

# Dr. Daniel Griffin's Clinical treatment summary for 11/02/2023

## 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** – <https://www.covid.gov>

1-Paxlovid – now licensed

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

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 - – Cytokine Storm Week**

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.

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6-AVOID: unnecessary antibiotics and unproven therapies

## ISOLATION for the INFECTED

Guidance for HCPs Updated August 22, 2023 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

For people who are [mildly ill](#) with SARS-COV-2 infection and not moderately or severely immunocompromised:

- ❑ Isolation can be discontinued at least 5 days after symptom onset (day 0 is the day symptoms appeared, and day 1 is the next full day thereafter) if fever has resolved for at least 24 hours (without taking fever-reducing medications) **and** other symptoms are improving.
  - ❑ Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
  - ❑ A high-quality mask should be worn around others at home and in public through day 10. A [test-based strategy](#) may be used to remove a mask sooner.
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**Test based strategy:** updated May 11, 2023 <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

- ❑ If you have access to antigen tests, you should consider using them. With two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.

For nonHCPs then I will leave in the link for the updated guidance as of May 11, 2023 which at this point is basically the same as for HCPs

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