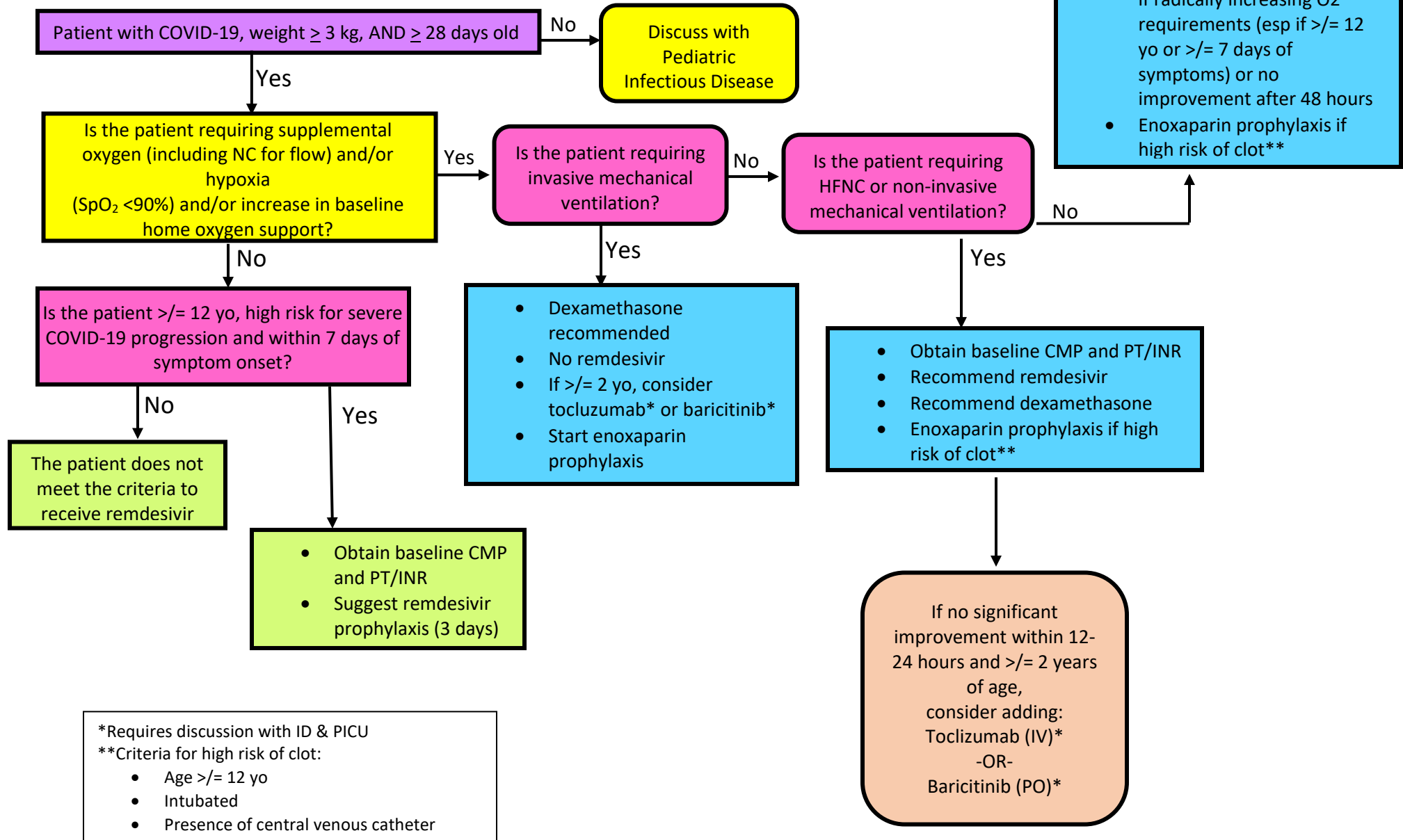




COVID-19 Treatment in Hospitalized Pediatric Patients



COVID-19 Treatment Therapies in Hospitalized Pediatric Patients

- Remdesivir: IV
 - Dosing: 5 mg/kg daily (max 200 mg) x1 day; Followed by: 2.5 mg/kg daily (max 100 mg) x5 days or until hospital discharge (whichever is sooner)
 - Monitor: Baseline CMP baseline (if ALT >10 times the ULN, do not administer remdesivir) and PT/INR; repeat as necessary based on initial labs
- Dexamethasone: IV or PO
 - Dose: 0.15 mg/kg/dose daily (max 6 mg) x10 days or upon hospital discharge (whichever is sooner)
 - If patient is admitted with asthma exacerbation in setting of acute COVID infection, use methylprednisolone or prednisolone at asthmatic dosing
- Tocilizumab IV (for ages ≥ 2 yo) - requires EUA fact sheet (see below)
 - < 30kg: 12mg/kg IV as a single dose
 - ≥ 30 kg: 8mg/kg IV as a single dose (max 800 mg)
 - Contraindications for use: Received live, attenuated vaccine(s) in the past 2 weeks
 - [actemra_eua_patient_fact_sheet.pdf](#)
- Baricitinib PO (for ages ≥ 2 yo) - requires EUA fact sheet (see below)
 - Age 2 to <9 yo: 2mg daily x14 days or until hospital discharge (whichever is sooner)
 - Age ≥ 9 yo: 4mg daily x14 days or until hospital discharge (whichever is sooner)
 - Contraindications for use: ALC < 200, ANC <500, platelets > 1500K, ALT/AST > 5x ULN
 - Monitoring: Baseline CBC and CMP; Daily SCr and CBC with diff
 - [baricitinib-eua-factsheet-patient.pdf](#)

COVID-19 Prophylaxis Therapies in Hospitalized Pediatric Patients at High Risk for Severe Progression

- Remdesivir: IV
 - Dosing: 5 mg/kg daily (max 200 mg) x1 day; Followed by: 2.5 mg/kg daily (max 100 mg) x2 days
 - Monitor: Baseline CMP baseline (if ALT >10 times the ULN, do not administer remdesivir) and PT/INR; repeat as necessary based on initial labs

Contact Infectious Disease Team for the Following Situations:

- If the patient is admitted for COVID-19 and less than 28 days old or <3kg
- If the patient does not improve after 24 hours after starting remdesivir and/or dexamethasone and considering adding tocilizumab or baricitinib
- If considering extending remdesivir duration beyond 5 days

Patients who are Considered High Risk for Severe COVID-19 Progression

- Obesity (BMI $\geq 95^{\text{th}}$ percentile for age), especially severe obesity (BMI >120% of 95th percentile for age)
- Medical complexity with dependence on respiratory technology
- Severe neurologic, genetic, metabolic, or other disability that results in impaired airway clearance or limitations in self-care or activities of daily living
- Severe asthma or other severe chronic lung disease requiring ≥ 2 inhaled or ≥ 1 systemic medications daily
- Immunocompromised
- Pregnancy
- Severe congenital or acquired cardiac disease
- Multiple moderate to severe chronic diseases
 - ≤ 1 year of age
 - Prematurity in children ≤ 2 years old
 - Sickle Cell Disease
 - Non-severe cardiac, neurologic, or metabolic disease
 - Diabetes Mellitus (poorly controlled)
 - Chronic Kidney Disease

Guidance for prevention and management of COVID-19 in children and adolescents: A consensus statement from the Pediatric Infectious Diseases Society Pediatric COVID-19 Therapies Taskforce: <https://pubmed.ncbi.nlm.nih.gov/38339996/>