

COVID-19 用藥

點選藥物，您將了解更多 Lexicomp 提供的相關藥物知識

Coronavirus disease 2019 (COVID-19): Management in hospitalized adults

Specific treatments

- Remdesivir
- Hydroxychloroquine/chloroquine
- Convalescent plasma
- IL-6 pathway inhibitors
- Others

Approach

- Defining disease severity
- Nonsevere disease
- Severe (including critical) disease

Pregnant and breastfeeding women

People with HIV

SOCIETY GUIDELINE LINKS

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

ACKNOWLEDGMENTS

are on them chronically for other conditions if there are no other reasons to stop them. (See '[Uncertainty about NSAID use](#)' above.)

- Specific concern for COVID-19 should not impact the decision to start or stop angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs). People who are on an ACE inhibitor or ARB for another indication should not stop their medication. (See '[Coronavirus disease 2019 \(COVID-19\): Issues related to kidney disease and hypertension](#)', section on '[Renin angiotensin system inhibitors](#)'.)
- We make a point of continuing statins in hospitalized patients with COVID-19 who are already taking them. (See '[Statins](#)' above.)
- The optimal use of COVID-19-specific therapy is uncertain; very preliminary, unpublished trial data suggest a benefit of **remdesivir**, but no other agent has clearly proven effective. For most potential therapies, evidence on their use is low quality. For this reason, patients should be referred to clinical trials whenever possible. Clinicians should consult their own local protocols for management. (See '[Approach](#)' above.)
 - For patients with nonsevere disease who have no laboratory features associated with severe disease ([table 1](#)), care is primarily supportive, with close monitoring for disease progression. If a clinical trial is available for such patients, we prioritize those with advanced age (eg, >65 years) and other comorbidities associated with risk of progressive disease ([table 2](#)). (See '[Defining disease severity](#)' above and '[Nonsevere disease](#)' above.)
 - For patients with severe (including critical) disease or with laboratory features associated with severe disease ([table 1](#)), we strongly recommend referral to a clinical trial of **remdesivir**, convalescent plasma, **hydroxychloroquine**, or other agents (**Grade 1C**). (See '[Severe \(including critical\) disease](#)' above and '[Remdesivir](#)' above and '[Hydroxychloroquine/chloroquine](#)' above and '[Convalescent plasma](#)' above.)

When a clinical trial is not available, we suggest not routinely using **hydroxychloroquine** or **chloroquine** given the lack of clear benefit from limited data and potential for toxicity (**Grade 2C**). We do not use **azithromycin** plus hydroxychloroquine for treatment of COVID-19 outside of a clinical trial. (See '[Severe \(including critical\) disease](#)' above and '[Hydroxychloroquine/chloroquine](#)' above.)

- For critically ill patients who have features similar to cytokine release syndrome, interleukin (IL)-6 inhibitors have been proposed to disrupt the proinflammatory response. Clinical trials of IL-6 inhibitors are underway at some locations. (See '[Severe \(including critical\) disease](#)' above.)
- We suggest not using **lopinavir-ritonavir** for COVID-19 therapy outside of a clinical trial (**Grade 2B**).

... of **remdesivir**, but ... should be referred

... **hydroxychloroquine** or ... plus **hydroxychloroquine**

... **hydroxychloroquine** or **chloroquine** given

... **lopinavir-ritonavir** for

... **chloroquine** given

... for treatment of

想要了解更多 COVID-19 資訊，可點選下方網址，以及持續使用 UpToDate 以及 Lexicomp!

<http://healthclarity.wolterskluwer.com/coronavirus-resources.html>

2020 年 5 月 13 日