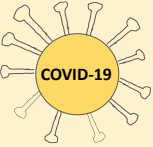


# Clinical Therapeutics and Management of Adults Hospitalised due to COVID-19

## GROUP 1



# Oxygen



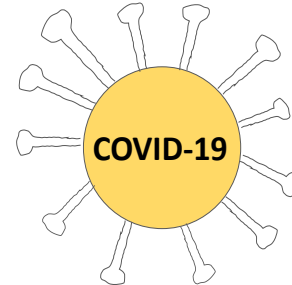
- Suspected COVID pneumonia:  
Target SpO2 90-94%
  - If COPD or risk of hypercapnia  
Target SpO2 88-92%
- Consider proning for ward patients with an oxygen requirement



**DO NOT USE** high flow nasal O2 or NIV out with designated locations and without respiratory consultant review/critical care recommendation



## Treatment Escalation Plan (TEP) required for all suspected COVID patients



## Drugs to consider in all patients with suspected COVID

### VTE Prophylaxis

- The risk of VTE is increased
- Ensure VTE prophylaxis prescribed unless contraindicated
- Refer to **Thromboprophylaxis in COVID-19 Patients (NHS GGC Guidelines)**

### REMEDSIVIR\*

Refer NHS Therapeutic Handbook for use in certain cases.

\*Refer to NHS GGC Therapeutics Handbook

### Dexamethasone /Steroids\*

Dexamethasone 6mg daily is indicated if

1. COVID suspected or confirmed

**AND**

2. Supplemental O2 required

**AND**

3. Adult (In pregnancy use 40mg prednisolone or IV hydrocortisone 80mg bd)

- Duration 10 days (stop if alternative diagnosis or discharged before this)
- Check blood glucose daily (even in non-diabetics)

\*Refer to NHS GGC Therapeutics Handbook  
\* Management of hyperglycaemia in COVID-19

### Antibiotics

- Vaccine responsive patients rarely develop COVID pneumonitis and bacterial co-infection with COVID-19 infection is rare.
- In hospitalised patients with COVID-19 antibiotics should not be routinely prescribed and only considered if there is additional clinical or radiological evidence of a bacterial infection.
- If bacterial infection is suspected blood and other site specific cultures should be undertaken and NHS GGC empirical infection management guidelines should be followed.

### IL-6 Inhibitors\*

#### Tocilizumab/Sarilumab

- Consider in patients with a CRP of at least 75mg/L
- AND**
- sats <92% on room air OR requiring O2
- AND**
- Not already treated during this episode with an IL-6 inhibitor
- OR**
- Within 24-48 hours of starting respiratory support for COVID pneumonia

**Caution in immunosuppressed patients**  
**This may suppress CRP for several weeks**  
**It is a potent immunosuppressant, patient is at risk of opportunistic infection.**

**Do not use if bacterial pneumonia likely.**  
\* Refer to NHS GGC Therapeutics Handbook and document discussion with consultant before prescribing

### Monoclonal Antibody (nMAB)

**No available nMAB treatment options**  
Ronapreve is not effective against Omicron variant. Other nMABs, maybe considered for treatments within the RECOVERY trial only. Contact the investigators\*

\*See full guidance in NHS GGC Therapeutics Handbook

### Baricitinib

Consider adding to an IL-6 where patient is deteriorating despite treatment or in critical care.  
Refer to GGC THB before prescribing\*

\*See full guidance in NHS GGC Therapeutics Handbook