Mid and South Essex Health and Care Partnership

NHS

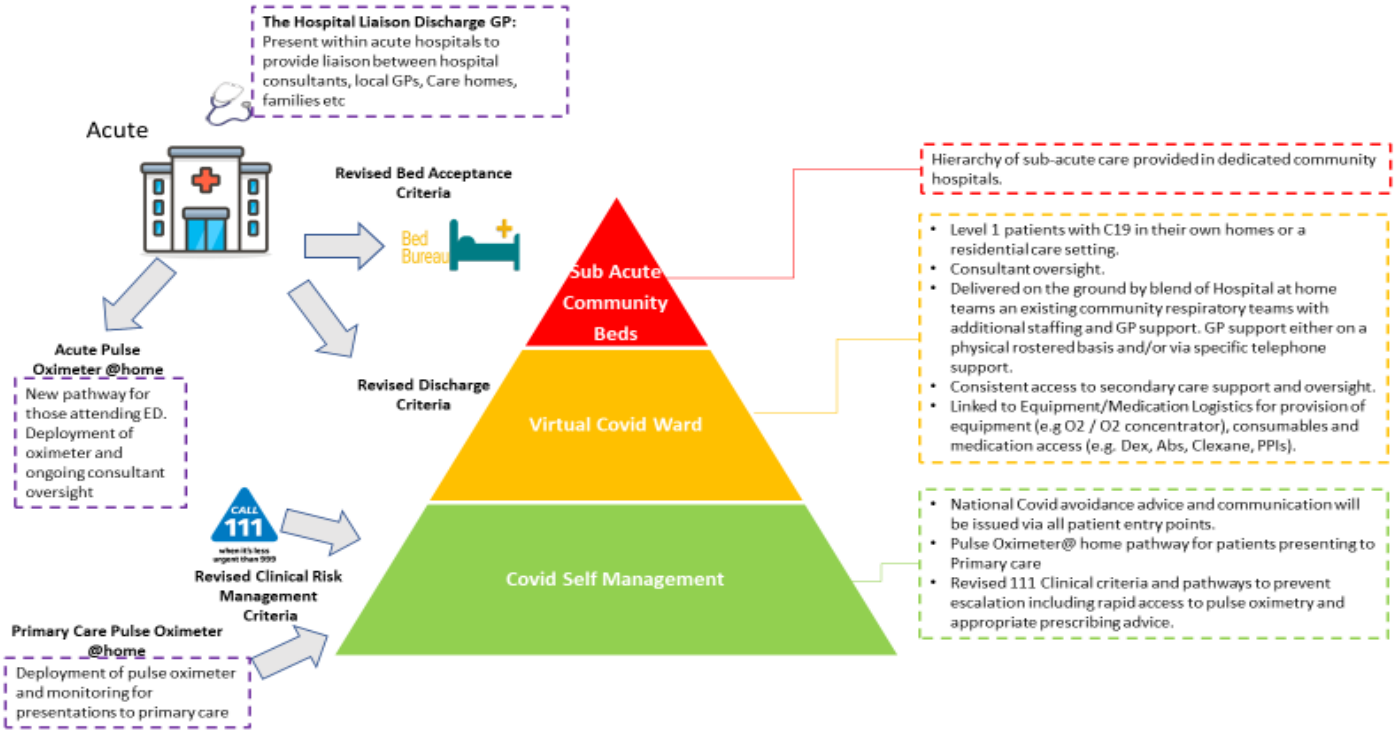
MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

PRESCRIBING OF DEXAMETHASONE IN COVID POSITIVE OR SUSPECTED COVID POSITIVE PATIENTS

INTERIM RECOMMENDATION

RED - RECOMMENDED FOR RESTRICTED USE – PRESCRIBING by SPECIALISTS with relevant clinical experience in managing severe/critical COVID patients ONLY

In Mid and South Essex Health and Care Partnership the following pathway has been agreed for managing patients presenting with breathlessness who are either COVID positive or suspected COVID positive.



COVID-19 Therapeutic Alert CEM/CMO/2020/033 issued on 3rd September 2020 states that corticosteroids, and in particular dexamethasone and hydrocortisone, have been demonstrated to have a place in the management of patients with COVID-19.

In October 2020 NICE issued a Prescribing Briefing on Corticosteroids specifically referencing WHO guidance which applies globally but noting that '*In the UK setting, the WHO guidance is likely to apply primarily to patients with COVID-19 who are hospitalised and receiving supplemental oxygen. However, there may be occasions when UK patients with COVID-19 meet the WHO criteria of severe or critical but are not hospitalised, in which case the WHO guidance for treatment would apply'.* **In line with this pathway and WHO recommendations* prescribing of dexamethasone in severe or critical COVID positive or suspected COVID positive patients should only be undertaken by specialists with relevant clinical experience in managing severe/critical COVID.**

*WHO makes two recommendations:
1. a strong recommendation for systemic (intravenous or oral) corticosteroid therapy in patients with severe and critical COVID-19, and
2. a conditional recommendation not to use corticosteroid therapy in patients with non-severe COVID-19.

The local recommended (oral) dosage and duration of treatment for adults is:

- Dexamethasone orally: **6 mg once a day for 10 days** (three 2 mg tablets or 15 ml of 2 mg/5 ml oral solution)
- Treatment should be stopped if the person is discharged from hospital or virtual ward before the 10-day course is completed.

For the dosage in children and young people, see the manufacturers' summaries of product characteristics and the BNF for Children[i]

Advice about monitoring patients on dexamethasone can be found here: COncise adVice on Inpatient Diabetes - Dexamethasone therapy in covid-19 patients: implications and guidance for the management of blood glucose in people with and without diabetes.

For adults the WHO defines **severe COVID-19** as any of the following:

1. oxygen saturation < 90% on room air,
2. respiratory rate > 30 breaths per minute in adults
3. signs of severe respiratory distress (i.e. accessory muscle use, inability to complete full sentences)

- There were no excess harms identified in using this dose of dexamethasone in this patient population. Dexamethasone was not used in pregnant women.
- Clinicians should therefore consider dexamethasone for the management of hospitalised patients with COVID-19 who require oxygen or ventilation.

Table 1. Mutually exclusive categories of illness severity

Critical COVID-19	Defined by the criteria for acute respiratory distress syndrome (ARDS), sepsis, septic shock or other conditions that would normally require the provision of life-sustaining therapies, such as mechanical ventilation (invasive or non-invasive) or vasopressor therapy.
Severe COVID-19	Defined by any of: • oxygen saturation < 90% on room air. • respiratory rate > 30 breaths per minute in adults and children > 5 years old; ≥ 60 in children less than 2 months; ≥ 50 in children 2–11 months; and ≥ 40 in children 1–5 years old. • signs of severe respiratory distress (i.e. accessory muscle use, inability to complete full sentences; and in children, very severe chest wall indrawing, grunting, central cyanosis, or presence of any other general danger signs).
Non-severe COVID-19	Defined as absence of any signs of severe or critical COVID-19.
Caution: The panel noted that the oxygen saturation threshold of 90% to define severe COVID-19 was arbitrary and should be interpreted cautiously when used for determining which patients should be offered systemic corticosteroids. For example, clinicians must use their judgement to determine whether a low oxygen saturation is a sign of severity or is normal for a given patient suffering from chronic lung disease. Similarly, a saturation above 90–94% on room air may be abnormal if the clinician suspects that this number is on a downward trend. Generally, if there is any doubt, the panel suggested erring on the side of considering the illness as severe.	

References	▪ MHRA CAS Alert Corticosteroids in the treatment of suspected or confirmed COVID-19, September 2020 https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103092 ▪ NICE COVID-19 prescribing briefing: corticosteroids, updated October 2020 https://www.nice.org.uk/guidance/ng159/resources/covid19-prescribing-briefing-corticosteroids-pdf-8839913581 ▪ NATIONAL INPATIENT DIABETES COVID-19 RESPONSE GROUP Dexamethasone/glucocorticosteroid therapy in covid-19 patients: implications and guidance for the management of blood glucose in people with and without diabetes, November 2020 https://abcd.care/resource/concise-advice-inpatient-diabetes-coviddiabetes-dexamethasone-therapy-covid-19-patients ▪ BNF online https://bnf.nice.org.uk/
Acknowledgements	Mid and South Essex CCGs Medicines Management Teams
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