CURRENTLY SUGGESTED TREATMENTS BASED UPON BEST AVAILABLE EVIDENCE RESEARCH RESULTS FOR PEOPLE INFECTED WITH SARS-CoV-2 WHO ARE NOT IN THE HOSPITAL WHEN TREATMENT IS STARTED WITHIN 3-4 DAYS OF SYMPTOMS TREATMENT #1 - 100% Effective TREATMENT #3 - 74.2% Effective TREATMENT #2 - 97.9% Effective TREATMENT #4 - 69.1% Effective Hydroxychloroquine Hydroxychloroquine Hydroxychloroquine Hydroxychloroquine dosage: 200 mg by mouth every 8-hours for 10 days dosage: 200 mg by mouth every 8-hours for 10 days dosage: 200 mg by mouth every 8-hours for 10 days dosage: 200 mg by mouth every 8-hours for 10 days Primaguine Azithromycin dosage: 200 mg by mouth on day 1 of treatment dosage: 500 mg by mouth on day 1, dosage: 150 mg by mouth every 6-hours for 7 days dosage: 100 mg by mouth every 12-hours for 10 days Clindamycin then 250 mg by mouth on days 2 through 5 Ipratropium bromide (Atrovent) Ipratropium bromide (Atrovent)
dosage: (IF oxygen saturation is below 94%) dosage: 150 mg by mouth every 6-hours for 7 days Ipratropium bromide (Atrovent) dosage: (IF oxygen saturation is below 94%) Ipratropium bromide (Atrovent) dosage: (IF oxygen saturation is below 94%) via nebulizer, 500mcg every 4-hours while awake via nebulizer, 500mcg every 4-hours while awake dosage: (IF oxygen saturation is below 94%) via nebulizer, 500mcg every 4-hours while awake via nebulizer, 500 mcg every 4-hours while awake OR via inhaler, 2 puffs every 4-hours while awake IF symptoms persist **CURRENTLY SUGGESTED TREATMENTS BASED** UPON BEST AVAILABLE EVIDENCE RESEARCH RESULTS FOR PEOPLE INFECTED WITH SARS-CoV-2 WHO ARE HOSPITALIZED with COVID-10 (ITR to VIRUS) With pre-hospital / at-home Without pre-hospital / at-home Hydroxychloroquine treatment Hydroxychloroquine treatment TREATMENT #1 **TREATMENT #2 TREATMENT #3** Methylprednisolone Tocilizumah dosage: dosage dosage: 200 mg by mouth on day 1 of treatment start with 125 mg intravenously, every 6-hours for 3 days; 8 mg per kg of ideal body weight (not to exceed 800 mg) Clindamycin (not to exceed 800 mg intravenously infused over 1-hour) then 125 mg intravenously, every 12-hours for 2 days; dosage: 150 mg by mouth every 6-hours for 7 days then 125 mg intravenously, once per day for 2 days; May be repeated every 8-hrs, for a maximum of 4-doses, & Tocilizumab then 60 mg intravenously, once per day for 2 days Interferon α-2β dosage: IF symptoms (w/ each infusion given over a 30 min. time period) 8 mg per kg of ideal body weight (not to exceed 800 mg) dosage persist finally, Solumedrol dose pack to taper off steroids. 5-million units per nebulizer, every 12-hours, for 7-days (not to exceed 800 mg intravenously infused over 1-hour) Heparin (preferred) Heparin (preferred) May be repeated every 8-hours, for a maximum of 4-doses, & dosage dosage Interferon q-28 5000 IU subcutaneously every 12 hours, OR 5000 IU subcutaneously every 12 hours, OR dosage: 5-million units per nebulizer, every 12-hours, for 7-days Enoxaparin Enoxaparin dosage: dosage Heparin (preferred) 1mg/kg body weight, subcutaneously every 12 hours 1mg/kg body weight, subcutaneously every 12 hours dosage: Ipratropium bromide (Atrovent) 5000 IU subcutaneously every 12 hours, OR Ipratropium bromide (Atrovent) dosage: dosage: Enovaparin

via nebulizer, 500 mcg every 4-hours while awake, OR

via inhaler, 2 puffs every 4-hours while awake

81-325 mg tablets orally, once per day

Aspirin

dosage:

dosage:

Ipratropium bromide (Atrovent)

1mg/kg body weight, subcutaneously every 12 hours

via nebulizer, 500 mgg every 4-hours while awake, OR via inhaler, 2 puffs every 4-hours while awake sage: 81-325 mg tablets orally, once per day

via nebulizer, 500 mcg every 4-hours while awake, OR

via inhaler, 2 puffs every 4-hours while awake

81-325 mg tablets orally, once per day

Aspirin