

Intensive respiratory management See Pulmonary Algorithm

Consider immunomodulators^b

- Tocilizumab
- Hemoperfusion
- Consider convalescent plasma^b

Refer to intensivist or pulmonologist Consider referral to rheumatologist if cytokine storm is suspected and to a hematologist if convalescent

plasma will be used

b Note: Review benefits and safety risks for investigational interventions. Discuss with patient, family &/or legally authorized representative. Obtain informed consent BEFORE using COVID-19 investigational therapies.

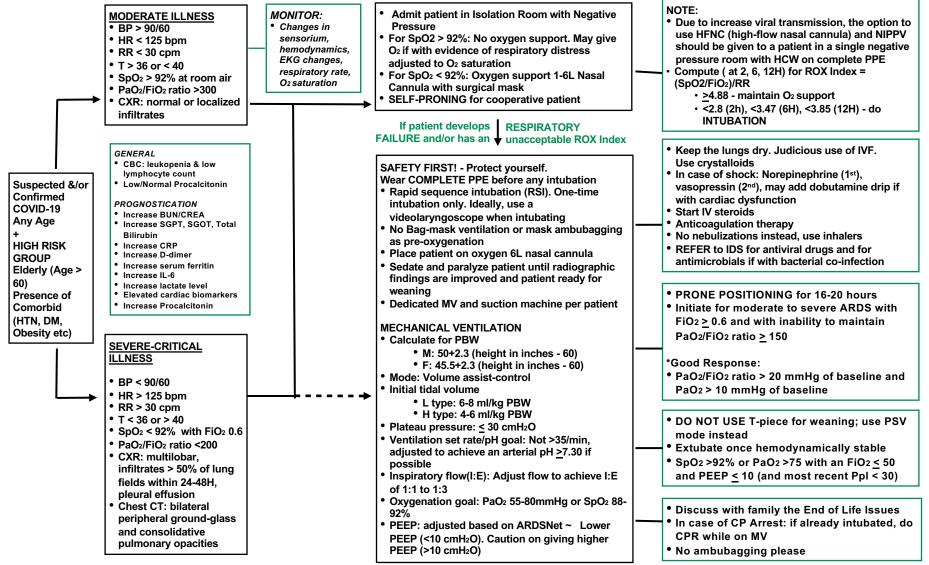
Management of Patients with Probable or Confirmed Severe COVID-19 Pneumonia

As of July 19, 2020

ALGORITHM IN THE RESPIRATORY MANAGEMENT OF CRITICALLY ILL WITH SUSPECTED &/OR CONFIRMED COVID-19

PCCP Council on Critical Care and Pulmonary Vascular Disorders As of July 19, 2020





REFERENCES: Josh Farkas Internet Book of Crit Care. March 2, 2020. Mosenifar et. al. Drugs and Diseases Medscape Updated 2020. Jones et. al. SOFA Score Crit Care Med 2009 ARDS Definition Task Force. Ranieri et. al. The Berlin Definition JAMA 2012 June. Vasileva and Badawi Inflamm Res 2019; 68:39-46. WHO Interim Guidance March 13, 2020. Surviving Sepsis Guidelines 2020 European Society of Intensive are Medicine and Society of Critical Care Medicine. Phil Soc of Vasc Med Algorithm for Anticoagulation for COVID+, suspect or probable, Apr 12, 2020. VIIH Clinical Trials.gov Tatkov 2019. Marini and Gattinoni. Management of Covid19 Respiratory Distress Clinical Updates JAMA Insights April 24, 2020

Dosing regimen

Remdesivir	Favipiravir	Dexamethasone	Interferon beta -1a	Tocilizumab
200 mg IV Ioading dose on Day 1 then 100 mg IV (infused over 30 min) once daily to complete 5-10 days	1,800 mg 2x/day loading dose then 900 mg 2x/day for 13 days	6 mg IV daily for 10 days	Interferon ß-1a administered intravenously at the dose of 10 µg once daily for 6 days OR Interferon ß1a administered subcutaneously at the dose of 44 µg Day 1, Day 3 and Day 6 (total: 3 doses). It should be given at the same time each day. No dosage adjustment is required for renal or hepatic impairment.	 4-8mg/kg single dose with recommended dose of 400mg IV diluted in 0.9 NSS to 100mL, given as a 2-hour infusion A second dose may be given after 12 hours at the discretion of the health care provider