### SEVERITY OF ILLNESS

**Critically Ill COVID-19 Patients**
- Hospitalized, ICU-based
- Patients requiring respiratory support (high-flow oxygen, noninvasive ventilation, or invasive mechanical ventilation) and/or vasopressor (high-flow oxygen, noninvasive ventilation, or invasive ventilation)
- Severe COVID-19 (pregnancy, treating viral suppression with corticosteroids).

**Severely Ill COVID-19 Patients**
- Hospitalized, ward-based, long-term care
- Patients requiring supplemental oxygen therapy

**Mildly Ill COVID-19 Patients**
- Ambulatory, outpatient, long-term care
- Patients who do not require supplemental oxygen, intravenous fluids, or other physiological support

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### ANTIVIRAL THERAPY

**Chloroquine or Hydroxychloroquine**

**Remdesivir**
- No demonstrated benefit in survival, progression to respiratory failure, or length of hospital stay.

**Interferon IV/SC**

**Remdesivir**

**Ivermectin**

### ANTIBACTERIAL THERAPY

**Ceftriaxone I&I IV q24h + 5 days**
- Recommended if there is concern for bacterial co-infection.

**Remdesivir**

**Interferon IV/SC**

**Remdesivir**

**Ivermectin**

### IMMUNOMODULATORY THERAPY

**Dexamethasone 6 mg IV/SC QO-2q4h for up to 10 days**
- Recommended only if COVID-19.

**Interferon IV/SC**

**Remdesivir**

**Ivermectin**

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### OTHER THERAPEUTICS

**Prophylactic-dosing intensity of low molecular weight heparin (LMWH) is recommended for VTE prophylaxis in patients who do not have suspected or confirmed VTE.**

**Patients receiving therapeutic anticoagulation for COVID-19 should remain on therapeutic anticoagulation and continue for up to 4 days or until hospital discharge.** Therapeutic anticoagulation for COVID-19 should not be initiated in patients who have received organ support for greater than 48 hours due to a high probability of harm (NIH mpRCC).

**ACE inhibitors and ARBs should not be discontinued solely on the basis of COVID-19.**

**NSAIDs should not be discontinued solely on the basis of COVID-19.**

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### SUMMARY

**Ivermectin is not recommended outside of approved clinical trials.**

**Interferon IV/SC is not recommended for the treatment of COVID-19.**

**Remdesivir**

**Ivermectin**

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**De-escalation on the basis of clinical judgment**

- Patients requiring supplemental oxygen therapy but not requiring non-invasive or invasive mechanical ventilation.

- Furthermore, it should be restricted to hospitalized patients requiring supplemental oxygen but not requiring non-invasive or invasive mechanical ventilation.

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**Therapeutic anticoagulation (LMWH) preferred is suggested in patients without high risk features for serious bleeding and not requiring organ support.**

**Therapeutic anticoagulation for COVID-19 should start within 72 hours of admission and be continued for up to 14 days or until hospital discharge, even if there is deferral of special procedures or de-escalation during this period.** Therapeutic anticoagulation was superior to usual care (intermediary or prophylactic intensity) in reducing mechanical ventilation and all-cause mortality (n=2223).

**Risk for bleeding for many patients requiring LMWH therapy include age 75 y, creatinine clearance 30 ml/min, any coagulopathy (platelet count <50 x 10^9/L, use of DAPT; recent history of serious bleeding).**

**ACE inhibitors and ARBs should not be discontinued solely on the basis of COVID-19.**

**NSAIDs should not be discontinued solely on the basis of COVID-19.**

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**Biologics/Small molecules (Tocilizumab, Sarilumab, Anakinra, Baricitinib)**

**Passive Immunotherapies (Convalescent Plasma/Vig, Monoclonal antibodies/anti-body cocktail therapies) (Regn-COV2/Bamlanivimab)**
- Cholicacine and biologics (Anakinra, Baricitinib) are not recommended outside of approved clinical trials.

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**In patients aged 40 years or older with PCR-confirmed COVID-19 who have at least one risk factor**

- No contraindications**
- Colchicine 0.6 mg PO BID x 3 days, then 0.6 mg daily x 7 days may be considered in a case-by-case basis in discussion with the patient.

**Elderly persons with COVID-19**

- No COVID-19 specific medications are recommended on discharge (includes corticosteroids and DVT chemoprophylaxis; unless indicated for other reasons).

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*This document is dynamic and addresses key therapeutic areas of concern for clinicians. The complete and most up-to-date version of the guidelines is available at [http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments](http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments)*

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*http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments last updated May 25th, 2021*