

Non-Critical Care Management

September 28th, 2020

Relevant Studies

Dexamethasone in Hospitalized Patients with Covid-19 – Preliminary Report

The Revcovery Collaborative Group. Dexamethasone in Hospitalized Patients with Covid-19 – Preliminary Report. NEJM. Online July 2020. <https://www.nejm.org/doi/full/10.1056/NEJMoa2021436>

Context: The Severe Acute Respiratory Syndrome from COVID-19 (SARS-CoV-2) is profoundly inflammatory. Anti-inflammatory medications may blunt this response.

Current: Dexamthasone 6mg daily for ≤10 days reduced mortality at 28 days. The best results were in patients requiring ventilatory support

Cutting Edge: Dexamethasone should probably be given to any hypoxic COVID patient.

Effect of Remdesivir vs Standard Care on Clinical Status at 11 Days in Patients With Moderate COVID-19: A Randomized Clinical Trial.

Christoph D. Spinner, Robert L. Gottlieb, Gerard J. Criner, et al. Effect of Remdesivir vs Standard Care on Clinical Status at 11 Days in Patients With Moderate COVID-19: A Randomized Clinical Trial. JAMA 2020;324(11):1048-1057. <https://jamanetwork.com/journals/jama/fullarticle/2769871>

Context: Remdesivir is an antiviral that is not FDA-approved, but may be active against COVID-19.

Current: Remdesivir 200mg IV on day one then 100mg IV daily for 5 days showed significantly better outcomes at day 11 and 14.

Cutting Edge: Remdesivir should be given early to COVID-19 patients if on oxygen.

Recommendations for Investigational COVID-19 Convalescent Plasma.

Recommendations for Investigational COVID-19 Convalescent Plasma. FDA Announcement, September 2, 2020. Available at: <https://www.fda.gov/vaccines-blood-biologics/investigational-new-drug-ind-or-device-exemption-ide-process-cber/recommendations-investigational-covid-19-convalescent-plasma>

Context: Transfusing antibodies against COVID-19 may help prevent disease progression for patient sick with COVID-19 although trials have had mixed results.

Current: Convalescent has been given an Emergency Use Authorization (EUA) which means it can be given to COVID-19 patients without mandatory reporting to the FDA.

Cutting Edge: Trials evaluating the efficacy and safety are ongoing. Access to convalescent plasma may be improved with this EUA.

COVID-19 and VTE/Anticoagulation Frequently Asked Questions.

American Society of Hematology. COVID-19 and VTE/Anticoagulation Frequently Asked Questions. Available at: <https://www.hematology.org/covid-19/covid-19-and-vte-anticoagulation>

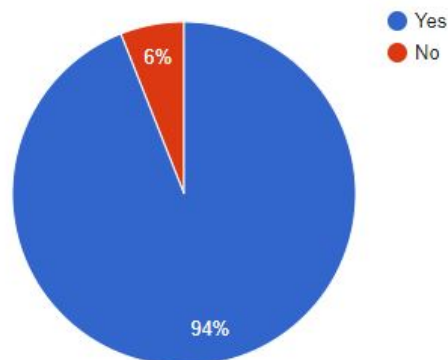
Context: COVID-19 is a very prothrombotic state. Optimal strategies to prevent VTE are not well defined.

Current: Low molecular weight heparin (LMWH) is preferred over other strategies, and some centers are using twice-daily dosing or therapeutic anticoagulation for patients with COVID-19.

Cutting Edge: Benefits of therapeutic anticoagulation with LMWH may outweigh risks for many COVID-19 patients. D-dimer elevation or evidence of heart strain may help identify patients at increased risk.

Audience Poll – Dexamethasone & Remdesivir

Based on information emerging to date, is there enough evidence for you to use dexamethasone/remdesivir in medically ill patients with COVID-19?



Thank you to our moderator

Jagriti Chadha, MD, FHM

Associate Professor, University of Kentucky

Thank you to the following speakers

Scott Kaatz, DO, MSc, SFHM

Clinical Professor of Medicine
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Summary of Presentation Topics

- Based on IDSA guidelines, it appears bacterial super infection is very rare in covid. Therefore, antibiotics are not necessary early in the disease course for non-mechanically ventilated patients.
- Know the timing of the stages of illness: mild (1-4 d), moderate (5-8 d), severe (9-12 d), critical (12-14 d).
- NEWS-2 can accurately predict deterioration.
- Large-volume fluid resuscitation in the setting of viral pneumonia is likely misguided (since the primary threat facing these patients is ARDS). Most guidelines recommend avoiding fluid bolus and maintenance infusions to prevent extra-vascular lung water. Awake proning with frequent turning, especially when combined with a restrictive fluid strategy, has been shown to improve oxygenation, reduce intubation rates and lower mortality.

Rapid Clinical Updates for Hospitalists: Covid-19

Don't miss the next session

Critical Care Management

Monday, October 19th @ 2 PM EDT

<https://attendee.gotowebinar.com/register/6657141994240582415>