# Therapeutic Management of Adult Patients with COVID-19

<table>
<thead>
<tr>
<th>SEVERITY OF ILLNESS</th>
<th>ANTIVIRAL</th>
<th>IMMUNOMODULATORY</th>
<th>NEUTRALIZING ANTIBODIES</th>
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</table>
| Critically Ill Patients  
Hospitalized/Intensive Care Unit (ICU)  
Patients requiring respiratory (high-flow oxygen, noninvasive ventilation, mechanical ventilation) and/or circulatory (vasopressor/inotropes) support | Remdesivir is recommended for patients acutely ill with COVID-19 or immunocompromised, who are not mechanically ventilated. See *formulary* for details. | Dexamethasone is *strongly recommended*.  
Tocilizumab or baricitinib are recommended for patients experiencing significant progressive respiratory failure. See *formulary* for details. | Casirivimab-imdevimab (4 g/4 g) may be considered for patients who test seronegative for COVID-19 antibodies or who are severely immunocompromised. See *formulary* for details. |
| Severely Ill Patients  
Hospitalized, ward-based  
Patients requiring supplemental oxygen | Remdesivir is recommended for patients acutely ill with COVID-19 or immunocompromised COVID-19 patients. See *formulary* for details. | Dexamethasone is *strongly recommended*.  
Tocilizumab or baricitinib are recommended in this patient population if they require supplemental oxygen > 6 L/min to achieve a minimum SpO2 of 90% or they require non-invasive ventilation. See *formulary* for details. | Casirivimab-imdevimab (4 g/4 g) is *recommended* for patients who test seronegative for COVID-19 antibodies or who are severely immunocompromised. See *formulary* for details.  
Casirivimab-imdevimab (1200 mg/1200 mg) may be considered for patients with early onset hospital acquired COVID-19 via the CATCO-NOS trial. See recruitment website: https://is.gd/CATCO_NOS |
| Mildly Ill Patients  
Ambulatory, outpatient  
Patients who do not require supplemental oxygen, intravenous fluids, or other physiological support | Remdesivir is *not recommended* for mildly ill patients. | Oral corticosteroids are *not recommended* unless otherwise indicated. *Inhaled budesonide* via dry powder inhaler may be recommended for mildly ill outpatients.  
*Tocilizumab* and *baricitinib* are not recommended in this patient population due to a lack of evidence for benefit. | Casirivimab-imdevimab is *not currently recommended*. |
| Agents NOT recommended  
except in approved clinical trials | Ivermectin  
Lopinavir/ritonavir |  |
| Agents NOT recommended | Chloroquine or hydroxychloroquine (with or without azithromycin)  
Interferon  
Convalescent plasma |  |

**ANTICOAGULATION:** In moderately sick hospitalized COVID-19 patients (requiring oxygen up to 15 L/min via nasal cannula) with no contraindications to anticoagulation and low bleeding risk, therapeutic dose tinzaparin (175 u/kg) is recommended for 14 days or until discharge, to increase the probability of survival until hospital discharge and reduce the need for ICU-level organ support. In critically ill hospitalized COVID-19 patients with no contraindications to anticoagulation, prophylactic dose tinzaparin (75 u/kg) is recommended.

**ANTIBACTERIALS:** Bacterial co-infection in patients with early COVID-19 is uncommon. In patients who are not critically ill, do not routinely add antibacterials unless bacterial infection is strongly suspected. In critically ill patients, empiric antibiotics are reasonable, as long as there is a focus on de-escalation as soon as appropriate on the basis of clinical review, microbiology results, and laboratory and imaging findings. Continue empiric antibiotics for no more than 5 days.