

Selecting Treatment Flowchart

Acute in-patient management of severe COVID-19

Patient with confirmed COVID-19 or strong clinical suspicion

Does patient have a **new** oxygen requirement?

No

Acute treatment not required, supportive care only

If no oxygen requirement, dexamethasone is **not recommended** on the basis of worse outcomes (including mortality) in studies

If within 5 – 7 days of positive PCR and high risk – see early treatment guidelines

Yes

All patients (unless significant contraindication):

Dexamethasone*

See **Corticosteroid** guidelines for prescribing information

If lack of response to steroids or severely unwell: consider addition of

Tocilizumab

(Consultant decision only)

See **tocilizumab** guidelines for eligibility and exclusion criteria and prescribing information

If unable to receive tocilizumab or lack of response despite tocilizumab: consider addition of:

Baricitinib

(Consultant decision only)

See **Baricitinib** guidelines for eligibility / exclusion criteria and prescribing information

*For patients who fall into the **highest risk category**, Remdesivir IV 200mg day 1, then 100mg OD for a total of 5- 10 days may also be considered alongside the steroid treatment. This may be initiated immediately if severely unwell or if there is a lack of response to steroids. See the BNF / [SPC](#) for additional prescribing information.

* link to highest risk category definitions: <https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID19>