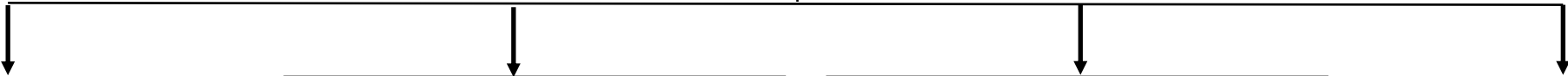


**Patient with Covid19 infection
(confirmed/clinical suspicion)**



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

Lung infiltrates in Chest X-ray with
no O2 requirements and CRP < 5

Lung infiltrates in Chest X-ray
with/without O2 requirements and
CRP ≥ 5 but < 10

Lung infiltrates in Chest X-ray with
high O2 requirements and/or CRP ≥
10

Symptomatic treatment

Hydroxicloroquine +/-
azytromicine¹ + thrombosis
profylaxis +/- betalactamic
antibiotics

Hydroxicloroquine +/-
azytromicine¹ + thrombosis
profylaxis +/- corticosteroids for 3
days +/- betalactamic antibiotics

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

Daily reevaluation

Daily reevaluation

Reevaluation > 24-48 horas after
Tocilizumab administration

1- Evaluate risk for QT prolongation

If worsening of clinical condition,
discussion and decision about
Tocilizumab therapy (single doses)

If worsening of clinical condirion:
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