

Table 2: COVID-19: THERAPEUTIC PLAN AND POTENTIAL THERAPIES (Tb.6)

Days since symptoms start	Incubation period (4 days av., usually 3 - 6 days)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
		Mild cases do not progress to Dyspnea, do not compromise lung or this is very little				Days + hospitalized	IF PROGRESS WILL →			Requires ICU	Requires MV	2dary Infec	+ or improv									
STAGES	I. NASOPHARYNGAL or LOCALIZED INFECTION <i>Stage of greatest transmission or contagion</i>						II. PULMONARY W/ARDS MILD and HYPERCOAGULABILITY			III. HIGH LOAD VIRAL and AUTOINMUNITY			IV. SEVERE ARDS and Progr. to DIC and MODS									
LOCATION	Located in the Pharynx and Nose, it can also affects intestines						+ Lungs, Intest. rule out in myocardium			+ Pericardium, Brain, others			Systemic, several organs									
VIRAL LOAD	Low Total Body Viral Load: located in the Nose and Pharynx.						Medium: + Lungs, Intestines, others			High Total Body Viral Load: present in several organs												
SEVERITY	ASYMTOMATIC or VERY MILD		MILD				MODERATE			SEVERE			CRITICAL									
THERAPEUTIC PLAN			M <50, F<75   Male > 50, Female > 75																			
Reduce VIRAL LOAD and Cover Bacterial Infections	<ul style="list-style-type: none"> <li><b>Gargle:</b> 4 times a day, with 1 glass with warm water with 1/2 teaspoon of salt. Interspersed w/ Povidone-iodine Chlorhexidine</li> <li><b>Nasal washes:</b> 1 - 2 times a day w/ 10 ml syringe with 1 glass w/ water with 1/2 teaspoon of salt.</li> <li><b>Hydration:</b> 1- 2 liters water/day</li> <li><b>To contacts Give IVERMECTIN:</b> 2 TB of 6 mg, only 1 day. If it weighs more than 85 kg, give 3 TB. In Males &gt; 50 years old and Women &gt; 75 a. give 2 days.</li> </ul>		<ul style="list-style-type: none"> <li><b>Gargle:</b> every 2 hours during the day.</li> <li><b>Nasal washes:</b> 3 times a day.</li> <li><b>IVERMECTIN:</b> TB 6mg: 2 TB after lunch x 2 to 4 days. If it weighs more than 85 kg, give 3 TB. <i>Not with juices, lemonade, milk.</i></li> <li><b>BROMHEXINA:</b> FCO, 8mg(5cc) c/8h x 7 d.</li> <li><b>Hyperthermia:</b> do not use Paracetamol, only if T° &gt; 39 give antipyretics. At 8pm, cover bare chest with dry paper.</li> <li><b>Hydration.</b></li> </ul>				<b>AZITHROMYCIN</b> CP 500 mg. 1 CP a day x 5 days. Or: <b>DOXYCYCLINE</b> TB 100 mg. c/ 12h x 5 days. (1 of the 2)			<b>IVERMECTIN</b> TB of 6mg. Give: 2 TB after lunch and dinner x 3 to 6 days. If it weighs from 85 to 115 kg give 3 TB after lunch/ dinner . If it weighs > 115 kg, give 4 TB. <b>PHENOFIBRATE</b> , CP 160 or 200 mg, 1 CP daily for 7 to 10 days. Contraindicated in liver and gallbladder disease. <b>SODIUM BICARBONATE:</b> half a teaspoon in a glass with water every 12 hours x 4 d.			Give (1 )+ (2) + (3) + Antibiotic: (1) <b>IVERMECTIN</b> TB 6mg. Give: 2 TB after breakfast, lunch and dinner x 5 to 9 days. If it weighs from 85 to 115 kg give 3 TB breakfast/lunch/dinner x 5 to 9 days At + 115 kg give 4 TB. breakfast/ luch/dinner x 5 to 9 days. (2) <b>NITAZOXANIDE</b> TB 500mg. 1 every 12h x 7d. At > 80kg. c/8h			Give (1)+ (2) + Antibiotic: (1) <b>IVERMECTIN</b> TB 6 mg. Give: 3 TB every 8 hours after meals x 6 to 11 days. If it weighs from 85 to 115 kg give 4 TB every 8 hours x 6 to 11 days. At + 115 kilos give 5 TB every 8 hours. (2) <b>NICLOSAMIDE</b> , TB 500 mg. 2 TB every 12 hours x 7 to 12 days. If you weigh 80 to 100 kilos give 3TB. If it weighs more than 100 kilos, give 4 TB. (2) <b>ENOXAPARIN AMP.</b> 40mg ANTIVIRAL DOSES FOR COVID CRITICAL PATIENTS: 0.5 mg. x kilo each / 8 horas x 2 a 3 days until O2 Sat > 85%, with O2 wet Mask with Reservoir or Venturi, and the Enoxaparin is passed every 12 hours. Alternative: <b>HEPARIN</b> Amp.						
	Reduce HYPERCOAGULABILITY & THROMBOPHILIA	Walking at home, avoiding crossing legs, changing positions at least every half hour. Flexoextensión exercises and circular movement of the feet, every 2 hours, during the day.		<b>ASPIRIN</b> 100 mg, 1 TB daily. x 15 days. If you are going to start Anticoagulation, you should stop Aspirin and NSAIDs due to a higher risk of gastrointestinal bleeding, especially in those > 50 years. Ask about a history of ulcer and gastritis.				<b>ENOXAPARIN</b> Amp. 40mg, SC. (a) Weighs less than 80 kilos: 40mg / 24h. (b) Between 80 and 100 kg: 60mg/24h. (c) Weighs more than 100 kilos: 40mg /12h. If renal function is <30 ml/min: 20mg / 24h Request Platelets, D-Dimer, Protrom. Time.			If you have a fever, give: <b>CEFIPIME AMP</b> , 1 gr. every 12h EV x 5-7 d., or <b>CEFTAZIDINE</b> , AMP, 1 gr. w / 8h EV x 5-7 d., or <b>MEROPENEN</b> 1 gr. c/ 8h			(3) <b>ENOXAPARIN AMP.</b> 40mg 0.5mg/kilo /12h. If O2 Sat < 85%: give each 8 hours <b>HEPARIN</b> 7,500 unid. c/12h Contraindicated if there is active bleeding or Platelets < 50,000.								
Reduce AUTO-IMMUNITY, SIRS AND OXIDATIVE STRESS	(1) MULTIVITAMINE, 1-2/day, according content (2) VITAMIN C, TB 1,000 mg. 1 to 2/day x 30d (3) VITAMIN D, 2,000 to 5,000 IU a day x 30 d. (4) VITAMIN A, TB 10,000 or 50,000 IU Give: 50,000 IU x 3 days, repeat in 7 days (5) ZINC, TB 50 ó 100mg, 1 a day, for 20 days (6) MELATONIN, TB 1 to 6 mg before sleeping.		<b>CICLOSONIDE, FLUTICASONE, BUDENOSIDE ó BECLOMETHASONE:</b> 2 inhalations in the morning, noon and afternoon for 10 days. Or <b>INDOMETACINA</b> TB 25mg. 1 TB every 8 hours x 3 - 5 days				(1) <b>COLCHICINA</b> , TB 0.5 mg, 1 TB each 12 hours for 3 days, then 1 TB a day until you have no symptoms. (2) <b>DEXAMETHASONE</b> TB 4mg. 1 TB 9am and 1/2 TB 5 pm, for 2 to 4 days. (2) <b>N-ACETILCISTEÍNA</b> , Envelope x 600mg. 1 dissolved envelope VO w/ 12 hr x 4 to 6 d.			<b>Value giving CONVALESCENT PLASMA or OZONE THERAPY</b> <b>DEXAMETHASONE:</b> 4mg. Give 6 mg every 12 hours for 2 days and then 6 mg/ day until completing 10 days. If it weighs > 70 kilos give 8 mg. per dose. If you had already started treatment, complete 10 days. Other option: <b>METHYLPREDNISOLONE.</b> 1st dose of 120 or 250mg, dilute to 100 ml of CIna 0.9%, give in infusion for 2 to 3 hour. Then 1 mg/ kilo for 1 to 3 more days. <b>VIT. C AMP.</b> 50 mg x kilo of EV every 6 or 8 hours x 3 to 7 days												

Source: Gustavo Aguirre-Chang; Aurora Trujillo Figueredo; José Aníbal Córdova M. COVID-19: Therapeutic Plan that includes Ivermectin in the first line of action. July 29, 2020.