Patient with Covid19 infection (confirmed/clinical suspicion)

- Upper tract respiratory infection without lung infiltrates in Chest X-ray
  - Symptomatic treatment

- Lung infiltrates in Chest X-ray with no O2 requirements and CRP < 5
  - Hydroxichloroquine +/- azytromicine1 + thrombosis profylaxis +/- betalactamic antibiotics
  - Daily reevaluation

- Lung infiltrates in Chest X-ray with/without O2 requirements and CRP ≥ 5 but < 10
  - Hydroxichloroquine +/- azytromicine1 + thrombosis profylaxis +/- corticosteroids for 3 days +/- betalactamic antibiotics

- Lung infiltrates in Chest X-ray with high O2 requirements and/or CRP ≥ 10
  - Hydroxichloroquine +/- azytromicine1 + thrombosis profylaxis +/- corticosteroids for 3 days +/- betalactamic antibiotics + discussion and decision about Tocilizumab (single doses)

1- Evaluate risk for QT prolongation

Hydroxichloroquine +/- azytromicine1 + thrombosis profylaxis +/- corticosteroids for 3 days +/- betalactamic antibiotics + discussion and decision about Tocilizumab (single doses)

Reevaluation > 24-48 horas after Tocilizumab administration

If worsening of clinical condition, discussion and decision about Anakinra treatment

In any patient with increasing O2 requirements:
- Discussion with Neumology Division to evaluate non-invasive ventilation
- Discussion with ICU to evaluate ICU admission for assisted ventilation

CRP- C reactive protein