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COVID-19 treatment protocol Aruba (version 05/12/2021)

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	Pharmacologic treatment	Remarks
Mild: No indication for admission	<ul style="list-style-type: none"> None 	Daily monitoring by GP/specialist/ DVG. Give (self-)proning instructions.
Moderate: <ul style="list-style-type: none"> Admission to general ward <u>No extra O2</u> 	<ul style="list-style-type: none"> Enoxaparin 40 mg qd sc No antibiotics unless deterioration Paracetamol PRN 	Avoid continuous volume-therapy, only goal-directed fluid boluses. Give (self-)proning instructions
Moderately severe: <ul style="list-style-type: none"> Admission to general ward <u>Extra O2</u> need (or SpO2 <94% or RR > 25/min) 	<ul style="list-style-type: none"> Dexamethasone 6mg iv/po qd 10 days* <u>Reassessment between 2-5 days:</u> ~ If improving -> continue for 10 days ~ If worsening -> rule out other causes e.g. PE or bacterial superinfection Consider tocilizumab single dose of 400 mg IV or sarilumab single dose of 400 mg IV ** added to dexamethasone in: Patients with persistent respiratory deterioration in 24 hours with O2 requirement > 6L (venturi mask, NRM) and CRP ≥75 mg / l and for whom increase of pulmonic inflammation due to COVID-19 is the most plausible explanation. ** Enoxaparin 40 mg qd sc. 	Avoid continuous volume-therapy, only goal-directed fluid boluses. Give (self-)proning instructions. Daily assessment of possible superinfection during treatment with tocilizumab or sarilumab Always use a patient monitor if NRM > 10 Liters is needed. Diabetes diet Consider insuline novorapid sliding scale

	<p>Consider enoxaparin 40 mg b.i.d. sc in severe cases.</p> <ul style="list-style-type: none"> No antibiotics unless: 1) reasonable suspicion of bacterial (super) infection OR 2) qSOFA 2 or higher (= sepsis). Then: ceftriaxon 2gr 1dd1 iv (max 5 days) Paracetamol PRN 	
<p>Severe:</p> <ul style="list-style-type: none"> <u>Every admission to ICU/MCU</u> (ventilated or HFNC) 	<ul style="list-style-type: none"> Dexamethasone 6mg iv/po qd 10 days* <u>Reassessment between 2-5 days:</u> ~ If improving -> continue for 10 days ~ If worsening -> rule out other causes e.g. PE or bacterial superinfection Consider tocilizumab single dose of 400 mg IV or sarilumab single dose of 400 mg IV** added to dexamethasone in: Patients admitted to the ICU straight from the ER < 24 hours and CRP ≥75 mg / l and for whom increase of pulmonic inflammation due to COVID-19 is the most plausible explanation Enoxaparin 40 mg <u>bid</u> sc Ceftriaxon 2gr qd IV (evaluate after 3 days, max 5 days) 	<p>Escalate ceftriaxone to p/p/tazo 4dd 4,5 g IV or 18 g/24 h continuous when suspicion of HAP (stay >48u + deterioration).</p> <p>Daily assessment of possible superinfection during treatment with tocilizumab or sarilumab</p> <p>Diabetes diet</p> <p>Consider insuline novorapid sliding sc</p>

Special conditions

-Management in **immunocompromised patients**; see protocol [COVID-19 management in immunocompromised patient HOH](#)

* Conditions for dexamethasone: 1) disease duration ≥7 days AND 2) signs of hyperinflammation (elevated CRP/LDH/ferritin levels) or extensive ground-glass opacities on Chest X-ray/CT)

** Conditions for tocilizumab or sarilumab: PCR-proven positive test (or very strongly suspected) for COVID-19.

Tocilizumab or sarilumab is only to be prescribed by a pulmonologist, intensivist or COVID-internist

Contra-indications tocilizumab/sarilumab

- Significant immunosuppression, e.g., recent use of other biologic immunomodulating drugs
- An uncontrolled, serious bacterial, fungal, or non-SARS-CoV-2 viral infection
- ALT >5 x ULN, absolute neutrophil count <500 cells/ μ L and platelet count <50,000 cells/ μ L

Sources:

- SWAB Richtlijn. Medicamenteuze behandelopties bij patiënten met COVID-19. <https://swab.nl/nl/covid-19> ;addendum 01-12-2021
- Dexamethasone reduces death by up to 1/3 in severely ill COVID-19. www.recoverytrial.net
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- UpToDate: COVID-19: Management in hospitalized adults. Updated version 15 november 2021.
- UpToDate: Cryptogenic organizing pneumonia. Accessed : Apr 29, 2020.
- Cordier J. Organising pneumonia. *Thorax* 2000;55:318-328.
- Federatie Medisch Specialisten. Leidraad Corticosteroïden in beloop van COVID-19 pneumonie-/ARDS beeld. - Versie dd. 30 oktober, 2020
- Gordon AC et al. Interleukin-6 Receptor Antagonists in Critically Ill Patients with Covid-19. *N Engl J Med*. 2021 Feb 25;NEJM