

# Surviving Sepsis Campaign®

## SURVIVING SEPSIS CAMPAIGN: GUIDELINES ON THE MANAGEMENT OF CRITICALLY ILL ADULTS WITH CORONAVIRUS DISEASE 2019 (COVID-19)

### COVID-19 THERAPY RECOMMENDATIONS TABLE

#### CYTOKINE STORM

RECOMMENDATION #41	STRENGTH & QUALITY OF EVIDENCE
In mechanically ventilated adults with <b>COVID-19 and respiratory failure (without ARDS)</b> , we <b>suggest against</b> the routine use of systemic corticosteroids.	<ul style="list-style-type: none"><li>• Weak</li><li>• Low-Quality of Evidence</li></ul>
RECOMMENDATION #42	STRENGTH & QUALITY OF EVIDENCE
In mechanically ventilated adults with <b>COVID-19 and ARDS</b> , we <b>suggest</b> using systemic corticosteroids, over not using corticosteroids.	<ul style="list-style-type: none"><li>• Weak</li><li>• Low-Quality of Evidence</li></ul>
RECOMMENDATION #43	STRENGTH & QUALITY OF EVIDENCE
In mechanically ventilated patients with <b>COVID-19 and respiratory failure</b> , we <b>suggest</b> using empiric antimicrobials/antibacterial agents, over no antimicrobials.	<ul style="list-style-type: none"><li>• Weak</li><li>• Low-Quality of Evidence</li></ul>
RECOMMENDATION #44	STRENGTH & QUALITY OF EVIDENCE
For critically ill adults with <b>COVID-19 who develop fever</b> , we <b>suggest</b> using acetaminophen/paracetamol for temperature control, over no treatment.	<ul style="list-style-type: none"><li>• Weak</li><li>• Low-Quality of Evidence</li></ul>

<b>RECOMMENDATION #45</b>	<b>STRENGTH &amp; QUALITY OF EVIDENCE</b>
In critically ill adults with COVID-19, we <b>suggest against</b> the routine use of standard intravenous immunoglobulins (IVIg).	<ul style="list-style-type: none"> <li>• Weak</li> <li>• Very Low-Quality Evidence</li> </ul>
<b>RECOMMENDATION #46</b>	<b>STRENGTH &amp; QUALITY OF EVIDENCE</b>
In critically ill adults with COVID-19, we <b>suggest against</b> the routine use of convalescent plasma.	<ul style="list-style-type: none"> <li>• Weak</li> <li>• Very Low-Quality of Evidence</li> </ul>
<b>RECOMMENDATION #47.1</b>	<b>STRENGTH &amp; QUALITY OF EVIDENCE</b>
In critically ill adults with COVID-19 we <b>suggest against</b> the routine use of lopinavir/ritonavir.	<ul style="list-style-type: none"> <li>• Weak</li> <li>• Low-Quality of Evidence</li> </ul>
<b>RECOMMENDATION #47.2</b>	<b>STRENGTH &amp; QUALITY OF EVIDENCE</b>
There is <b>insufficient evidence</b> to issue a recommendation on the use of other antiviral agents in critically ill adults with COVID-19.	Insufficient
<b>RECOMMENDATION #48</b>	<b>STRENGTH &amp; QUALITY OF EVIDENCE</b>
There is <b>insufficient evidence</b> to issue a recommendation on the use of recombinant rIFNs, alone or in combination with antivirals, in critically ill adults with COVID-19.	Insufficient
<b>RECOMMENDATION #49</b>	<b>STRENGTH &amp; QUALITY OF EVIDENCE</b>
There is <b>insufficient evidence</b> to issue a recommendation on the use of chloroquine or hydroxychloroquine in critically ill adults with COVID-19.	Insufficient
<b>RECOMMENDATION #50</b>	<b>STRENGTH &amp; QUALITY OF EVIDENCE</b>
There is insufficient evidence to issue a recommendation on the use of tocilizumab in critically ill adults with COVID-19.	Insufficient