ALT < 1.5x ULN- CRP >75- GFR ≥ 30  | Remdesivir **NOT** recommended.\*Tocilizumab dose is 8mg/kg x1 and requires COVID ID Attending approval, a TNF form order, and screening for latent TB and HepB.  |
| **Mechanical Ventilation or ECMO** | Dexamethasone (and consider tocilizumab in consulation with COVID ID attending).  | Remdesivir **NOT** recommended. |
| **Table 2: Dosing and Comments on Specific Inpatient Therapeutics** |
| **Drug** | **Dosing** | **Comments** |
| Dexamethasone | 6mg IV or PO daily x10 days | * Demonstrated1 mortality benefit in Covid-19.
* Caution or consider ID Consult if suspected, concurrent bacterial or fungal coinfection.
* Equivalent glucocorticoids in drug shortage include methylprednisolone 32mg daily or prednisone 40mg daily.
* Although the RECOVERY Trial participants were not continued on dexamethasone at time of discharge, average lengths of hospitalization in the study were longer than typical LAC+USC hospital stays. As such, continuation of the 10-day dexamethasone course upon discharge is recommended.
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| **OUTPATIENT & ED/UCC** |
| Monoclonal Antibodies(bamlanivimab, bamlanivimab/etesavimab and casivirimab/imdevimab) | NOT FOR INPATIENT USE | * Studies of SARS-CoV-2 monoclonal antibodies have not demonstrated clinical benefit in hospitalized patients.
* Limited data suggest reductions in hospitalization rates early in disease for ambulatory, high-risk patients not requiring oxygen.
* Bamlanivimab-containing products are **NOT** recommended for use in California
* Casivirimab/imdevimab (Regeneron) may be considered for high-risk outpatients not requiring O2.
* Outpatients may be referred for consideration of monoclonal therapy by sending an email to: MLKCOVIDMAB@dhs.lacounty.gov
* DHS ambulatory care ID physicians will review referrals and facilitate scheduling of monoclonal infusions at the MLK Ambulatory Clinic for DHS patients

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| For patients with hypoxia and being discharged on home O2 from ED or UCC:Dexamethasone  | 6mg PO daily x10 days | * Only therapy to date with demonstrated1 mortality benefit in Covid-19.
* Caution or consider ID Consult if suspected, concurrent bacterial or fungal coinfection.
* Equivalent glucocorticoids in drug shortage include methylprednisolone 32mg daily or prednisone 40mg daily.
* Although the RECOVERY Trial participants were not continued on dexamethasone at time of discharge, average length of hospitalization in the study were longer than typical LAC+USC hospital stays. As such, continuation of the 10-day dexamethasone course upon discharge is recommended.
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**References**:

1. RECOVERY Collaborative Group, Horby P et al. Dexamethasone in Hospitalized Patients with Covid19. *N Engl J Med*. 2020 Jul 17. PMID: 32678530.
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2. Goldman, JD et al for the GS-US-540-5773 Investigators. Remdesivir for 5 or 10 days in Patients with Severe Covid-19. *NEJM* 2020; 383:1827-1837.
3. Interleukin-6 Receptor Antagonists in Critically Ill Patients with Covid-19 (REMAP-CAP). *NEJM* 2021 April 22; 384(16):1491-1502.