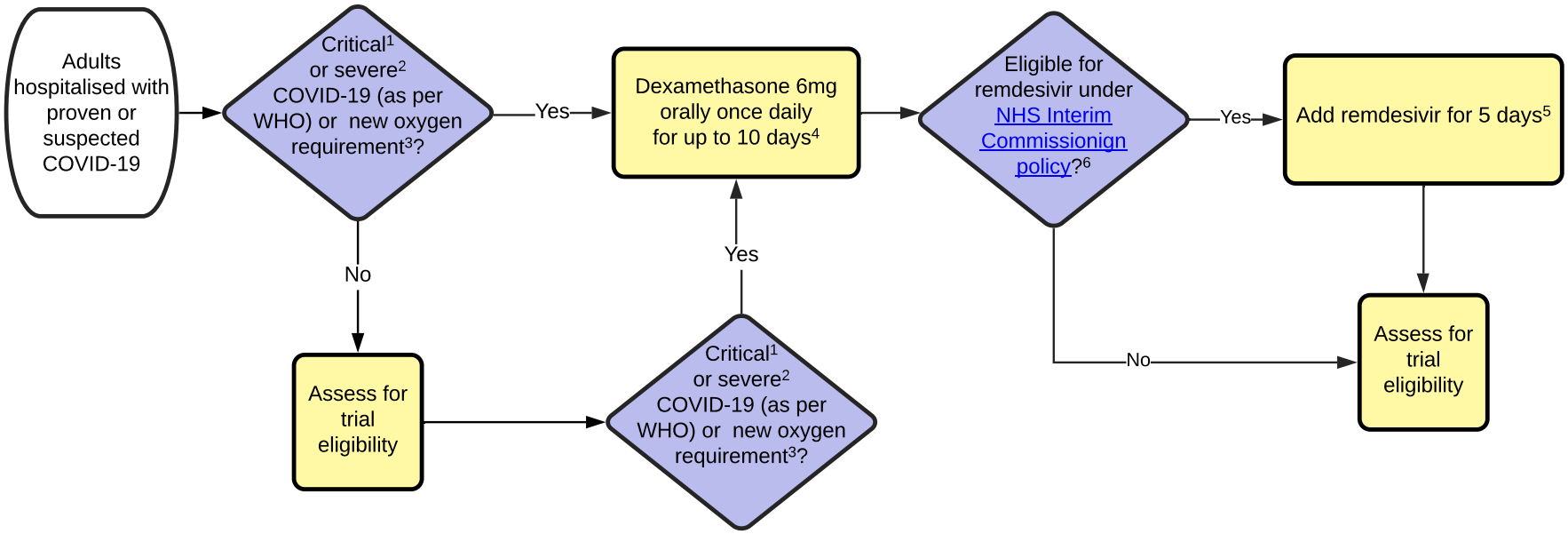
Royal College of Physicians

Corticosteroid and remdesivir eligibility criteria



1. Critical COVID-19 is defined by WHO/CMO as acute respiratory distress syndrome (ARDS), sepsis, septic shock or other conditions that would normally require the provision of life-sustaining therapies, such as mechanical ventilation (invasive or non-invasive) or vasopressor therapy

2. Severe COVID-19 is defined by WHO/CMO as any of the following:
   - oxygen saturation < 90% on room air; however this threshold is arbitrary and should be interpreted cautiously when used for determining which patients should be offered systemic corticosteroids. For example, clinicians must use their judgement to determine whether a low oxygen saturation is a sign of severity or is normal for a given patient suffering from chronic lung disease. Similarly, a saturation above 90–94% on room air may be abnormal if the clinician suspects that this number is on a downward trend. Generally, if there is any doubt, the panel suggested erring on the side of considering the illness as severe (WHO 'Corticosteroids for COVID-19').
   - respiratory rate > 30 breaths per minute in adults and children > 5 years old; ≥ 60 in children less than 2 months; ≥ 50 in children 2–11 months, ≥ 40 in children 1–5 years old
   - signs of severe respiratory distress (i.e. accessory muscle use, inability to complete full sentences; and in children, very severe chest wall indrawing, grunting, central cyanosis, or presence of any other general danger signs)

3. Patients receiving supplementary oxygen are likely to benefit from dexamethasone based on results from the RECOVERY study [CTAG expert opinion]

4. Stop on discharge. Dexamethasone 5.94mg (1.8mL of 3.3mg/mL) intravenously once daily may be used only where tablets or oral solution are not appropriate. An alternative corticosteroid regimen is hydrocortisone 50 mg intravenously three times per day for 7 to 10 days (a longer low dose duration can be considered for patients with septic shock).

5. Remdesivir 200mg intravenously on Day 1 followed by 100mg intravenously until Day 5. Remdesivir should not be used in patients with eGFR < 30 mL/min or ALT levels > 5 times the upper limit of normal at baseline. Check SPC for full cautions and contraindications. In England, access to remdesivir is subject to Blueteq registration. Access in Scotland, Northern Ireland and Wales is subject to any further country specific guidance.

6. https://www.england.nhs.uk/coronavirus/publication/interim-clinical-commissioning-policy-remdesivir-for-patients-hospitalised-with-covid-19-adults-and-children-12-years-and-older/
   There is no current trial evidence differentiating the treatment effect of remdesivir according to baseline performance status. CTAG recognises that other factors, for example, futility of treatment, may be taken into account by a multidisciplinary team in recommending appropriate management of severely unwell patients.