

COVID-19 treatment decision support flow chart

V1.6 7/12/2021

SARS-CoV-2 infection confirmed by PCR (or by MDT if unconfirmed)

Send baseline antibody against SARS-CoV-2
Samples must arrive in WRH lab by 3pm weekdays and 2pm weekends [click here for details](#)

Hospitalised specifically for the management of acute symptoms of COVID-19

Imaging excludes other more likely cause of new hypoxia such as effusion
Covid infection requiring supplemental oxygen or oxygen sats <92% (<94% if pregnant)

≤10 days of onset symptoms or +PCR
Age ≥12 years, Weight >40kg
eGFR>30ml/min
AST/ALT<5x upper limit normal
No chronic liver disease
No respiratory support (e.g. CPAP)
Not pregnant (seek MDT guidance)

Either CRP ≥75mg/L or early critical illness (within 48hrs of requiring High-flow nasal O₂/CPAP/NIV/IPPV)
No co-existing infection
Not had toc/sarilumab within 3 months
No pre-existing immunosuppression
AST/ALT<5x upper limit normal
Neutrophil count >2 x 10⁹/L
Plt >150 (Sarilumab) or >50 x 10⁹/L (Tocilizumab)
>18 years and not pregnant (if so seek MDT guidance)

Negative for baseline antibodies against SARS-CoV-2

Age ≥ 12 years, Weight >40kg
Not previously received treatment with casirivimab and imdevimab at the 2.4g (combined) dose or higher during this course of infection

Hospital-onset/acquired COVID-19

No need to wait for result of baseline serum antibody, nor for Covid symptoms

Remains hospitalised for indication other than COVID-19
At risk of progression to severe COVID-19
Or
COVID-19 could impact pre-existing condition
Age ≥ 12 years, Weight >40kg

Consider remdesivir course

Complete Blueteq form [Link](#)
Remdesivir IV 200mg stat, then 100mg od for 4 days (total 5 days)
30-50ml saline flush after each dose
Monitor renal and LFT daily

Advise Corticosteroid course

[See Dexamethasone treatment for Covid 19 in adults](#)
OR
[Corticosteroids for the treatment of suspected or confirmed COVID-19 in pregnancy](#)
IV or oral Dexamethasone 6mg 10 days
Or
if pregnant/breast feeding
40mg oral prednisolone 10 days **or**
IV Hydrocortisone 80mg bd 10 days
Monitor blood glucose
Gastric protection recommended

Consider IL6 inhibitor

Check other exclusions – see [IL-6 inhibitors in COVID-19 infection](#)
Complete Blueteq form [Link](#)
Administer tocilizumab (weight based dosing) or Sarilumab 400mg by infusion
FBC, renal and LFT min twice weekly
Send HepB serology, HIV serology, consider Quantiferon TB testing
Note CRP/pyrexia will be suppressed – extra vigilance for secondary infections required. Consider procalcitonin testing

Consider casirivimab and imdevimab

Check other exclusions – see [casirivimab and imdevimab - guidelines for use](#)
Complete Blueteq form [Link](#)
Administer casirivimab and imdevimab (**2.4g dose**)

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Check other exclusions – see [casirivimab and imdevimab - guidelines for use](#)
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Administer casirivimab and imdevimab (**1.2g dose**)
If patients continue to deteriorate such that their acute COVID-19 illness requires hospital-based care, consider eligibility for a second **2.4g dose** – see [casirivimab and imdevimab – guidelines for use](#)

Blueteq form may be downloaded and completed by anyone familiar with guideline, but **must** be approved by consultant; drugs can be prescribed by any doctor