



# Dr. Horacio E. Oduber HOSPITAL

## COVID-19 and pregnancy treatment protocol Aruba (version 1.1: 24/08/2021)

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	Pharmacologic treatment	Remarks
<b>Mild:</b>  No indication for admission	<ul style="list-style-type: none"> <li>None</li> </ul>	Daily monitoring by GP/specialist/ DVG.
<b>Moderate:</b>  <ul style="list-style-type: none"> <li>Admission to general ward</li> <li><u>No extra O2</u></li> </ul>	<ul style="list-style-type: none"> <li>Clexane 40 mg qd sc</li> <li>No antibiotics unless deterioration</li> <li>Paracetamol PRN</li> </ul>	Avoid continuous volume-therapy, only goal-directed fluid boluses.  Indication for Tri Flow
<b>Moderately severe:</b>  <ul style="list-style-type: none"> <li>Admission to general ward</li> <li><u>Extra O2</u> need (or SpO2 &lt;94% or RR &gt; 25/min)</li> </ul>	<b>Dexamethasone use during pregnancy:</b>  Between 25-34.6 weeks: <ul style="list-style-type: none"> <li>Dexamethasone 12 mg q12 hr OR 6 mg q6 hr IV for 2 days</li> </ul> <i>Indication: stimulation of fetal lung maturation</i>  <ul style="list-style-type: none"> <li>After stopping dexamethasone continue with Prednisone 40 mg q24</li> </ul>	Avoid continuous volume-therapy, only goal-directed fluid boluses.  Always use a patient monitor if > 6 l O2  If NRM > 10 L consider admission on the ICU for optiflow  Diabetes diet  Indication for Tri Flow

	<p>hrs IV/PO for another 8 days (total 10 days)</p> <p>&gt; 35 weeks:</p> <ul style="list-style-type: none"> <li>No indication for stimulation of fetal lung maturation</li> <li>Prednisone 40 mg q24 hrs IV/PO for 10 days</li> </ul> <p><u>Reassessment between 2-5 days:</u></p> <p>~ If improving -&gt; continue for 10 days</p> <p>~ If worsening -&gt; rule out other causes e.g. PE or bacterial superinfection</p> <ul style="list-style-type: none"> <li>Clexane 40 mg qd sc</li> <li>No antibiotics unless: 1) reasonable suspicion of bacterial (super) infection OR 2) qSOFA 2 or higher (= sepsis) Then: Amoxicillin/clavulanic acid 4dd 1200 mg IV 5 days or Amoxicillin/clavulanic acid 3 dd 625 mg PO 5 days</li> <li>Paracetamol PRN</li> </ul>	<p>Start antibiotics after taking cultures and respiratory panel</p>
<p><b>Severe:</b></p> <ul style="list-style-type: none"> <li><u>Every admission to ICU/MCU</u> (ventilated or HFNC)</li> </ul>	<ul style="list-style-type: none"> <li><b>See dexamethasone use during pregnancy</b></li> <li>Clexane 40 mg <u>bid</u> sc</li> <li>Amoxicillin/clavulanic acid 4dd 1200 mg IV 5 days</li> </ul>	<p>Escalate to piperacillin/tazobactam 4.5gr 3dd1 (or 14.5gr continuous drip) when suspicion of HAP (stay &gt;48u + deterioration).</p> <p>Start antibiotics after taking cultures and respiratory panel</p> <p>Diabetes diet</p> <p>Indication for Tri Flow</p>

### Indication Tocilizumab

Due to limited evidence of the use of tocilizumab in pregnant women, we decided not to use it as routine. Nevertheless, it can be used in individual patients after multidisciplinary consultation.

Indication Remdesivir: thus far can't be recommended.

### Indication for ICU:

- Consider admission on the ICU if pregnant women with more than 10L NRM
- Perform a CT-scan to excluded pulmonary embolism

### The use of Anesthetics during transportation to Colombia

- Agents: propofol/ remifentanyl

- Intubation: etomidate/rocuronium

- Do not forget to take surveillance cultures before referring to Colombia:

MRSA screening and rectum BMRO

\*After C-section there is no contra-indication for self-proning.

### **Sources:**

- Coronavirus (COVID-19) Infection in Pregnancy, Version 13: 19 February 2021, Royal College of obstetricians and Gynaecologists
- SWAB Richtlijn. Medicamenteuze behandelopties bij patiënten met COVID-19. <https://swab.nl/nl/covid-19>