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Guangdong issued a new consensus on the rational use of new coronary pneumonia clinical experts (third edition) "four anti-four balance" rational medication to help the treatment of critically ill patients

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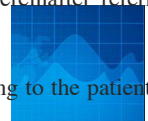
Smart

intention



On March 6, in order to further improve the treatment capacity and quality of the new coronary pneumonia drug and reduce unreasonable medication and adverse drug reactions, based on the "New Coronavirus Infected Pneumonia Diagnosis and Treatment Program (Trial Version 7)", combined with Guangdong New Coronary Pneumonia patients For the experience of treatment, Guangdong has formed and issued the "Guangdong Provincial Consensus on the Reasonable Use of New Coronavirus Pneumonia in Clinical Medicine (Third Edition)" (hereinafter referred to as "consensus") for the clinical treatment of medical staff.

Real-time epidemic situation



The consensus pointed out that in the course of clinical treatment, antiviral drugs should be carefully selected according to the patient's course and condition. Pay attention to the adverse reactions and drug interactions of the drugs. In principle, oral antiviral drugs tend to be used early and used alone. It is not recommended to use more than three antiviral drugs in combination. You can try the antiviral drugs chloroquine phosphate, fapiravir, Remdesivir, which is still in clinical trials, and the infusion of convalescent plasma; you can also try other drugs such as α -interferon atomization inhalation, Ribavirin, darunavir / copilast. However, neuraminidase inhibitors (oseltamivir, paramivir, zanamivir, etc.) and ganciclovir are not recommended.

"In the face of new infectious diseases such as New Coronary Pneumonia, clinical medical treatment must achieve scientific treatment and precise implementation. The key is to have evidence-based and systematically integrated medication concepts, medication methods, and medication measures." Provincial Health and Health Introduced by Liu Guanxian, a first-level inspector of the Commission.

Our province collected and discussed the medical treatment experience of the early-stage designated medical institutions, and summarized and promoted it to "four anti-four balances". Specifically, it is aimed at the unique pathogenesis, clinical manifestations and pathophysiology of new coronaviruses, and should do symptomatic medicines against new coronavirus, anti-secondary infection, anti-hypoxemia, and anti-septic shock; at the same time, It is necessary to deal with the different types, different courses and different conditions of patients with new coronary pneumonia, systematically handle the basic treatment and critical support of severe and critical illness, maintain nutritional balance, water-electrolyte acid-base balance, microecological balance and tissue and organ function balance, As soon as possible to achieve the goal of turning the virus negative, preventing severe transformation, and recovering as soon as possible.

【Important Program】

First, anti new crown viral medication. Inhibiting viral replication is the key to controlling the development of new coronary pneumonia. Antiviral drugs should be carefully selected according to the patient's course of illness. Pay attention to the adverse reactions and drug interactions of the drugs. In principle, oral antiviral drugs tend to be used early and used alone. It is not recommended to use more than three antiviral drugs in combination. You can try chloroquine phosphate tablets, fapiravir tablets, Remdesivir tablets that are still in clinical trials, and infusions of convalescent patients during recovery; you can also try other drugs such as interferon nebulized inhalation Bavelin. Neuraminidase inhibitors (oseltamivir, etc.) and ganciclovir are not recommended. It has been reported that the antiviral treatment of some drugs such as lopinavir / ritonavir (Kreiz) and Abidor is not good.

2. Anti- secondary infection medication. Effective prevention and treatment of secondary infections is one of the key measures for successful treatment. Light and ordinary types without high-risk factors, in principle, do not use antibacterial drugs. High-risk factors may develop into severe common types. When considering viral pneumonia combined with bacterial infection, antibacterial drugs for community-acquired pneumonia can be administered intravenously or orally, choose β -lactam \pm macrolide, or use alone Respiratory fluoroquinolones such as moxifloxacin and levofloxacin are not recommended for empirical use of linezolid, meropenem and other special use grade antibacterial drugs. Routine preventive application of antimicrobial drugs in severe and critically ill patients is not recommended, especially in combination with broad-spectrum antimicrobial drugs. Attention should be paid to the prevention of bacterial infection and fungal infection in critically ill patients with open airways such as invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO).

3. Antihypoxemia medication. Hypoxemia is one of the main clinical symptoms of severe and critically ill patients with new coronary pneumonia. For patients with hypoxemia and new coronary pneumonia, effective oxygen therapy should be carried out as early as possible in combination with the diagnosis and treatment plan, and the oxyhydrogen atomizer can be used if possible. In patients with severe new coronary pneumonia, the alveolar inflammatory exudation is severe and there is a large amount of mucus. It is advisable to use ambroxol, bromoxine an expectorants and expectorant measures as soon as possible. Careful use of aerosol inhalation to expand bronchial drugs may increase the risk coronary pneumonia aerosol transmission, and aerosol inhalation should be used with caution. During the treatment with ECMO, due to the drug adsorption often occurring during cardiopulmonary bypass, the PK / PD of the drug may change, and the dosage of the drug needs to be adjusted.

4. Anti-septic shock medication. For patients with new coronary pneumonia with septic shock, fluid resuscitation should be actively given, hemodynamic monitoring should be performed, and colloidal fluid should be increased appropriately. For patients with hypoproteinemia, albumin is recommended, and hydroxyethyl starch is not recommended. Reasonably choose drugs that have vasoconstrictors (such as norepinephrine, dopamine) or have positive inotropic effects.

5. Maintain nutritional balance. Nutritional support is the basic treatment of New Coronary Pneumonia. Nutritional risk screening and nutritional assessment can be strengthened according to the classification of light, common, severe and critical diseases. Severe and critically ill patients should implement nutrition therapy as early as possible, pay attention to energy, protein supply and fluid balance. It is recommended to carry out early enteral nutrition during ECMO treatment.

6. Maintain the acid-base balance of water electrolytes . New coronary pneumonia may cause abnormalities in water, electrolyte, and acid-base balance, including hypernatremia, hyponatremia, hyperkalemia, hypokalemia, metabolic acidosis, metabolic alkalosis, etc. It is necessary to reasonably select the type of drug and route of administration according to different types and severity, and control the rate of administration.

7. Maintain microecological balance of medication. It is very important to treat patients with new coronary pneumonia, maintain intestinal immune function, and balance the human microecology. Promote the early use of intestinal microecological regulators to stimulate the body's immune system, prevent secondary bacterial infections, improve body metabolism, and reduce the incidence of antibiotic-related diarrhea.

8. Medication to maintain the balance of tissue and organ functions . For patients with progressive deterioration of oxygenation indicators, rapid imaging progress, and excessive activation of the body's inflammatory response, glucocorticoids are used for a short period of time (3 to 5 days) as appropriate. For the prevention and treatment of inflammatory storms in the body, drugs such as blood purification technology, heparin anticoagulation, high-dose vitamin C, high-dose broad-spectrum protease inhibitors, and IL-6 antagonist tocilizumab can be considered. For severe patients with low lymphocyte counts and low cellular immune function, it is recommended to use the immunomodulatory drug thymosin $\alpha 1$ (thymus gland). Children with severe and severe cases, and some patients with low lymphocyte levels who are at risk of complicating other viral infections, may be given intravenous globulin as appropriate. According to Padua or Caprini assessment for the prevention and treatment of patients with high-

risk or medium-risk venous thromboembolism, low molecular weight heparin drug prevention is preferred. Patients with hypertension comorbidities, such as ACEI, ARB and diuretics, should pay attention to observe the changes in the condition and the effect of reducing blood pressure. Patients with liver dysfunction should try to choose drugs excreted by the kidneys; patients with drug-induced liver injury should choose glycyrrhizin, an anti-inflammatory liver-protecting drug. For patients with renal insufficiency, adjust the drug dosage according to creatinine clearance; for patients with acute kidney injury (AKI), avoid using drugs with greater nephrotoxicity as much as possible. Continuous renal replacement therapy (CRRT) may have an effect on the drug PK / PD excreted mainly through the kidney, and pay attention to adjusting the drug dose.



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