ICU COVID-19 – Testing and antimicrobials

For all admissions to ICU:

- Check COVID combined deep nasal/throat swab sent
- Send tracheal aspirate for COVID if ventilated
- Send influenza viral swab only if COVID negative
- For all ventilated send additional tracheal aspirate for MCS/fungal culture
- HIV, urinary legionella

If swab test result for COVID is negative:

- but clinically still highly likely *(i.e. influenza like illness + /- cough, bilateral pneumonia, lymphopenia, low PCT)* then treat as such - do not sent repeat sample
- if clinically unlikely then do not repeat sample and de-isolate patient
- if clinically equivocal send a repeat sample (with tracheal aspirate preferable) at 48hrs

Empiric antibiotics for community acquired pneumonia:

- **Amoxicillin 1g IV TDS**
- **+ Doxycycline 200mg PO OD** or **Clarithromycin 500mg IV BD**

- For penicillin allergy, **Levofloxacin 500mg IV BD**

- No need for Oseltamivir in addition as low levels of influenza in community

Empiric antibiotics for healthcare associated pneumonia

- For non ventilated patients: **Amoxicillin 1g IV TDS** and **Temocillin 2g IV BD**
- For ventilated or immunosuppressed patients with risk of pseudomonas then **Tazocin 4.5g QDS** *(adjust for renal function)*

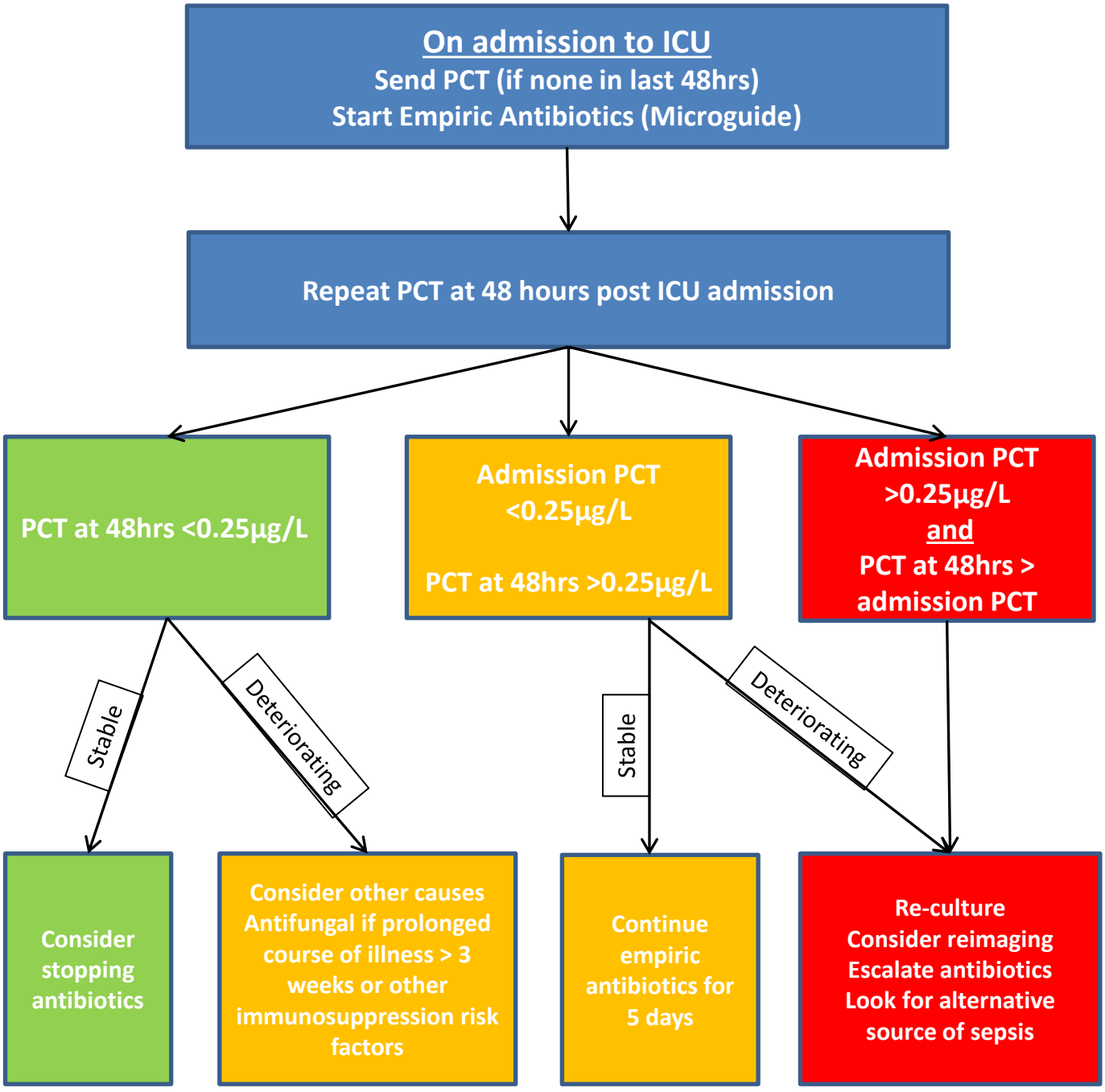
- For penicillin allergy, **Levofloxacin 500mg IV BD**

Antifungals

Please discuss all cases with microbiology on call

- For immunosuppressed+/- prolonged illness pre admission, and <1 week in ICU: **Voriconazole 6mg/kg IV BD for first day and after 4mg/kg IV BD.** If not tolerated then **Caspofungin 70mg IV OD (reducing to 50mg IV if <70kg)**
- For patients >1 week in ICU: **Anidulafungin 200mg IV then 100mg IV OD**

ICU COVID-19 – Procalcitonin
New admissions to ICU



If in hospital for ≥ 5 days follow HAP guidelines for antimicrobials. If deteriorates whilst on ICU resend PCT on point of deterioration and follow the above guidelines. Consider imaging and alternative sources of sepsis.