RUN THE LIST

Non-ICU Inpatient Management of COVID-19

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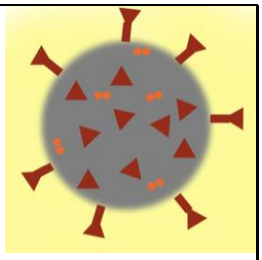

1. COVID-19 Symptoms = *highly variable*
    - Outside the hospital: rhinorrhea, cough, sore throat, muscle aches, anosmia, ageusia, diarrhea, abdominal pain, nausea, confusion etc.
    - Presenting to ED: profound dyspnea > fevers, abdominal pain, diarrhea, altered mental status + the above
    - Helpful this time of year, positivity of other respiratory viruses has nearly gone to zero

2. Diagnosis:
    - RT-PCR on nasopharyngeal swab. Test characteristics unclear
        - *Viral load highest at onset of illness*, goes down after ~ 5 days in mild illness
        - *High viral load in nasopharynx even in pre-symptomatic phase of illness*
        - Later on, sputum and lower respiratory samples may have better test characteristics
    - Other labs:
        - Serology (not widely available yet), unclear association with immunity
        - Inflammatory markers: ferritin, CRP, ESR, D-dimer, LDH
        - Low pro-calcitonin
        - Lymphopenia
        - Elevated troponin and elevated CK in some cases
    - Imaging: CXR/CT scans: most often interstitial opacities

3. Treatment: *supportive care is the cornerstone*
    - Oxygenation: patients can worsen rapidly. Biggest predictor for severity is age. Other comorbidities may contribute: pulmonary disease, CKD, DM, HTN, CV disease, immunosuppressed states, rising inflammatory markers
    - Favoring non-re-breather > HFNC/BPAP due to concern for aerosolization
    - Experimental: *rapidly evolving*
        - Remdesivir: nucleotide analog. Clinical trial ongoing. Case report
        - Hydroxychloroquine: early data with some confounders, trials ongoing
        - IL-6 inhibitors: tocilizumab etc. no high-quality data to guide treatment
4. Brigham & Women's Hospital COVID-19 Clinical Guidelines