

## Clinical Course/Treatment – COVID

### PASSIVE VACCINATION

Variants –now obsolete in much of our country

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

### COVID POST-EXPOSURE PERIOD

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

COVID- Early Viral Upper Respiratory Non-hypoxic phase – <https://www.covid.gov>

<https://www.nytimes.com/interactive/2021/us/covid-cases.html>

1-Paxlovid –

Emergency Use Authorization (1): removal of requirement of SARS-CoV-2 viral testing 02/2023

but remains as follows:

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of the unapproved product PAXLOVID for the treatment of adults and pediatric patients (12 years of age and older weighing at least 40 kg) with **a current diagnosis** of mild-to-moderate coronavirus disease 2019 (COVID-19) and who are at high risk for progression to severe COVID-19, including hospitalization or death.

<https://www.fda.gov/media/155050/download>

*drug interaction checkers* <https://www.covid19-druginteractions.org/checker> and <https://www.idsociety.org/paxlovid>

<https://news.walgreens.com/press-center/news/walgreens-launches-free-paxlovid-delivery-services-with-doorDash-and-uber.htm>

2 -Remdesivir -(approved for down to 28 days of age) 3-day early IV

[https://www.vekluryhcp.com/?utm\\_id=iw\\_sa\\_11453738585\\_111635246813&utm\\_medium=cp&utm\\_term=medicine+remdesivir&gclid=CjwKCAjwj42UBhAAEiwACIhADocodyE-OQCnF5PXs6x5nuFnH230Tc-4V3iFulmtEoxHgYAY1Tr7hhoCTOoQAvD\\_BwE&gclsrc=aw.ds](https://www.vekluryhcp.com/?utm_id=iw_sa_11453738585_111635246813&utm_medium=cp&utm_term=medicine+remdesivir&gclid=CjwKCAjwj42UBhAAEiwACIhADocodyE-OQCnF5PXs6x5nuFnH230Tc-4V3iFulmtEoxHgYAY1Tr7hhoCTOoQAvD_BwE&gclsrc=aw.ds)

## Dr. Daniel Griffin's Clinical treatment summary for 02/09/2023

<https://files.constantcontact.com/17b067e5501/04046d2f-51dc-490f-89e1-edb5c535eeb6.pdf?rdr=true>

3-Monoclonal Rx And now with the Variants <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

4-Molnupiravir – <https://onlinelibrary.wiley.com/doi/10.1002/jmv.28011>

5-Convalescent Plasma

6-Avoid: let us not do harmful things

1. No steroids
2. No unnecessary antibiotics
3. Etc.

### COVID - Early Inflammatory Lower Respiratory Hypoxic Phase –

1-Steroids at the right time in the right patient at the right dose. This is *after* the first week and in patients with oxygen saturations <94%. This gives us about a 17% mortality reduction  
<https://www.nejm.org/doi/full/10.1056/nejmoa2021436>

2-Anticoagulation Guidelines from a number of organizations including ASH –  
<https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/venous-thromboembolism-guidelines/ash-guidelines-on-use-of-anticoagulation-in-patients-with-covid-19>

3-Pulmonary support .

4-Remdesivir if not on a ventilator and still in the first 10 days from symptom onset

5-Immune modulation: Tocilizumab, the IL6-R blocker and in some cases Baricitinib, but only if there is progression and benefits outweigh risks.

6-AVOID: unnecessary antibiotics and unproven therapies