



**Therapy Dosing Recommendations:**  
 \*indicates use of dosing regimens below

**-Remdesivir (EUA):** 200mg IV on day 1 followed by 100mg IV daily on days 2-5 while hospitalized. Courses may be extended up to 10 total days in immunocompromised patients and patients who progress to requiring mechanical ventilation or develop worsening hypoxemia

**-Dexamethasone:** -Recommended in ICU patients requiring mechanical ventilation or supplemental oxygen who are >7 days from symptoms onset  
 -Consider using in non-ICU patients requiring supplemental oxygen who are >7 days from symptom onset (consider discussion with pulmonary/critical care)  
 Not recommended in pts who do not require supplemental oxygen, less than 7 days from symptom onset, pts with ARDS > 14 days.  
**Dexamethasone 6 mg IV or PO daily for up to 10 days** (or until discharge)

**-Convalescent Plasma (EUA):** Currently unavailable.  
 1-2 units (200-500ml) IV transfusion once. Managed by blood bank.

**Clinical Trial Agent Dosing:**

**-Remdesivir:** 200mg IV on day 1 followed by 100mg IV daily for a total of 5 or 10 days (determined by PI)

**-Interferon beta- 1a:** 44 mcg subcutaneous injection every other day for a total of 4 doses (day 1, 3, 5, and 7 while hospitalized)

**NMH Antimicrobial Stewardship available for dosing questions pg55955**