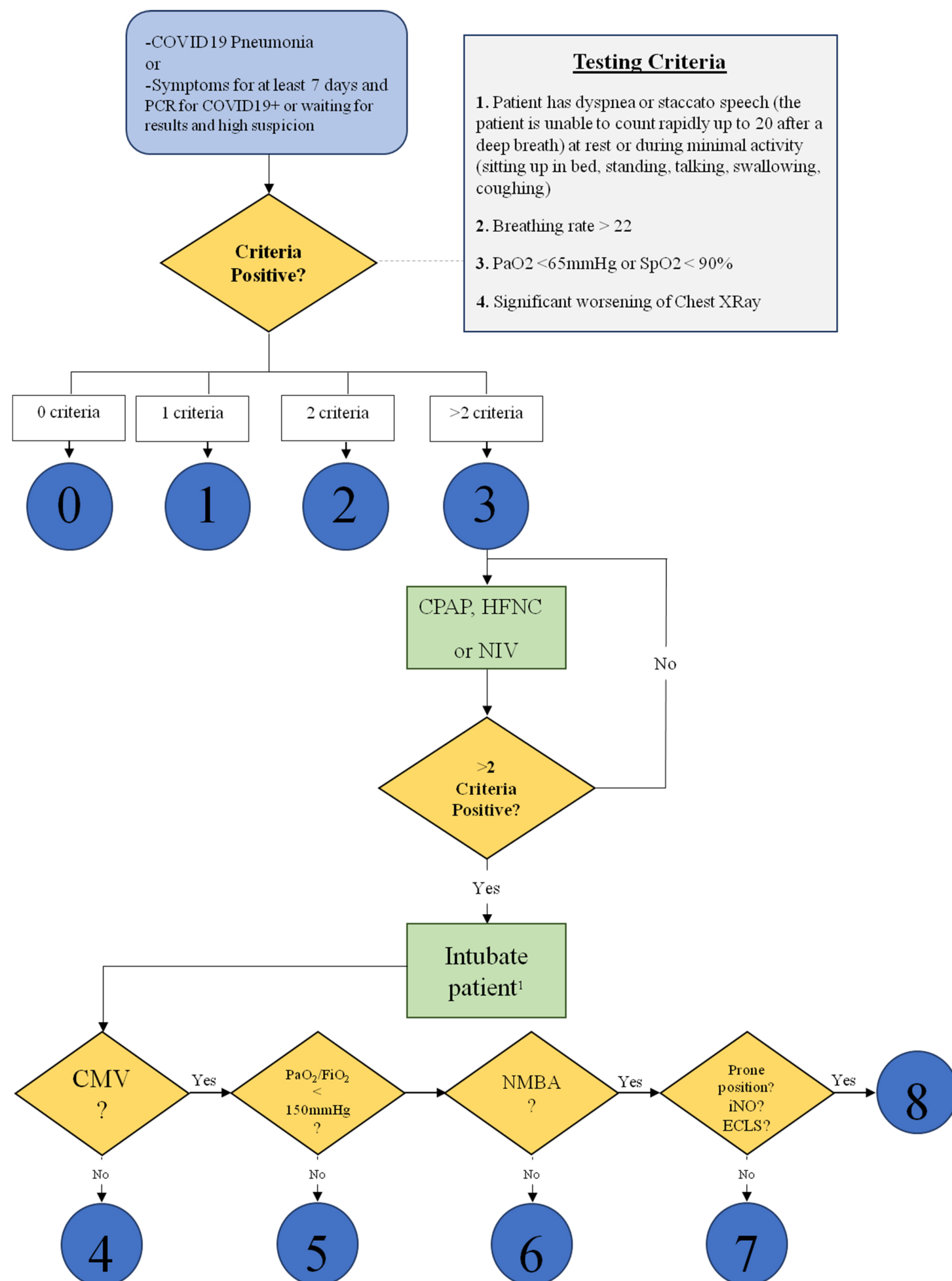


# BRESCIA COVID-19 RESPIRATORY SEVERITY SCALE - BCRSS



0	Keep patients monitored with SpO <sub>2</sub> and clinical evaluation	Standard therapy: Lopinavir/ritonavir (or boosted/darunavir)
1	Add Oxygen. Keep patients monitored with SpO <sub>2</sub> and clinical evaluation	+ Cloroquine or hydroxychloroquine
2	Perform CXR, Gas Analysis. Add Oxygen. Keep patients monitored with SpO <sub>2</sub> and clinical evaluation,	Standard therapy + Consider Dexamethasone <sup>1</sup>
3	Perform CXR every two days and Gas Analysis twice a day. Keep patients monitored with SpO <sub>2</sub> and clinical evaluation.	Standard therapy + Consider Dexamethasone <sup>1</sup> + Consider Tocilizumab <sup>2</sup>
4	Keep Patients in ICU using an internal weaning protocol	Remdesivir (if not available: Lopinavir/ritonavir or boosted/darunavir) + Cloroquine or hydroxychloroquine + Consider Dexamethasone <sup>1</sup> + Consider Tocilizumab <sup>2</sup>
5	Try to minimize sedation (RASS -1 to 0) Perform SBT daily	
6	Try to minimize sedation (RASS -1 to 0)	
7	Perform Best PEEP and Compliance calculation; Try to suspend NMBA Optimize volume status	
8	High level of complexity	

<sup>1</sup>: Consider age, comorbidity and cognitive decline

<sup>2</sup>: Inclusion criteria

- Low risk of high SARS-COV2 viral load (no fever > 72h, Symptoms > 7 days)

- IL-6 > 40 pg/ml or high plasmatic d-dimer and/or CRP and/or ferritin and/or fibrinogen