ALGORITHM FOR MANAGEMENT OF PATIENTS WITH SUSPECTED COVID-19

 Adults

 Admission to floor

 URTI/LRTI without O2 Requirement and D-dimer \leq 1,000 ng/mL

 - Monitor for worsening of symptoms

 URTI/LRTI with O2 Requirement and/or D-dimer >1,000 ng/mL

 - Begin empiric treatment with hydroxychloroquine ± azithromycin
 - Consult MICU for evaluation

 Admission to ICU

 URTI/LRTI without O2 Requirement and D-dimer \leq 1,000 ng/mL

 - Begin empiric treatment with hydroxychloroquine ± azithromycin
 - Monitor for signs of cytokine release

 Admission to PICU or floor

 Pediatrics

 Admission to floor

 Pregnant and immunocompromised patients

 - Consider multi-disciplinary team management (pulmonology, ID)

 Admission to ICU or floor

 Pediatrics

 Admission to PICU or floor

 Pregnant and immunocompromised patients

 - Obtain D-dimer

 URTI/LRTI with O2 Requirement and/or D-dimer >1,000 ng/mL

 - Consult pediatric ID for evaluation

 Definitive Treatment Recommendations:
 If COVID-19 test returns negative, discontinue treatment.
 If COVID-19 test returns positive in an ICU patient or floor patients with hypoxia and/or D-dimer \geq 1,000 ng/mL, continue treatment for appropriate duration (see page 3).
 If COVID-19 test returns positive in a floor patient without hypoxia or D-dimer \leq 1,000 ng/mL, do not initiate treatment if patient has not become hypoxic and has improved in the absence of therapy.

 URTI: Upper respiratory tract infection; defined as sore throat, URI symptoms, without LRTI symptoms.
 LRTI: Lower respiratory tract infection; defined as cough, shortness of breath, hypoxemia, or radiographic changes on chest x-ray