# UAB Treatment Guidance for COVID-19 (SARS-CoV-2)

Updated 6/1/2020

<table>
<thead>
<tr>
<th>Severity</th>
<th>Clinical Presentation</th>
<th>Medication Treatment*</th>
<th>Supportive Care/Adjunctive Therapy</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis</td>
<td>• No SARS-CoV-2 infection</td>
<td>No prophylaxis</td>
<td>Follow government recs for hand washing, social distancing, masking</td>
<td>No medication has been shown to prevent COVID-19</td>
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<tr>
<td>Asymptomatic</td>
<td>• Confirmed SARS-CoV-2 without symptoms</td>
<td>None</td>
<td>Isolation for 10 days after positive test, follow CDC guidance</td>
<td>Asymptomatic patients can still transmit the virus</td>
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</tbody>
</table>
| Mild (Outpatients) | • Confirmed SARS-CoV-2  
• Fever (≥100.4°F)  
• Cough/cold symptoms  
• No dyspnea or hypoxia  
• Normal chest imaging°  | Observational clinical trial enrollment (e.g. antibody levels), call 205-996-4099  
Therapeutic clinical trial enrollment, call 205-934-6777 | Isolation until: 10 days since symptoms began, 3 days since fever resolved, and cough/dyspnea improved  
Cough and cold meds, rest, hydration  | High risk if any of: Age ≥60, diabetes, cardiovascular disease, chronic respiratory disease, chronic kidney disease, cirrhosis, immunosuppressed |
| Moderate (Hospitalized) | • Confirmed or high suspicion of SARS-CoV-2†  
• Fever (≥100.4°F)  
• Cough/cold symptoms  
• Dyspnea  
• Hypoxia  
• Pneumonia on chest imaging°  | Clinical trial enrollment (page 6157 for enrollment)  
Remdesivir emergency use authorization (page 6157)#  | Prefer low-flow NC or Venturi or NRB  
Pharmacologic DVT prophylaxis  
Early goals of care discussion  | COVID-19 clinical trials:  
Adaptive COVID-19 Treatment (ACTT)  
Anakinra/Cytokine Storm Syndrome  
Canakinumab for CRS (CAN-COVID)  
Inhaled Nitric Oxide (NOSARSCOVID)  |
| Severe (ICU) | • Confirmed or high suspicion of SARS-CoV-2†  
• Fever (≥100.4°F)  
• Cough/cold symptoms  
• Dyspnea  
• Severe hypoxia  
• Pneumonia on chest imaging°  
• Mechanical ventilation/ARDS  
• Hemodynamic decompensation  | Clinical trial enrollment (page 6157 for enrollment)  
Remdesivir emergency use authorization (page 6157)#  | Consider awake proning  
Cautious use of HFNC (under surgical mask) or BIPAP (viral filter in tubing)  
Rapid-sequence intubation w/ paralytic  
If intubated, ARDSnet ventilation with low tidal volumes and plateau <30  
-If P/F below 150, prone 16+ hours/day  | Expanded access, if ineligible for trial:  
Convalescent plasma (page 8468)  |

*No immunomodulator or convalescent plasma has proven effective for COVID-19. All recommendations are based on evidence available at the time of development of this guideline.
°Chest imaging not mandatory to obtain for outpatients or inpatients.
†If antiviral therapy initiated prior to confirmation of SARS-CoV-2, discontinue treatment if COVID-19 is ruled out.
The FDA issued an Emergency Use Authorization (EUA) to permit use of remdesivir for COVID-19. Our Remdesivir EUA Prioritization document is on the UAB Coronavirus One page.
This document created by specialists from infectious diseases, pulmonary/critical care, rheumatology, hospitalists and pharmacy. We will update frequently, do not print this document.
Contact dkelmanson@uabmc.edu or pgoepfert@uabmc.edu with questions.