Front Line COVID-19 Critical Care Working Group

COVID-19 TREATMENT PROTOCOL

In all COVID-19 hospitalized patients, the therapeutic focus must be placed on early intervention utilizing powerful, evidence-based therapies to counteract:

The overwhelming and damaging inflammatory response

The systemic and severe hyper-coagulable state causing organ damage

By initiating the protocol within 6 hours of presenting with tachypnea or any oxygen requirement >/= 4L/min, the need for mechanical ventilators and ICU beds will decrease dramatically.

THERAPEUTIC PROTOCOL TO CONTROL INFLAMMATION AND EXCESS CLOTTING

1. Intravenous Methylprednisolone
    a. Mild Hypoxia (<4L): 40mg daily until off oxygen
    b. Moderate-Severe Illness: 80 mg bolus then 20mg q6h IV push for 7 days
    c. Alternate: 80mg daily for 7 days
    d. Day 8: switch to oral prednisone, taper over 6 days
2. Full Dose Low Molecular Weight Heparin
    a. Mild Illness: 40-60mg daily
    b. Moderate-Severe Illness:1 mg/kg every 12 hours
    c. Continue until discharged
3. High Dose Intravenous Ascorbic Acid (Vitamin C)
    a. 3 grams/100ml every 6 hours
    b. Continue for a total of 7 days or until discharged
4. Oral Hydroxychloroquine (initiate early after symptom onset)
    a. 400 mg every 12 hours for one day
    b. switch to 200 mg every 12 hours for a total of 4 days

TREATMENT OF LOW OXYGEN LEVELS

a. If patient has low oxygen saturation on nasal cannula, initiate heated high flow nasal cannula
    - Do not hesitate to increase flow limits as needed

b. Avoid early intubation based solely on oxygen requirements, allow "permissive hypoxemia" as tolerated
    - Intubate only if patient demonstrates excessive work of breathing

c. Utilize "prone positioning" to improve oxygen saturation