

COVID-19 is frightening



Patients and doctors have tried all kinds of things to fight it. Many treatments have been, and are being tested in well-designed studies

Plasma

Some treatments, like plasma from patients who got better, seemed to work at first but later proved to be as likely to harm as to help

Hydroxychloroquine

Other treatments, like hydroxychloroquine, have been studied many times but did not reduce deaths nor help people get better quicker.

Many treatments are still being studied but may not prove useful.

Ivermectin

For example, very high doses of a drug called Ivermectin may slow virus growth in the laboratory, but so far are not proven to be safe or effective in COVID-19 patients; so further studies of this drug are underway.

Vitamin C or D

Finally, there are treatments such as high-dose vitamin C or D that have some toxicity and no theoretical or proven benefit.

You may know of other examples.

KVH is not a research hospital. **We don't give unauthorized experimental treatments**, but we do provide care based on the best evidence available. With all of the conflicting information, our care of COVID-19 is based on guidelines from the National Institutes of Health. These are updated often and are based on clinical experience and careful science. As the evidence changes, so will our practices. You can expect state-of-the-art care at KVH as we follow these guidelines. We want to serve you, but if you want care outside these guidelines, we want you to understand why we can't provide it.

The way we treat COVID-19

DISEASE SEVERITY

PANEL'S RECOMMENDATIONS

Hospitalized but Does Not Require Supplemental Oxygen

The Panel **recommends against** the use of **dexamethasone (AIIa)** or **other corticosteroids (AIII)**.*

There is insufficient evidence to recommend either for or against the route use of remdesivir. For patients at high risk of disease progression, remdesivir may be appropriate.

Hospitalized and Requires Supplemental Oxygen

Use one of the following options:

- **Remdesivir^b** (e.g., for patients who require minimal supplemental oxygen) (**BIIa**)
- **Dexamethasone plus remdesivir^b** (e.g., for patients who require increasing amounts of supplemental oxygen) (**BIII**)
- **Dexamethasone** (when combination with remdesivir cannot be used or is not available) (**BI**)

Hospitalized and Requires Oxygen Delivery Through a High-Flow Device or Noninvasive Ventilation

Use one of the following options:

- **Dexamethasone (AI)**
- **Dexamethasone plus remdesivir^b** (**BIII**)

For recently hospitalized^c patients with rapidly increasing oxygen needs and systemic inflammation:

- Add either **baricitinib (BIIa)** or **IV Tocilizumab (BIIa)** to one of the two options above^d
- If neither baricitinib nor IV tocilizumab is available for feasible to use, **tofacitinib** can be used instead of baricitinib (**BIIa**) or **IV sarilumab** can be used instead of IV tocilizumab (**BIIa**).

Hospitalized and Requires IMV or ECMO

- **Dexamethasone (AI)**

For patients who are within 24 hours of admission to the ICU:

- **Dexamethasone plus tocilizumab(BIIa)**
- If IV tocilizumab is not available or not feasible to use, **IV sarilumab** can be used (**BIIa**).

Rating of Recommendations: A=Strong; B=Moderate; C=Optional

Rating of Evidence: I=One or more randomized trials without major limitations; IIa=Other randomized trials or subgroup analyses of randomized trials; IIb=Randomized trials or observational cohort studies; III=Expert opinion

^a Corticosteroids prescribed for an underlying condition should be continued.

^b If patients progress to requiring high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO, complete remdesivir course.

^c For example, within 3 days of hospital admission.

^d Drugs are listed alphabetically and not in order of preference. As there are no studies directly comparing baricitinib and tocilizumab for treatment of COVID-19, there is insufficient evidence to recommend one drug over the other. Treatment decisions should be determined by local guidance, drug availability, and patient comorbidities.