**Recommendations for Treatment of Acute COVID-19 in Pediatric Patients**

**Remdesivir**

*Indications*

Hospitalized patients with acute COVID-19 who meet all the following criteria:

▪ Hospitalized with confirmed positive SARS-CoV-2 PCR

▪ Requires supplemental oxygen

▪ ≤14 days since onset of symptoms

Patients should not have any of the following contraindications to remdesivir:

• Known hypersensitivity to remdesivir

• ALT > 10 times the upper limit of normal

• Note: After review of the available data and consultation with nephrology, we will now allow use of remdesivir in patients with eGFR <30 ml/min (both AKI and advanced CKD) at the discretion of the treating clinicians

NOTE: Clinicians may consider remdesivir for a hospitalized patient with COVID-19 who is not requiring supplemental O2 but is at particularly high risk for clinical deterioration. These patients and their management should be discussed with ID and/or Pulmonary/CCM consultants.

*Dosing*

* + - * 1. 1. Children 3.5 kg to 39 kg:

a. Must receive lyophilized remdesivir product

* + - * 1. b. Loading dose 5 mg/kg x 1 then 2.5 mg/kg q24h x 4 days (for a total of 5 days of therapy or hospital discharge, whichever is first)
        2. 2. Children > 40 kg:
        3. a. May receive either liquid or lyophilized remdesivir product
        4. b. Loading dose 200 mg x 1 then 100 mg q24h x 4 days (for a total of 5 days of therapy or hospital discharge, whichever is first)

Note: A 10-day course can be considered on a case-by-case basis for those not improving on ECMO or mechanical ventilation.

*Monitoring* *while receiving remdesivir*

* Daily CBC, CMP
* INR at baseline and as needed

**Corticosteroids**

*Indications*

For hospitalized patients with COVID-19 who require supplemental respiratory support (including supplemental oxygen, non-invasive ventilation, invasive ventilation, or ECMO). Generally given concurrently with remdesivir unless contraindicated.

*Dosing*

1. Dexamethasone (oral/ng/iv) 0.15 mg/kg/dose once daily (maximum dose: 6mg) for 10 days unless contraindicated.

* Medication can be given IV if the patient is unable to tolerate PO

2. Note: Glucocorticoid dosing recommendations currently include dexamethasone 6mg iv or po x10 days (or until discharge, whichever is earlier) with equivalent glucocorticoid dose used if dexamethasone is unavailable (Equivalent total daily doses of alternative glucocorticoids to dexamethasone 6 mg daily are methylprednisolone 32 mg and prednisone 40 mg). Inpatients who are ready for discharge in stable condition and do not require supplemental oxygen at discharge may not require completion of a course of dexamethasone.

For additional details refer to the VUMC COVID-19 Clinical Guidelines <https://www.vumc.org/coronavirus/sites/default/files/COVID%20Documents/Weekly%20COVID-19%20Clinical%20Guidelines%20Update%20Summary.pdf>