

Emergency Departments Treatment for patients requiring admission during COVID-19 Pandemic Guideline - April 12, 2020 0838

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Introduction: High quality evidence from randomized controlled trials for medications is still pending.

The Infectious Diseases Society of America (IDSA) is generally advocating for these **medications only in the context of clinical trials, not for standard use.**⁸² They are providing either strong recommendations (“recommend”) or conditional recommendations (“suggest”), noting that they only support these treatments in the context of a clinical trial.

Other sources for information include the Surviving Sepsis Campaign (SSC), World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC).^{16,42,83,84}

There is no current evidence to necessitate starting any medication in the ED or to prescribe antibiotics or antiviral medication to patients with suspected COVID-19 who are being discharged home.

Medications (all still under study)

1. Corticosteroids: In patients with ARDS, IDSA recommends the use of corticosteroids only in the context of a clinical trial. **In patients without ARDS, IDSA suggests not using corticosteroids.** In patients on steroids for another reason (e.g. asthma), continue steroids.
2. Hydroxychloroquine +/- azithromycin: IDSA recommends only in the context of a clinical trial. SSC gives no recommendation.
3. Lopinavir/ritonavir: IDSA recommends only in the context of a clinical trial. SSC recommends against routine use.
4. Tocilizumab: IDSA recommends only in the context of a clinical trial. SSC gives no recommendation.
5. Convalescent plasma: IDSA recommends only in the context of a clinical trial. SSC suggests against.
6. IVIG: No IDSA recommendations yet. SSC suggests against.
7. Remdesivir: No IDSA recommendations yet. SSC gives no recommendation.
8. Other antivirals: No IDSA recommendations yet. SSC gives no recommendation.
9. Recombinant interferon: No IDSA recommendations yet. SSC gives no recommendation.
10. Empiric antibiotics in mechanically ventilated patients: No IDSA recommendations yet. **SSC recommends empiric antibiotics.**
11. Acetaminophen: SSC recommends this for fever control for patient comfort.
12. NSAIDs: There is no specific data yet to show harm or benefit from the use of NSAIDs.

Fluid and Vasopressor Therapies

1. Severe COVID-19 pulmonary disease may manifest like ARDS.
2. With severe COVID-19 pulmonary disease and **absence of shock, a conservative (limited or negative fluid balance) fluid strategy is preferred** to prevent pulmonary edema.
3. In the **presence of shock**, guidance is less clear. **Small crystalloid boluses titrated to dynamic measures** (IVC assessment, lactic acid, passive leg raise, capillary refill) and earlier use of vasopressors (norepinephrine) may be prudent.