Treatment of COVID 19 NIH guidelines

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COVID 19 recent guidelines Note the use of remdisivir for patients who are hospitalized and In need of oxygen

Note also use of tocilizumab is Recommended when progression Occurs and can be combined with Steroids for patients who are Very sick Last Updated: August 25, 2021

Figure 2. Therapeutic Management of Hospitalized Adults With COVID-19 Based on Disease Severity

DISEASE SEVERITY	PANEL'S RECOMMENDATIONS
Hospitalized but Does Not Require Supplemental Oxygen	The Panel recommends against the use of dexamethasone (Alla) or other corticosteroids (AllI).*
	There is insufficient evidence to recommend either for or against the routine 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) (Blla)
	 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 (Al) Dexamethasone plus remdesivir ^b (BIII)
	For recently hospitalized ^e patients with rapidly increasing oxygen
	needs and systemic inflammation:
	 Add either baricitinib (Blla) or IV tocilizumab (Blla) to one of the two options above^d
	 If neither baricitinib nor IV tocilizumab is available or 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 (Al)
	For patients who are within 24 hours of admission to the ICU:
	Dexamethasone plus IV tocilizumab (Blla)
	 If IV tocilizumab is not available or not feasible to use, IV sarilumab can be used (BIIa).

analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion