

COVID-19

ED TREATMENT CONSIDERATIONS

AZITHROMYCIN IV IS IN SHORT SUPPLY

Consider PO when possible

Corticosteroids:

- Not recommended by CDC unless indicated for other reasons

Hydroxychloroquine, Remdesivir

- Should be reserved for patients with more severe disease
- Hydroxychloroquine is in short supply
- Remdesivir needs a form for compassionate release by GILEAD
- Decision for ordering these medications should be up to the inpatient team
- In short, **we will probably not be ordering these medications in the ED**

COMMUNITY-ACQUIRED PNEUMONIA COVERAGE:

Outpatient

There is a shortage of azithromycin, consider alternatives

Outpatient alternatives:

- No comorbidities:
 - Amoxicillin 1 g TID
 - Doxycycline 100 mg BID
- Comorbidities:
 - Combotherapy:
Amoxicillin/clavulanate 500 mg/125 mg TID OR
Amoxicillin/clavulanate 875 mg/125 mg BID OR
cefprozime 200 mg BID OR
Cefuroxime 500 mg BID AND
Doxycycline 100 mg BID
 - Monotherapy: Levofloxacin 750 mg daily

COMMUNITY-ACQUIRED PNEUMONIA COVERAGE:

Inpatient

If azithromycin is needed, consider PO. Otherwise consider these alternatives

- Monotherapy: Levofloxacin 750 mg daily
- Ceftriaxone 1 g daily AND doxycycline 100 mg BID

1. CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
2. Diagnosis and Treatment of Adults with Community-Acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America