Guidelines on the use of Procalcitonin in COVID-19

Send PCT (if none in last 48hrs)
Start Empiric Antibiotics (Microguide)

Repeat PCT at 48 hours

- **PCT at 48hrs <0.25µg/L**
  - Stable
  - Consider stopping antibiotics

- **Admission PCT <0.25µg/L**
  - Stable
  - Consider other causes including fungal if prolonged course of illness other immunosuppression risk factors

- **Admission PCT >0.25µg/L and PCT at 48hrs >0.25µg/L**
  - Deteriorating
  - Continue empiric antibiotics for 5 days

- **Admission PCT >0.25µg/L and PCT at 48hrs > admission PCT**
  - Deteriorating
  - Re-culture
  - Consider reimaging
  - Escalate antibiotics
  - Look for alternative source of sepsis

Procalcitonin (PCT) is a sepsis biomarker. It does not significantly increase in COVID-19 unlike CRP so can help along with clinical assessment with diagnosing/ ruling out superimposed bacterial infection for COVID patients, and to guide the initiation and cessation of antibiotics.