

NIH Coronavirus Disease 2019 (COVID-19) Treatment Guidelines

April 21, 2020



Aerosol-generating procedures should be performed in a negative pressure room, and health-care workers are recommended to wear fit-tested respirators (such as N95 respirators or powered air-purifying respirators). For all other care, surgical masks with gowns are adequate.



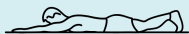
Resuscitation in COVID patients should preferably be done with balanced crystalloids, and dynamic parameters of fluid responsiveness are recommended over static parameters, using a conservative fluid strategy similar to ARDS.



Norepinephrine should be the first-line agent, with the addition of vasopressin or epinephrine to raise MAP or decrease norepinephrine dosage. Dobutamine is recommended in persistent shock despite fluids and vasopressors.



HFNC is recommended over NIPPV in persistent hypoxemia despite conventional O₂ therapy. NIPPV may generate aerosol spread & increase nosocomial transmission. Patients should be closely monitored for worsening respiratory status & early intubation should be considered.



Customary ARDS care should be provided to mechanically ventilated COVID-19 patients including low V_T (4-8 mL/kg of predicted body weight), P_{plat} <30 cmH₂O, high PEEP strategy, prone positioning, neuromuscular blockade, etc.