

# Denver Health Treatment Guidance for SARS-CoV-2 Infection/COVID-19

This guidance is for patients who test positive for SARS-CoV-2\*

All adult inpatients who test positive for SARS-CoV-2 will be screened for inclusion in the remdesivir plus standard of care vs standard of care alone, randomized, controlled trial. The guidance that follows will be considered standard of care regardless of remdesivir study enrollment.		
Clinical Situation	Treatment	Special Considerations & Monitoring
Outpatients	Supportive care	N/A
Clinically stable hospitalized patients (not requiring ICU-level care) with no risk factors** for disease progression	Supportive care	N/A
Clinically stable hospitalized patients (not requiring ICU-level care) with: <ul style="list-style-type: none"> <li>Hypoxia (SpO2 ≤90) or radiographic evidence of pneumonia AND</li> <li>≥1 risk factor** for disease progression</li> </ul>	Hydroxychloroquine 400 mg PO BID x1 day, then 200 mg PO BID x 4 days  <i>Antimicrobial Stewardship approval required 303-201-3342 M-F 8a-5p, ID Attending on call after hours</i>	Check EKG prior to initiation given risk of QTc prolongation. If QTc > 470, close monitoring while on therapy recommended.  Most toxicities are associated with long-term use
Hospitalized patients requiring ICU-level care	Hydroxychloroquine 400 mg PO BID x1 day, then 200 mg PO BID x 4 days <i>Antimicrobial Stewardship approval required 303-201-3342 M-F 8a-5p, ID Attending on call after hours</i> AND Azithromycin 500 mg IV/PO Q24H x 3 days  Consider addition of IL-6 blockade with tocilizumab. ID Consult required.	Other risks include but are not limited to arrhythmia, cardiomyopathy, bone marrow suppression, and hypoglycemia - monitor for these side effects.
Exposure to a known SARS-CoV-2 positive patient	Post-exposure prophylaxis is not recommended	N/A
*For patients who test negative for SAS-CoV-2 or otherwise fall outside of this guideline, ID Consult required for use of one of the above agents ** Risk factors for COVID-19 disease progression include: age >60 y.o., comorbidities such as cardiovascular disease, uncontrolled diabetes, chronic respiratory disease, hypertension, or immunosuppression		

- References: Colson P, Rolain JM, Raoult D. Chloroquine for the 2019 Novel Coronavirus SARS-CoV-2. *Int J Antimicrob Agents*. 2020; 55(3): 105923.
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- Xu X, et al. Effective treatment of severe COVID-19 patients with tocilizumab. *chinaXiv:202003.00026v1*