In all COVID-19 hospitalized patients, the therapeutic focus must be placed on early intervention utilizing powerful, evidence-based therapies to counteract:

The overwhelming and damaging inflammatory response

The systemic and severe hyper-coagulable state causing organ damage

By initiating the protocol within 6 hours of presenting with tachypnea or any oxygen requirement ≥ 4L/min, the need for mechanical ventilators and ICU beds will decrease dramatically.

THERAPEUTIC PROTOCOL TO CONTROL INFLAMMATION AND EXCESS CLOTTING

1. **Intravenous Methylprednisolone**
   a. Mild Hypoxia (<4L): 40mg daily until off oxygen
   b. Moderate-Severe Illness: 80 mg bolus then 20mg q6h IV push for 7 days
   c. Alternate: 80mg daily for 7 days
   d. Day 8: switch to oral prednisone, taper over 6 days

2. **Full Dose Low Molecular Weight Heparin**
   a. Mild Illness: 40-60mg daily
   b. Moderate-Severe Illness: 1 mg/kg every 12 hours
   c. Continue until discharged

3. **High Dose Intravenous Ascorbic Acid (Vitamin C)**
   a. 3 grams/100ml every 6 hours
   b. Continue for a total of 7 days or until discharged

4. **Oral Hydroxychloroquine (initiate early after symptom onset)**
   a. 400 mg every 12 hours for one day
   b. switch to 200 mg every 12 hours for a total of 4 days

TREATMENT OF LOW OXYGEN LEVELS

a. If patient has low oxygen saturation on nasal cannula, initiate heated high flow nasal cannula
   - Do not hesitate to increase flow limits as needed
b. Avoid early intubation based solely on oxygen requirements, allow “permissive hypoxemia” as tolerated
   - Intubate only if patient demonstrates excessive work of breathing
c. Utilize “prone positioning” to improve oxygen saturation