University of Mississippi Medical Center / Mississippi Critical Care Organization (MiCCO)
Originating authors: Tesseneer 3-26-2020
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IV Alternative for COVID or PUI patients

The following will be utilized to decrease waste and standardize medications for patients with positive or suspected COVID.

Antibiotics

If I'm going to order ____ IV	IV dose		Oral Option	IV Option	Note/Exceptions
Azithromycin	250 mg daily	Consider Using	250 mg daily (PO/TUBE)		Reserve for use in COVID +/PUI *Consider using Levofloxacin or Doxycycline for **CAP**
	500 mg daily		500 mg daily (PO/TUBE)		
Ciprofloxacin	200 mg q12h		250 mg q12h (PO/TUBE)		No IV to PO with continuous enteral nutrition
	400 mg q12h		500 mg q12h (PO/TUBE)		
	400 mg q8h		750 mg q12h (PO/TUBE)		
Clindamycin	300 mg – 600 mg		300 mg – 450 mg same dosing schedule (PO/TUBE)		No IV to PO for necrotizing fasciitis
Doxycycline	100 mg q12h		100 mg q12h (PO/TUBE)		Patient must be able to sit upright for 30 minutes after dose if given PO. *Please consider using as an alternative to Azithromycin for **CAP**
Fluconazole	100 mg daily		100 mg daily (PO/TUBE)		
	200 mg daily		200 mg daily (PO/TUBE)		
	400 mg daily		400 mg daily (PO/TUBE)		

Antibiotics

If I'm going to order ____ IV	IV dose		Oral Option	IV Option	Note/Exceptions
Levofloxacin	250 mg daily	Consider Using	250 mg daily (PO/TUBE)		No IV to PO with continuous enteral nutrition * Please consider using as an alternative to Azithromycin for **CAP**
	500 mg daily		500 mg daily (PO/TUBE)		
	750 mg daily		750 mg daily (PO/TUBE)		
Linezolid	600 mg q12h		600 mg q12h (PO/TUBE)		
Metronidazole	500 mg q8h		500 mg q8h (PO/TUBE)		
	500 mg q12h		500 mg q12h (PO/TUBE)		
Minocycline	100 mg q12h		100 mg q12h (PO/TUBE)		Patient must be able to sit upright for 30 minutes after dose if given PO.
Rifampin	600 mg daily		600 mg daily (PO/TUBE)		
SMX/TMP	5 – 20 mg TMP/kg/day divided		Same dosing schedule 160 mg TMP = 1 double strength tab (PO) 80 mg TMP = 1 single strength tab (PO) SMX/TMP suspension 5 mL = TMP 40 mg (TUBE		Utilize suspension for administration via enteral access device.
Vancomycin (IV) – EXCLUDING bacteremia indication			600 mg q12h (PO/TUBE)	Linezolid 600 mg q12h	*May begin IV on day 1, but re-evaluate on day 2 for conversion to PO therapy.

DVT Prophylaxis

If I'm going to order		Alternative	Exceptions
Heparin 5000 units SC TID	**Consider Using**	**CrCl > 30 mL/min** BMI < 40 (normal renal function): enoxaparin 40 mg SQ daily at 0800 BMI > 40 (normal renal function)): enoxaparin 40 mg SQ BID at 0800 & 2000 BMI > 50 (normal renal function)): enoxaparin 60 mg SQ BID at 0800 & 2000 **CrCl < 30 mL/min** Enoxaparin 30 mg SC daily @ 0800 **ESRD** Heparin 5000 units SC BID	*ESRD requiring RRT – use Heparin 5000 units SC **BID** at 0800 and 2000

DVT/PE Treatment

If I'm going to order	Consider using	Exceptions
Heparin continuous infusion	Enoxaparin 1.5 mg/kg SQ daily @ 0800 -Check an anti-Xa level 4 hours (1200) after 2nd or 3rd dose	ESRD requiring RRT
Argatroban infusion (treatment) due to HIT	Arixtra <50 kg: 5 mg once daily 50 to 100 kg: 7.5 mg once daily >100 kg: 10 mg once daily	

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Stress Ulcer Prophylaxis

If I'm going to order	Consider using
Famotidine IV twice daily	Pantoprazole 40 mg IV daily or Esomeprazole 40 mg per tube daily

Electrolytes

If I'm going to order ____ IV	Current Electrolyte Level	Consider Using	Oral Option	Note/Exceptions
Phosphorus replacement *Replace with IV if Phos < 1.7 mg/dL	1.7 – 1.9 mg/dL		2 tabs K-Phos Neutral QID for 4 doses (1 tab = 1.1 mEq of potassium)	If phosphate > 2mg/dl, and patient in NOT NPO utilize enteral replacement
	2 – 2.5 mg/dL		2 tabs K-Phos Neutral QID for 2 doses (1 tab = 1.1 mEq of potassium)	
Potassium replacement *Replace with IV if K < 3 mmol/L	K 3.5 – 3.9 mmol/L		20 mEq of liquid potassium chloride	If potassium > 3mmol/L, patient is NOT NPO, and no current arrhythmias utilize enteral replacement
	K 3.0 – 3.4 mmol/L		40 mEq of liquid potassium chloride	

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Inhalers

***Avoid nebulized medications in patients *with fever and respiratory symptoms with a high suspicion for COVID-19* to prevent risk of exposure to virus**

If patient transfers from ICU to floor or vice versa, PLEASE send albuterol inhaler with the patient!

If I'm going to order	Consider Using	Alternative	Exceptions
Albuterol nebulized solution		Proventil HFA/Ventolin HFA (Albuterol) metered dose inhaler	Mechanical ventilation
Ipratropium-albuterol nebulized solution		Atrovent HFA (ipratropium) metered dose inhaler	Mechanical ventilation

Other Considerations:

- If on a continuous cisatracurium infusion: ask a pharmacist to concentrate once rate ≥ 25 mL/hr