UAB MEDICINE

# UAB Treatment Guidance for COVID-19 (SARS-CoV-2). Updated 6/1/2020

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

*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 dkelmenson@uabmc.edu or pgoepfert@uabmc.edu with questions.