

Marik COVID-19 Protocol

(updated 4-06-2020)

Prophylaxis

- While there is limited data, Vitamin C (500 mg BID), Quercetin (250-500 mg BID), Zn (75-100 mg/day) and Vitamin D (1000-4000 u/day) may have a role in high risk populations. Zinc should not be taken for more than 2 months.

Mildly-Symptomatic Patients

- Vitamin C (500 mg BID), Quercetin (250-500mg BID), Zinc (75-100 mg/day) and Vitamin D (1000-4000 u/day)
- Enoxaparin 40—60mg daily
- Observe closely
- N/C 2L/min if required
- Avoid nebulization and respiratory treatments. Use “Spinhaler” or MDI and spacer if required
- NO Bagging; NO NIV, CPAP and BiPAP
- Transfer to ICU for increasing respiratory signs and symptoms

Hypoxia/respiratory failure

Essential Treatment

- Chloroquine 500 mg PO BID for 5 days or hydroxychloroquine 400 mg BID day 1 followed by 200 mg BID for 4 days
- Vitamin C 3g IV every 6 hours until extubated and for at least 7 days.
- Full anticoagulation (unless contraindicated) with enoxaparin 1 mg/kg q 12 hourly; dose adjust for CrCl < 30 ml/min
- Corticosteroids: Hydrocortisone 50 mg q 6 for 7 days or methylprednisolone 60mg IV daily for 7 days.

Optional Treatment Components (the Full Monty)

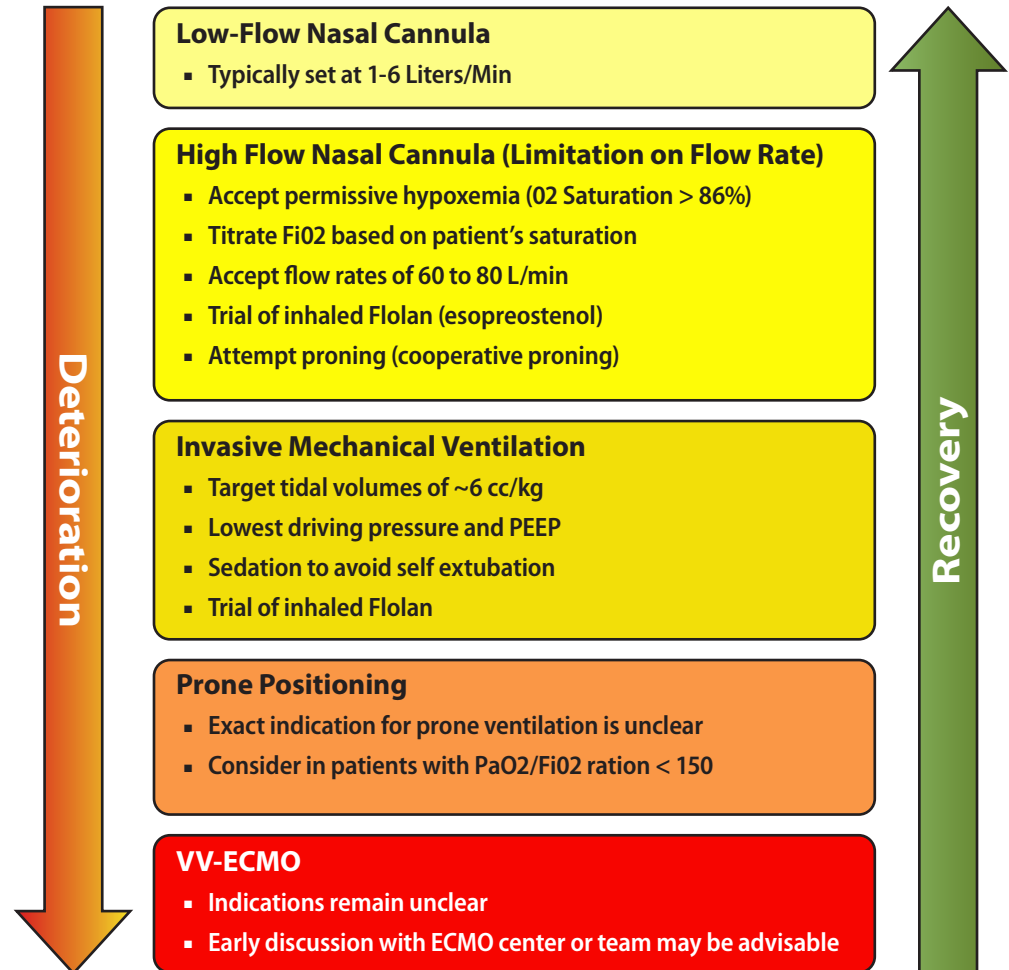
- Thiamine 200 mg every 12 hours (PO or IV)
- Azithromycin 500 mg day 1 then 250 mg for 4 days
- Melatonin 6 mg at night
- Vitamin D 1000- 4000 u/day
- Zinc 75-100 mg/day
- Atorvastatin 40-80 mg/daily

Escalation of Respiratory Support

- N/C 1-6 L/min
- High Flow up to 80 L/min
- Trial of inhaled Flolan (epoprostenol)
- Attempt proning (cooperative proning)
- Intubation ... By Expert intubator; Rapid sequence. No Bagging; Full PPE
- Low PEEP, driving pressure < 15 cmH2O
- Prone positioning

General schema for respiratory support in patients with COVID-19

TRY TO AVOID INTUBATION IF POSSIBLE



Source: The Internet Book of Critical Care, by @PulmCrit

Monitoring

- Daily: PCT, CRP, BNP, Troponins, Ferritin, Neutrophil-Lymphocyte ratio, D-dimer, IL-6 (if available)
- CRP and Ferritin are good biomarkers and tracks disease severity
- Monitor QTc interval if using chloroquine/hydroxychloroquine and azithromycin and monitor Mg++
- No routine CT scans, follow CXR and chest ultrasound;
- Follow ECHO closely; patients develop severe cardiomyopathy