

# COVID-19 rapid guideline: managing COVID-19

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## Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should <u>assess and reduce the environmental impact of implementing NICE recommendations</u> wherever possible.

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This guideline replaces NG159, NG163, NG165, NG171, NG173, NG175, NG186, ES27, ES33 and ES34.

### Overview

This guideline covers the management of COVID-19 for children, young people and adults in all care settings. It brings together our existing recommendations on managing COVID-19 so that healthcare staff and those planning and delivering services can find and use them more easily. The guideline includes new recommendations on therapeutics, and we will update the guideline further as new evidence emerges.

**On 8 April 2021**, we added recommendations for using corticosteroids, tocilizumab and sarilumab to treat COVID-19 (including the evidence and rationale for making the recommendations).

The guideline updates and replaces our COVID-19 rapid guidelines NG159 critical care in adults, NG163 managing symptoms (including at the end of life) in the community, NG165 managing suspected or confirmed pneumonia in adults in the community, NG171 acute myocardial injury, NG173 antibiotics for pneumonia in adults in hospital, NG175 acute kidney injury in hospital, and NG186 reducing the risk of venous thromboembolism in over 16s with COVID-19.

It also updates and replaces our COVID-19 rapid evidence summaries ES27 remdesivir, ES33 tocilizumab and ES34 sarilumab.

We have published this guideline in MAGICapp, a global evidence ecosystem already being used by key partners such as the Australian Taskforce for COVID-19 and the World Health Organization. The MAGICapp platform allows the efficient sharing of evidence between guideline developers from around the world. This means NICE can develop and update its COVID-19 guidance more quickly and efficiently as new evidence is assessed. We collaborated with the Australian National COVID-19 Clinical Evidence Taskforce during development of the guideline, and acknowledge their contribution to identifying and reviewing the evidence for therapeutics.

To access the guideline in MAGICapp, select the topic area you are interested in.

The guideline is part of a suite of products that NICE has developed to support healthcare staff during the pandemic. See our <u>list of COVID guidelines</u>.

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### Recommendations

- How to use this guideline
- Introduction
- Definition of disease severity
- <u>Communication and shared decision making</u>
- <u>Assessment</u>
  - <u>In the community</u>
  - <u>In hospital</u>
- Management
  - In the community
    - ♦ Care planning
    - Managing cough
    - ♦ Managing fever
    - ♦ Managing breathlessness
    - ♦ Managing anxiety, delirium and agitation
    - ♦ Managing medicines
  - <u>In hospital</u>
    - $\diamond$  <u>Deciding when to escalate treatment</u>
    - ♦ Escalating and de-escalating treatment
    - ♦ Delivering services in critical care and respiratory support units

#### • Therapeutics for COVID-19

- <u>Antibiotics</u>
- <u>Corticosteroids</u>
- <u>Remdesivir</u>
- <u>Tocilizumab</u>
- <u>Sarilumab</u>
- <u>Colchicine</u>
- Low molecular weight heparins
- Vitamin D supplementation

- Preventing and managing acute complications
  - <u>Acute kidney injury (AKI)</u>
    - Assessing and managing acute kidney injury (AKI)
    - ◇ Follow up
  - Acute myocardial injury
    - ♦ Diagnosing acute myocardial injury
    - ♦ Managing myocardial injury
  - Venous thromboembolism (VTE) prophylaxis
    - $\Diamond$  In hospital
    - In hospital-led acute care in the community
    - People with COVID-19 and additional risk factors
    - ◇ Information and support
  - Suspected or confirmed co-infection
    - Identifying secondary bacterial pneumonia
    - ♦ Antibiotic treatment in the community
    - ◇ Starting antibiotics in hospital
    - ◇ Choice of antibiotics in hospital
    - Reviewing antibiotic treatment in hospital
- Discharge, follow up and rehabilitation
- Palliative care
  - Principles of care
  - <u>Medicines for end-of-life care</u>
- <u>Research recommendations</u>

- Equality considerations
  - Equalities impact assessment during scoping draft scope
  - Equalities impact assessment during scoping final scope
  - Equalities impact assessment during guideline development
- Methods and processes

# Update information

8 April 2021

We added recommendations for using <u>corticosteroids</u>, <u>tocilizumab</u> and <u>sarilumab</u> to treat COVID-19 (including the evidence and rationale for making the recommendations).

This updates and replaces our COVID-19 rapid evidence summaries on:

- Remdesivir for treating hospitalised patients with suspected or confirmed COVID-19 (ES27, published 5 June 2020)
- Tocilizumab for COVID-19 (ES33, published 15 January 2021, last updated 24 February 2021)
- Sarilumab for COVID-19 (ES34, published 20 January 2021)

#### 23 March 2021

This guideline updates and replaces our COVID-19 rapid guidelines on:

- critical care in adults (NG159, published 20 March 2020, last updated 12 February 2021)
- managing symptoms (including at the end of life) in the community (NG163, published 03 April 2020, last updated 13 October 2020)
- managing suspected or confirmed pneumonia in adults in the community (NG165, published 03 April 2020, last updated 23 April 2020)
- acute myocardial injury (NG171, published 23 April 2020)
- antibiotics for pneumonia in adults in hospital (NG173, published 01 May 2020, last updated 09 October 2020)
- acute kidney injury in hospital (NG175, published 06 May 2020)
- reducing the risk of venous thromboembolism in over 16s with COVID-19 (NG186, published 20 November 2020).

The guideline includes new recommendations on the use of <u>therapeutics for people with</u> <u>COVID-19</u>.

We also made the following changes:

- Focused recommendations about antimicrobial treatments for COVID-19 pneumonia on secondary bacterial pneumonia. For bacterial pneumonia with other causes, we have added links to our antimicrobial prescribing guidelines on <u>community-acquired pneumonia</u> and <u>hospital-acquired pneumonia</u>.
- Removed some recommendations on acute myocardial injury, because they are no longer needed now that more is known about the presentation and effects of COVID-19.
- Removed some recommendations on acute kidney injury, because experts advise that most aspects of care should be in line with our guideline on <u>acute kidney injury: prevention</u>, <u>detection and management</u>.
- Updated recommendations on the use of heparins.
- Amended recommendations on critical care to reflect the current context of care.
- Replaced recommendations on infection prevention and control with links to Public Health England advice.
- Removed recommendations on service delivery because this is covered by NHS England and Improvement.
- Broadened the guideline to cover both children and adults (including pregnant women).

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