Northern Health Therapeutic Guidance for Adult Patients with Suspected or Confirmed COVID-19 – UPDATE: July 16, 2020

The NH COVID-19 Therapeutics and Treatment Committee has representation on the BC COVID-19 Therapeutics Committee (BCCTC) and in collaboration with this group a provincial guidance infographic has been developed for **Antimicrobial and Immunomodulatory Therapy Recommendations in Adult Patients with COVID-19.**

This document and more information regarding therapies for COVID-19 compiled by the provincial group, can also be located on the BCCDC Health Professionals COVID-19 site under Clinical Care, Treatments section.

The recent update (June 29th) of these guidelines includes the following recommendation:

- **Dexamethasone 6 mg PO/IV q24h for up to 10 days in severe/critically ill hospitalized patients requiring supplemental oxygen OR mechanical ventilation.**
- **If dexamethasone is not available, methylprednisolone 30 mg IV q24h or prednisone 40 mg PO q24h are the preferred alternatives.**
- **When dexamethasone supplies are limited they should be reserved for critically ill patients receiving ICU-based care.**

This recommendation is based on data from the RECOVERY open-label trial, dexamethasone 6 mg PO/IV once daily for up to 10 days reduced 28-day mortality when compared to standard of care in patients that require supplemental oxygen (RR 0.80, p=0.002) or mechanical ventilation (RR 0.65, p<0.001), but did not reduce mortality in those NOT receiving oxygen (RR 1.22, p=0.14). Several limitations exist, such as the open-label design and higher mortality rates observed in patients not requiring oxygen, and in addition, the baseline COVID-19-related ICU mortality rates in B.C. are lower than reported in this study. However, the BCCTC believes that the trial has merit and recommends the above practice change.

It is important to note that all *medication supplies are fragile and judicious use of any treatments are strongly advised*.

Antimicrobial Stewardship: Antibiotics will have a limited role in managing COVID-19 patients, but recognizing the frequency with which antibiotics are used in patients with Acute Respiratory Distress Syndrome (ARDS), as well as the role of guidance and stewardship, the recommendations provided here are for:

i. Empiric management of patients with severe pneumonia while COVID-19 is being confirmed and bacterial infection excluded

ii. Initial management of potential bacterial superinfection.

For more information on COVID-19 treatment recommendations please refer to the SBAR on Therapies for COVID-19