Airival Treatment

Rambepiroxine
- Rambepiroxine should be considered for the following:
  - COVID-19 within the past 10 days
  - COVID-19 with symptoms requiring supplemental O2, mask vent, in PPE, or ICU
  - Liver ALT > 10 x ULN and no signs of liver inflammation
  - O2R with pulmonary outcomes

For rambepiroxine:
- Rambepiroxine is available for patients meeting criteria (Refer to internal memorandums, Appendix). For all patients discuss with Antimicrobial Stewardship (Appendix)

Drone: Rambepiroxine (solution) + CVM

For patient management questions:
- The 5G Consult option is also available for questions on optimal management of patients with COVID-19.
  - General info (Appendix)
  - Immunocompromised host ID (Appendix)

DecaMethasone (10mg 5% in 0.9% saline or dextrose 5% in water)
- Oral or IV dose of 10mg or MPH of 15mg
- For < 60, or LNC, consider but weight dose and benefits.
- Not recommended for patients with O2 or CVD
- Patients should receive prednisone 40mg daily for 60 days instead of DecaMethasone
- DecaMethasone injection OR DecaMethasone tablet

Pneuma treatment is available as part of a study, please see the box on the left.

For more crucial COVID-16 management issues please visit the Vital COVID-19 Support Website.

The Antimicrobial Stewarding Program is available to discuss arrival treatment questions at (Appendix)

Does patient meet the following criteria?
- 2 weeks have passed since symptom onset and last positive test
- Fever has for 24 hours without use of fever-reducing medications and symptom improvement

Yes
- Follow COVID-19 Treatment Guidance

No

When patient is ready for discharge

Before discharge:
- Consider timing of symptom onset. Patients within 6-8 days from symptom onset are at highest risk of exacerbation.
- Patient needs to be afebrile for 24 hours before they can be discharged.
- If patient is O2, assess O2 needs on discharge at rest and with activities to ensure they are able to ambulate without O2
- Guidance for Discharge patients on COVID
- For patients who are in hemodynamically unstable, discuss with consultants (ID and specialist) prior to discharge for close follow-up

Patient Discharged to Home

- For stable patients with a good home quarantine plan
- Patients may be discharged home if stable and far enough from high risk
- Patients on O2 and need to be discharged
- Isolation patient needs to self-isolate for a period after discharge depending on timing of symptom onset
- Patients will automatically be contacted by the Transition Care Clinic
- Confirm that contact information is accurate (Appendix)
- Rid no UOI or Li offered. Offer someone who is able to pick them up or Ambulance.
- Most O2 not available - they will drop off medication on the railway and running will have to pick it up from there
- Nido 2222 will also deliver mask for patient and caregiver
- For Outpatient Lab work:
- Email COVID-Facility@GHBVMS.edu
- Indicate it is a lab only and that patient does not need mask and it COVID
- Indicate who is following up last results

Add COVID discharge instructions:
1. Go to EHR Discharge Tab
2. Go to Add Instruction
3. Click "Add to Reference Attachments" on right hand side
4. Click Add Attachment
5. Type "COVID"
6. Add "GOING HOME WITH COVID-19"
1. ARE INFECTION CONTROL AND HYGIENE MEASURES IN PLACE?
2. ARE ALL PPE ITEMS AVAILABLE AND IN GOOD CONDITION?
3. ARE THE PATIENT AND STAFF PROPERLY DRESSED IN PPE?
4. HAVE THE PATIENT AND STAFF BEEN INFORMED ABOUT THE PROPER USE OF PPE?
5. HAVE THE PATIENT AND STAFF BEEN INFORMED ABOUT THE RISKS ASSOCIATED WITH THE INFECTION?
6. HAS THE PATIENT AND STAFF BEEN INFORMED ABOUT THE PRECAUTIONS TO BE TAKEN TO PREVENT THE SPREAD OF THE INFECTION?

This will be printed out by the nurse for the patient.