TO CONTROL INFLAMMATION & EXCESS CLOTTING

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 presentation in the emergency room, the need for mechanical ventilators and ICU beds will decrease dramatically.

**MATH+ Protocol**

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

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

3. **Full Dose Low Molecular Weight Heparin**
   - Mild Illness: 40-60mg daily
   - Moderate-Mild Illness: 40-60mg daily
   - Continue until discharged

4. **PLUS optional treatment components:** Thiamine, Zinc, and Vitamin D

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**TREATMENT OF LOW OXYGEN**

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

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