20VID-Adults

Pathophysio.

The Pathway

1.SARS-CoV-2 inSect host cells in airway,

- 2. Bronchial epithelial, alveolar pneumocutes, capillary endothelial are insected leading to inslammatory
- 3. Leads to alveolar interstitial thickening, T vascular & edema

revention

Vaccination →check CPS for primary series & boosters

Note: a get immunization while positive for COVID to 4 transmission & risk of consusing ADRs 10

→wait 3-6m aSter COVID to get

Chemoprophylaxis (if a get vaccine) 5-tixegerimab/cilgarimab used

<u>Jiagnosis</u>

1. Positive test

2.S/5x ★Depends on varient

Delta (lower RTI) SOB

Omicron (upper RTI) nasal congestion ·sore throat

·headache · Ferrer ·cough

3. Exposure/contacts

<u>Jutpatient-Kx</u>

DW Risk Hospitalization (≤3 points) Who?

-0₂,93% -stable vitals

-Ø risk of hospitalization - 10 red flagge (50B)

Treatment

Supportive Measures ·hudration

antipyretic (Sever) · dextramethorphan (cough) ·analgeric (headache)

High Risk Hospitalization

3-4% risk (4 points) → consider tx >5% risk (5+ points) - recommend tx

Treatment 1st Line

·Paxlovid (needs to be win 5 days

Others

Remdesivir

Inhaled budersonide

Sotrovimab (& commonly, used)

Not recommended ·Colchicine

·Fluyoxamine

Pregnancy & Breax/Seeding Prevention

Treatment

.lassification Mild. Virus?omicron (blc milder S/Sx)

sneeze

S/5x? ·runny/stuffy nose

headache ·sore throat ·mild cough

Moderate

Virus?detta S/Sx?

muscle acher { Systemic ·productive cough

Severe

Virus?delta S/Sx?

·02<94%

may need ventilation

Hospitalized-Rx

is patient admitted 1) Dexamethazone (required)

6ma PO/IV daily ×10 days

5 reduces mortality a) Biologics

15 critically, ill (on vent)

1)Toclizumab 400 IV×1 Jis worsen

a)Baricitinib

15 severely ill (80n vent) 1) Baricitifib 4mg x 14d 4 need to renal adjust

(if Cl→can give tocilizumab) Baricitinib Contraindications Neutrophils < 1.0 × 10° · Lymphocytes (0.2 × 109) GFR415

ALT OF AST 5X ULN

Special Populations

-vaccine safe

-acetaminophen_

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