

# Dr. Daniel Griffin's Clinical treatment summary for 06/29/2023

## Clinical Course/Treatment – COVID

### COVID PASSIVE VACCINATION

### 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>

1-Paxlovid – now licensed

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

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

4-Convalescent Plasma - an early treatment option for the treatment of immunosuppressed COVID-19 patients at high risk for progression to severe disease who have no other treatment options, first week before you end up in the hospital.

**ID Society** on convalescent plasma “Recommending against the routine use of convalescent plasma among immunocompromised patients hospitalized with COVID-19.”

<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>

5-Avoid: let us not do harmful things and useless things.

### **COVID - Early Inflammatory Lower Respiratory Hypoxic Phase – – ‘Cytokine Storm’**

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%. Dexamethasone 6mg a day x 6 days. *Update the HER order sets?*

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 and not yet on a ventilator

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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