

Peninsula Regional Health System
 Treatment Algorithm for COVID-19 Suspected and Confirmed Patients

In all patients, avoid use of NSAIDs.

For fluid resuscitation: **Give 250–500 mL crystalloid fluid** as rapid bolus in first 15–30 minutes and reassess for signs of fluid overload after each bolus. **ONLY GIVE IN SHOCK. DO NOT VOLUME OVERLOAD.**

Classification / Symptoms	Lab Tests / Imaging	Management
<p style="text-align: center;"><u>Mild / Uncomplicated upper respiratory infection</u></p> <p>NO HYPOXIA OR SHORTNESS OF BREATH</p> <p>Non-specific, and may include:</p> <ul style="list-style-type: none"> • Temp > 99.5 F • Fatigue • Myalgia • Cough (with or without sputum production) • Anorexia • Malaise • Sore throat • Dyspnea • Nasal congestion • Headache • Nausea • Diarrhea 	<ul style="list-style-type: none"> • Rule-out influenza and RSV 	<p>Home quarantine</p> <p>Full PPE Precautions</p> <p>Follow-up with telemedicine in 3-5 days for possible deterioration</p> <p><u>Avoid corticosteroid use</u></p>

Classification / Symptoms	Lab Tests / Imaging	Management
<p style="text-align: center;"><u>Mild with Pneumonia</u></p> <p>Same as mild/uncomplicated WITH shortness of breath</p> <p><u>NO supplemental oxygen needed</u></p> <p><u>NO signs of end-organ dysfunction</u></p>	<ul style="list-style-type: none"> • Chest x-ray (with bilateral infiltrates) • CBC with diff • CMP • CRP • CPK • Respiratory viral panel • Lactic acid • Procalcitonin (if non-immunocompromised and no AKI) • If productive cough, respiratory smear culture • Consider assessing for Ehrlichia / Anaplasma 	<p>Observe and assess risk for decompensation (High risk: DM, HTN, COPD, HIV, decompensated cirrhosis, etc)</p> <ul style="list-style-type: none"> • If low risk, discharge with home quarantine <ul style="list-style-type: none"> ○ Follow-up with telemedicine every 24-48 hours until recovery <p>Full PPE Precautions</p> <p>If procalcitonin positive: Empiric antibiotics</p> <ul style="list-style-type: none"> • If patient improves, discharge ASAP with home quarantine measures <p><u>Avoid corticosteroid use</u></p>

Classification / Symptoms	Lab Tests / Imaging	Management
<p style="text-align: center;"><u>Moderate</u></p> <p>Adult with pneumonia <u>WITH</u> evidence of mild or moderate end-organ damage</p> <p>REQUIRES SUPPLEMENTAL OXYGENATION for SpO₂ > 90-93%</p>	<ul style="list-style-type: none"> • SARS COV2 test • Ehrlichia/Anaplasma PCR • CBC with Differential • CMP • LDH • CRP • CPK • Lactic acid • Procalcitonin (if non immunocompromised and no AKI) • If productive cough, respiratory smear culture • Urine Legionella test • HIV test • G6PD • ABG • Blood cultures x 2 • UA • EKG 	<p>Admit to COVID Unit</p> <p>Full PPE Precautions</p> <p>DO NOT INDUCE SPUTUM</p> <p>Start 5L O₂</p> <p>Medications:</p> <ul style="list-style-type: none"> • Hydroxychloroquine 400 mg BID x 1 day, then 400 mg daily x 4 days • Azithromycin 500 mg x 1 day, then 250 mg daily x 4 days <p><u>Avoid corticosteroid use</u></p> <p>Monitor I/O and O₂ saturation</p> <p>If procalcitonin positive: Empiric antibiotics</p> <ul style="list-style-type: none"> • Narrow based on culture/sensitivity • Avoid high-salt antibiotics

Classification / Symptoms	Lab Tests / Imaging	Management
<p><u>Severe / ARDS</u> – Hemodynamically unstable and multiorgan failure</p> <p><u>Mild ARDS</u>: 200 mmHg < PaO₂/FiO₂ a ≤ 300 mmHg (with PEEP or CPAP ≥ 5 cmH₂O, or non-ventilated)</p> <p><u>Moderate ARDS</u>: 100 mmHg < PaO₂/FiO₂ ≤ 200 mmHg (with PEEP ≥ 5 cmH₂O, or non-ventilated) • Severe ARDS: PaO₂/FiO₂ ≤ 100 mmHg (with PEEP ≥ 5 cmH₂O, or non-ventilated)</p> <p>If PaO₂ not available, SpO₂/FiO₂ ≤ 315 suggests ARDS (including non-ventilated)</p>	<ul style="list-style-type: none"> • Chest xray/CT/lung ultrasound • ABG • G6PD • CBC with Differential • CMP • LDH • CRP • CPK • Lactic acid • Procalcitonin (if non immunocompromised and no AKI) • Respiratory smear culture • Blood cultures x 2 • UA • Urine Legionella test • HIV • PT/INR • EKG 	<p>Admit to COVID Unit</p> <ul style="list-style-type: none"> • RT and COVID Intensivist intubation <p>Full PPE Precautions</p> <ul style="list-style-type: none"> • IV fluid restriction after initial resuscitation <ul style="list-style-type: none"> ○ Monitor I/O <p>Medications:</p> <ul style="list-style-type: none"> • Hydroxychloroquine 400 mg BID x 1 day, then 400 mg daily x 4 days • Azithromycin 500 mg x 1 day, then 250 mg daily x 4 days • Hydrocortisone per Intensivist <p>Empiric antibiotics should be discontinued within 24 hours if no evidence of bacterial infection</p> <p><i>Compassionate medication use may not provide significant benefit for patients with poor quality of life before admission (bed-ridden, CKD, dilated CM)</i></p>