



National clinical recommendations for use of medicinal products in treatment and prevention of covid-19

Quick Guide

Recommendations have been prepared for adults, pregnant women, lactating women as well as children and young people, respectively. For each subpopulation, recommendations are given for patients who need or do not need oxygen, respectively.

Systemic glucocorticoids for adults who need oxygen

Use systemic glucocorticoids in adults with covid-19 who need oxygen (serious/critical illness).

Strong recommendation

The recommendation applies to people aged 16 and upwards.

Use of dexamethasone 6 mg daily for 10 days is recommended. A shorter duration of treatment may be considered in connection with, for example, discharge from hospital or existing use of systemic glucocorticoids. Treatment may be given orally (PO) or intravenously (IV).

If dexamethasone is not available, the following alternative systemic glucocorticoids may be used:

- Hydrocortisone 80 mg x 2 IV for up to 10 days.
- Prednisolone 40 mg x 1 PO for up to 10 days.
- Methylprednisolone 32 mg x 1 IV/PO for up to 10 days.

Systemic glucocorticoids for adults who do not need oxygen

Do not use systemic glucocorticoids in adults with covid-19 who do not need oxygen (mild/moderate illness), as treatment is unlikely to be beneficial for this group of patients overall.

Strong recommendation against

The recommendation applies to people aged 16 and upwards.

Systemic glucocorticoids can still be used on other evidence-based indications for patients with COVID-19, e.g. autoimmune diseases, chronic obstructive pulmonary disease, acute circulatory failure and anaphylactic shock.



Systemic glucocorticoids for pregnant women who need oxygen

Use systemic glucocorticoids in pregnant women with covid-19 who need oxygen (serious/critical illness).

Strong recommendation

Use of prednisolone 40 mg x 1 orally (PO) or hydrocortisone 80 mg x 2 intravenously (IV) for 10 days is recommended. A shorter duration of treatment may be considered in connection with, for example, discharge from hospital or existing use of systemic glucocorticoids.

Dexamethasone is not inactivated to the same extent as prednisolone and hydrocortisone in placenta, and dexamethasone is therefore not the first choice of pharmacological treatment for pregnant women.

Many thousands of pregnant women have been exposed to systemic glucocorticoids without convincing evidence of adverse fetal effects from short-term use having been found.

If treatment with systemic glucocorticoids is indicated for fetal lung maturity in pregnant women at risk of preterm birth, use of standard antenatal systemic glucocorticoids is recommended (dexamethasone 6 mg x 2 intramuscularly (IM) for two days in accordance with DSOC's guidelines for antenatal treatment with corticosteroids) followed by prednisolone 40 mg x 1 (PO) or hydrocortisone 80 mg x 2 (IV) for up to 10 days' treatment with systemic glucocorticoids.

Systemic glucocorticoids for pregnant women who do not need oxygen

Do not use systemic glucocorticoids for pregnant women with covid-19 who do not need oxygen (mild/moderate illness), as treatment is unlikely to be beneficial for this group of patients overall.

Strong recommendation against

Systemic glucocorticoid can still be used on other evidence-based indications for pregnant women with COVID-19, e.g. autoimmune diseases, chronic obstructive pulmonary disease, acute circulatory failure, anaphylactic shock or fetal lung maturity with a risk of preterm birth.



Systemic glucocorticoids for lactating women who need oxygen

Use systemic glucocorticoid in lactating women with covid-19 who need oxygen (serious/critical illness).

Strong recommendation

Use of prednisolone 40 mg x 1 orally (PO) or hydrocortisone 80 mg x 2 intravenously (IV) for 10 days is recommended. A shorter duration of treatment may be considered in connection with, for example, discharge from hospital or existing use of systemic glucocorticoids.

A number of lactating women have been exposed to systemic glucocorticoids without convincing evidence of adverse effects on the infant from short-term use having been found.

Systemic glucocorticoids for lactating women who do not need oxygen

Do not use systemic glucocorticoid for lactating women with covid-19 who do not need oxygen (mild/moderate illness), as treatment is unlikely to be beneficial for this group of patients overall.

Strong recommendation against

Systemic glucocorticoids can still be used on other evidence-based indications for lactating women with COVID-19, e.g. autoimmune diseases, chronic obstructive pulmonary disease, acute circulatory failure and anaphylactic shock.



Systemic glucocorticoids for children and young people who need oxygen

Consider using systemic glucocorticoids for children and young people with covid-19 who need oxygen (serious/critical illness).

Weak recommendation

The recommendation applies to children and young people aged under 16.

Use of dexamethasone 0.15 mg/kg/day (max. 6 mg/day) for 10 days is recommended. A shorter duration of treatment may be considered in connection with, for example, discharge from hospital or existing use of systemic glucocorticoids. The treatment can be given orally (PO) or intravenously (IV).

If dexamethasone is not available, the following alternative systemic glucocorticoids may be used:

- Hydrocortisone 1 mg/kg x 4 IV (max. 50 mg x 4) for up to 10 days
- Prednisolone 1 mg/kg x 1 PO (max. 50 mg) for up to 10 days
- Methylprednisolone 0.8 mg/kg x 1 IV/PO (max. 40 mg) for up to 10 days.

Systemic glucocorticoids for children and young people who do not need oxygen

Do not use systemic glucocorticoid for children and young people with covid-19 who do not need oxygen (mild/moderate illness), as treatment is unlikely to be beneficial for this group of patients overall.

Strong recommendation against

The recommendation applies to children and young people aged under 16.

Systemic glucocorticoids may still be used on other evidence-based indications for children and young people with COVID-19, e.g. autoimmune diseases, asthmatic bronchitis, serious infectious diseases, including meningitis, severe pulmonary failure and anaphylactic shock.



About the Quick Guide

The recommendations have been prepared under the auspices of the Danish Health Authority.

The focus of the national clinical recommendations is to support uniform quality in the use of medicinal products for prevention and treatment of covid-19.

The national clinical recommendations concern selected parts of the field, and they cannot stand alone, but must be seen in conjunction with other guidelines, recommendations, patient pathway descriptions etc. in this field.

Further information from the Danish Health Authority

A full-length version of the national clinical recommendations is available at the Danish Health Authority's website (www.sst.dk), including a detailed review of the underlying evidence on which the recommendations are based.