

Clinical Brief #7 | COVID-19

Developed Wednesday, April 1, 2020

INFORMATION FOR ALL CLINICIANS

In an effort to keep you current about AdventHealth's response to COVID-19, clinical leaders are providing frequent updates to all clinicians. The following topics are included in this brief:

- Updated Provider Page
- Disinfection of Disposable N95 Respirators
- Personal Protective Equipment (PPE) Education Conservation Materials (Graphics Attached)
- Neuromuscular Blocker Fixed Dose PowerPlan (PP) (Attachments)
- COVID-19 Skilled Nursing Facility (SNF) PCR Transfer Screen Order (Attachment)
- COVID-19 Drug Shortage Alert (Attachments)
- March 30 Medication Updates from Centers for Disease Control and Prevention (CDC)

5:00 pm April 1 COVID-19 Situation Report

*Based on COVID-19 Power BI Dashboard data

COVID-19	CFD	WFD	MSD
Total Confirmed Positive	450	39	56
Current Inpatient	85	N/A	20
Total Confirmed Negative	4,645	528	450
Current PUI	1,298	401	105

Updated Provider Page

The [Provider Resources page](#) on the AdventHealth Novel Coronavirus Information Site has been updated.

It includes past Clinical Briefs; information for hospitalists; all published recommended algorithms; and PPE graphics, fact sheets and screening forms.

Disinfection of Disposable N95 Respirators Policy

After scientific evidence review, guidance for the disinfection of disposable N95 respirators via ultraviolet light and hydrogen peroxide vapor is now provided through the [new Disinfection of Disposable N95 Respirators Policy](#).

PPE Education Conservation Materials (Graphics Attached)

In order to preserve our PPE supplies, we have created two educational graphics for clinicians that covers the [extended](#) and [limited reuse](#) of PPE.

iExtend and iConnect Neuromuscular Blocker Fixed Dose PP (Attachments)

Due to the Nimbex shortage, a new neuromuscular blockade fixed dose PP has been developed. The PP will go live in iExtend (CFD) on April 1 and in iConnect (MSD and WFD) on Monday, April 6.

Attached is the new [PowerPlan education](#) and the [actual PowerPlan](#).

COVID-19 SNF PCR Transfer Screen Order (Attachment)

A [new PCR screening order](#) has been created that has a required field to indicate whether isolation precautions are necessary.

- For those patients transferring to an SNF who **do not have** clinical suspicion of COVID-19, select the option for "No" isolation precaution.
- For those patients who **have a clinical suspicion** for COVID-19, select "Yes" for isolation precaution.

COVID-19 Drug Shortage Alert (Attachments)

The medications used to treat COVID-19 are in short supply. Effective today, an alert for [iExtend](#) and [iConnect](#) will fire when an order is entered for the following medications with a link to the AH COVID-19 treatment algorithm:

- Hydroxychloroquine
- Lopinavir-ritonavir
- Tocilizumab
- Sarilumab

March 30 Medication Updates from the CDC

Highlights from the recent CDC update are provided below; the entire update can be found [here](#).

Presentation

Lymphopenia is the most common lab finding in COVID-19 and is found in as many as 83% of hospitalized patients. Elevated D-dimer and lymphopenia have been associated with mortality. Procalcitonin is typically normal on admission but may increase among those admitted to the ICU.

Given the variability in chest imaging findings, chest radiograph or CT alone is not recommended for the diagnosis of COVID-19. The American College of Radiology also does not recommend CT for screening or as a first-line test for diagnosis of COVID-19.

Infection with both COVID-19 and with other respiratory viruses has been reported, and detection of another respiratory pathogen does not rule out COVID-19.

Concurrent Medication Concerns

There are no data to suggest a link between ACE inhibitors or ARBs with worse COVID-19 outcomes. The American Heart Association (AHA), the Heart Failure Society of America (HFSA), and the American College of Cardiology (ACC) released a statement recommending continuation of these drugs for patients already receiving them for heart failure, hypertension or ischemic heart disease.

It has also been hypothesized that non-steroidal anti-inflammatory drugs (NSAIDs) may worsen COVID-19. There are no data suggesting an association between COVID-19 clinical outcomes and NSAID use.

Information for Clinicians on Therapeutic Options for COVID-19 Patients

There are no US Food and Drug Administration (FDA)-approved drugs specifically for the treatment of patients with COVID-19. At present, clinical management includes infection prevention and control measures and supportive, including supplementary oxygen and mechanical ventilatory support when indicated.

[Remdesivir](#) is an investigational intravenous drug with broad antiviral activity.

There are currently four options for obtaining remdesivir for treatment of hospitalized patients with COVID-19 and pneumonia in the United States: [LINK](#), [LINK](#), [LINK](#), [LINK](#)

Hydroxychloroquine and Chloroquine

Below is a summary of the CDC guidance on hydroxychloroquine and chloroquine; for the full CDC link, click [here](#).

Both drugs have in-vitro activity against COVID-19 and other coronaviruses. Based upon limited in-vitro and anecdotal data, chloroquine or hydroxychloroquine are currently recommended for treatment of hospitalized COVID-19 patients in several countries.

Due to higher in-vitro activity against COVID-19 and its wider availability in the United States compared with chloroquine, hydroxychloroquine has been administered to hospitalized COVID-19 patients on an uncontrolled basis in multiple countries, including in the United States.

There are no currently available data from Randomized Clinical Trials (RCTs) to inform clinical guidance on the use, dosing or duration of hydroxychloroquine for prophylaxis or treatment of COVID-19 infection. Although optimal dosing and duration of hydroxychloroquine for treatment of COVID-19 are unknown, some US clinicians have reported anecdotally different hydroxychloroquine dosing, such as 400mg BID on day one, then daily for five days; 400 mg BID on day one, then 200mg BID for four days; 600 mg BID on day one, then 400mg daily on days two through five.

Hydroxychloroquine is currently under investigation in clinical trials for pre-exposure or post-exposure prophylaxis of COVID-19 infection, and treatment of patients with mild, moderate, and severe COVID-19. In the United States, several clinical trials of hydroxychloroquine for

prophylaxis or treatment of COVID-19 infection are planned or will be enrolling soon. More information on trials can be found at: ClinicalTrials.gov.

Other Drugs

Lopinavir-ritonavir did not show promise for treatment of hospitalized COVID-19 patients with pneumonia in a recent clinical trial in China [8]. This trial was underpowered, and lopinavir-ritonavir is under investigation in a World Health Organization study.

Several other drugs are under investigation in clinical trials or are being considered for clinical trials of prophylaxis or treatment of COVID-19 in the United States and worldwide. Information on registered clinical trials for COVID-19 in the United States is available at ClinicalTrials.gov

Past Clinical Briefs: [March 31](#), [March 30](#), [March 28/29](#), [March 27](#), [March 26](#), [March 25](#)

We encourage you to take care of yourself, your families and each other as we move through this ongoing response to COVID-19.

GREATER AS A WHOLE | RESOURCES

Online

[Novel Coronavirus Information Site | Providers](#)

[AdventHealth Coronavirus Website | Videos | Blog](#)

[Centers for Disease Control and Prevention \(CDC\)](#)

Department of Health: [Florida, Georgia, North Carolina, Kansas, Kentucky, Texas, Wisconsin](#)

Worldwide Coronavirus Data: [Johns Hopkins' global cases webpage](#)

By Email:

coronavirusquestions@adventhealth.com

By Phone:

COVID-19 Hotline: 1-844-847-8747