



MANAGEMENT OF ANXIETY IN COVID-19 PATIENTS – BE CAREFUL WITH BENZOS, CONSIDER 5-HT2 ANTAGONISTS:

START MELATONIN 3-5MG PO AT BEDTIME AT BEDTIME UNTIL DISCHARGE

ANXIETY	ANXIETY W/OUT INSOMNIA	ANXIETY WITH INSOMNIA	ANXIETY WITH DEPRESSION AND INSOMNIA	ANXIETY WITH SUSP. DELIRIUM + INSOMNIA
<p>ALWAYS CONSIDER NON-PHARMACOLOGICAL INTERVENTIONS FIRST</p> <p>CONSIDER UNDERLYING ETIOLOGIES (E.G.SHORTNESS OF BREATH) OR UTILIZE MEDICATIONS PATIENT MAY ALREADY BE ON BY ADJUSTING THE DOSE</p>	<p>HYDROXYZINE:</p> <p>25-50MG PO BID/TID</p> <p>SHOULD BE AVOIDED IN OLDER ADULTS</p> <p>SHOULD NOT BE COMBINED WITH DYPHENHYDRAMINE</p> <p>DO NOT USE FOR MORE THAN 2-3 DAYS</p> <p>IF USING BENZOS INSTEAD, USE WITH CAUTION</p>	<p>TRAZODONE:</p> <p>*(25)50 -100MG PO AT BEDTIME</p> <p>MONITOR QTc ON EKG [IMPORTANT IF PATIENT ON HCQ AND/OR AZITHROMYCIN]</p>	<p>MIRTAZAPINE:</p> <p>7.5 - 15MG P.O. AT BEDTIME</p> <p>MONITOR NEUTROPHIL COUNT - IMPORTANT IF PATIENT ON IMMUNOSUPPRESSANTS</p>	<p>QUETIAPINE:</p> <p>(12.5)25 - 50MG AT BEDTIME OR UP TO TID</p> <p>SHOULD BE SUPPLEMENTED WITH MELATONIN 3-5MG PO AT BEDTIME</p> <p>MONITOR QTc ON EKG [IMPORTANT IF PATIENT ON HCQ AND/OR AZITHROMYCIN]; SHOULD NOT BE USED IF QTc >500</p> <p>USE SHORT-TERM</p>

* Numbers in parentheses denote doses for older adults

IN CASE OF ANY UNCERTAINTY AND IF ANY QUESTIONS, CALL PSYCHIATRY:
975-0445 OR 562-4745