

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 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 still in the first 10 days from symptom onset and not on a ventilator

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