UF - Central Florida Health

System Treatment Guidelines for Confirmed SARS-CoV-2 Infection (COVID-19)

Patient group	Current Potential Therapy	Notes
Mild disease: Not requiring hospitalization OR Hospitalized patient with (SPO2 > 94%), and NO radiographic evidence of pneumonia	**Supportive care**	• **Consider discharge if stable clinically**
Moderate disease: Hospitalized patients with hypoxia (SPO2 ≤ 94 %) AND Radiographic evidence of pneumonia	Start empiric antibiotics. Consider de-escalation after 48 hours. Refer to Pneumonia PowerPlans™. **Hydroxychloroquine** 400 mg PO q 12 hrs. x 2 doses then 12 hours later start 200 mg PO q 12 hrs. for 5 days	• **Infectious Diseases consult required for all hospitalized patients with confirmed COVID19** • Check EKG prior to hydroxychloroquine initiation for QT prolongation. Risk is increased when used with other QT prolonging drugs. • Recheck EKG once after drug initiation and manage clinically. • Review potential medication interactions and other possible side effects
Severe disease with respiratory failure: Patient requiring mechanical ventilation	Start empiric antibiotics. Consider de-escalation after 48 hours. Refer to Pneumonia PowerPlans™. **Hydroxychloroquine** 400 mg PO q 12 hrs. x 2 doses then 12 hours later start 200 mg PO q 12 hrs. for 10 days	• **Infectious Diseases consult required for all hospitalized patients with confirmed COVID19** • Check EKG prior to initiation of hydroxychloroquine for QT prolongation. Risk is increased when used with other QT prolonging drugs. • Recheck EKG once after drug initiation and manage clinically. • Review potential medication interactions and other possible side effects
Evidence of cytokine release syndrome: Worsening of respiratory function with evidence of CRS with documented elevated IL-6 levels (results in 3 to 5 days).	**Consider Tocilizumab**	• **Infectious Diseases consult required for all hospitalized patients with confirmed COVID19**

Other Drug Therapy Notes	
Chloroquine	Available for use once hydroxychloroquine supply has been diminished. Recommended dosing 500 mg PO every 12 hours x 10 days.
Remdesivir	Only available from the manufacturer on compassionate use. Per Gilead, due to overwhelming demand over the last several days, during this transition period we are unable to accept new individual compassionate use requests, with the exception of requests for pregnant women and children less than 18 years of age with confirmed COVID-19 and severe manifestations of disease. We are focused now on processing previously approved requests and anticipate the expanded access programs will initiate in a similar expected timeframe that any new requests for compassionate use would have been processed. Exclusions for compassionate use evidence of multi-organ failure, pressure requirement to maintain blood pressure, ALT levels greater than five times the upper limit of normal, creatinine clearance less than 30 ml/min or dialysis or continuous veno-venous hemofiltration. Inclusion criteria include hospitalized, confirmed COVID-19 by PCR, intubated. Remdesivir cannot be used in conjunction with any other potentially active agents.
Corticosteroids	Per WHO guidelines, given the lack of effectiveness and possible harm, especially delayed viral clearance, routine corticosteroids should be avoided unless they are indicated for other reasons such as exacerbation of asthma,COPD and refractory septic shock.
Lopinavir/ritonavir (Kaletra)	Based on most recent data, shows lack of benefit in severe COVID-19 cases, not currently recommended.
Oseltamivir	SARS-CoV-2, the virus that causes COVID-19, does not use neuraminidase as part of the viral replication cycle so oseltamivir is unlikely to be of therapeutic value, and supplies of the drug should be preserved for patients with influenza.
IVIG	IVIG remains on critical national shortage. The benefit in patient with COVID-19 is unclear.