



# ED COVID-19 TREATMENT PATHWAY

## COVID-19 CONFIRMED OR SUSPECTED

### 1. Severity Assessment

#### MILD

- No symptoms
- Mild symptoms
- SpO<sub>2</sub> > 95% on RA

#### MODERATE

- SpO<sub>2</sub> > 92% at rest on RA
- Desaturation or SOB with mild exertion
- Evidence of LRTI on CXR

#### SEVERE/CRITICAL

- RR > 30
- SpO<sub>2</sub> < 92% at rest on >4 L/min O<sub>2</sub> via NP
- HFNO, CPAP or invasive ventilation required

### 2. Investigations

To be determined as clinically necessary:

**Bloods:** FBC, UEC, Coag, Troponin, LFTs, CRP, Ca, Mg, ABG, Glucose

**Microbiology:** Blood cultures, swabs as appropriate

**Imaging:** CXR

**Other:** ECG

### 3. Treatment

#### MILD TREATMENT

- Inhaled budesonide 800 micrograms BD
- **Other medicines (all require senior clinician approval):**
  - Consider sotrovimab
  - Consider casirivimab plus imdevimab

See the Statewide Medicines Formulary (Formulary One) for more information (internet).

#### MODERATE TREATMENT

- **Respiratory support:**
  - Aim for SpO<sub>2</sub> 92-96% for most patients or 88-92% for patients at risk of type 2 respiratory failure
  - Nasal prongs and titrate
- **Position:**
  - Consider awake prone position if desaturating
- **Fluid therapy:**
  - 250 mL x 3 if SBP < 100 mmHg
  - If not responsive, move to severe treatment
- **Steroids:**
  - Dexamethasone 6 mg IV/PO daily for 10 days (only if O<sub>2</sub> requirement)
  - Commence BGL monitoring per Hyperglycaemia Guideline
- **Other medicines (all require senior clinician approval):**
  - Consider remdesivir
  - Consider casirivimab plus imdevimab
  - Consider baricitinib
  - Consider tocilizumab
  - Consider sarilumab
- **VTE prophylaxis**

#### SEVERE TREATMENT

- **Respiratory support:**
  - Aim SpO<sub>2</sub> > 92%
  - If RR > 30 or SpO<sub>2</sub> < 92% on mask, escalate to HFNO or CPAP
  - Consult ICU
  - Intubation as necessary
- **Position:**
  - Consider prone position if desaturating
- **Fluid therapy:**
  - 250 mL x 3 if SBP < 100 mmHg
  - Vasopressors if SBP remains < 100 mmHg
- **Steroids:**
  - Dexamethasone 6 mg IV/PO daily for 10 days
  - Commence BGL monitoring per Hyperglycaemia Guideline
- **Other medicines (all require senior clinician approval):**
  - Consider remdesivir
  - Consider casirivimab plus imdevimab
  - Consider baricitinib
  - Consider tocilizumab
  - Consider sarilumab
- **VTE prophylaxis**

### 4. Disposition

**SEE RISK ASSESSMENT AND DISPOSITION GUIDELINE**