**PATIENT CHARACTERISTICS**

- ~70 years old
- Obesity = Common comorb
- Net prevalence in male population
- Xray picture of bilateral interstitial pneumonia (possibility of finding asymmetry in bacterial superinfection)

**LABS**

- **PCT** = 0 (in absence of superinfection)
- PCR
- LDH
- Hepatic index alteration - Drugs/viral causes
- CK - especially in younger patients with high fever, chills etc
- Very serious glycaemic alteration with difficult control + ketoacidosis
- Hypoalbuminaemia (sequestered via the lung?)
- Lymphopenia (-CD4)
- Normal BNP

**MONITORING**

- **CXR** - For definition of chest state on admission. Repeatable but may not relate entirely to clinical state
- **CT CHEST** not indicated for high difficulty in transportation - high risk of spreading virus.
- **Lung Ultrasound** = Highly indicated for the daily evaluation of lung picture
  - **Pattern 1** = diffuse B-line profile = responds well to PEEP
  - **Pattern 2** = Dibasal "PLAPS" shows consolidation/parapneumonic effusions/atelectasis where front areas ventilated and rear areas are atelectatic = responsive to pronation
- **Echocardiography** - May show dyskinesias (?myocarditis)

**WEANING**

- Indicators suggestive de-escalation possible
- No fever
- Clear swabs (PCR, LDH)
- Euvolemia
- PEEP <12cmH2O or PAO2 / FiO2 >150mmHg (20kpa)
- FiO2≤50%

“Do not trust the first improvement”, because patients tend to have early relapses. Don’t be found unprepared!

**RESUSCITATION THERAPY**

- Deep sedation
- Curarisation (with window during supination)
- Negative water balance (for lungs)
- Protective ventilation....
- High PEEP required, even >15cmH2O - Careful monitoring
  - Usually good lung compliance seen (unlike ARDS framework) and one can ventilate pts with not high driving pressures.
- Pronation from 18-24h
  - Fundamental therapy principles = extremely effective
  - Often up to 7 rotations necessary
  - Consider a dedicated 'proning' team

**CRRT** - Reserve for patients most likely to develop positive fluid balance for the following reasons:
  1. Increased nursing job load
  2. Disposal of infected cells/fluids

**ECMO** (rarely necessary - patients are very responsive to adequate ventilation therapy)

- **Nitric Oxide** - Important "results" are not observed, but it can be useful to save time in the most critical patients (extreme therapy)
- **Echocardiography** - May show dyskinesias (?myocarditis)

"Do not trust the first improvement", because patients tend to have early relapses. Don’t be found unprepared!

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These are thoughts taken from a webinar on 10/3/20 from intensivists in Northern Italy, dealing with #COVID19. They are not clinical guidelines and are not the results of trials etc. General educational information only.