

## **SUPPLEMENTARY MATERIAL**

### **TITLE**

**Absence of relevant QT interval prolongation in not critically ill COVID-19 patients.**

Juan Jiménez-Jáimez,<sup>1,2\*</sup> Rosa Macías-Ruiz<sup>1,2</sup>, Francisco Bermúdez-Jiménez<sup>1,2,3</sup>, Ricardo Rubini-Costa<sup>1,2</sup>, Jessica Ramírez Taboada<sup>1,2,4</sup>, Paula Isabel García Flores<sup>1,2,5</sup>, Laura Gallo Padilla<sup>1,2,4</sup>, Juan Diego Mediavilla García<sup>1,2,4</sup>, Concepción Morales García<sup>1,2,5</sup>, Sara Moreno Suárez<sup>1,2,6</sup>, Celia Fignani Molina<sup>1,2,6</sup>, Miguel Álvarez López<sup>1,2</sup> and Luis Tercedor<sup>1,2</sup>

<sup>1</sup>Cardiology Department, Virgen de las Nieves University Hospital, Avenida de las fuerzas armadas 2, 18014 Granada, Spain

<sup>2</sup>Biosanitary Research Institute (IBS), Av. Del conocimiento, 18012, Granada, Spain,

<sup>3</sup>Centro Nacional de Investigaciones Cardiovasculares Carlos III (CNIC), 28029, Madrid, Spain,

<sup>4</sup>Department of Internal Medicine, Virgen de las Nieves University Hospital, Avenida de las fuerzas armadas 2, 18014 Granada, Spain

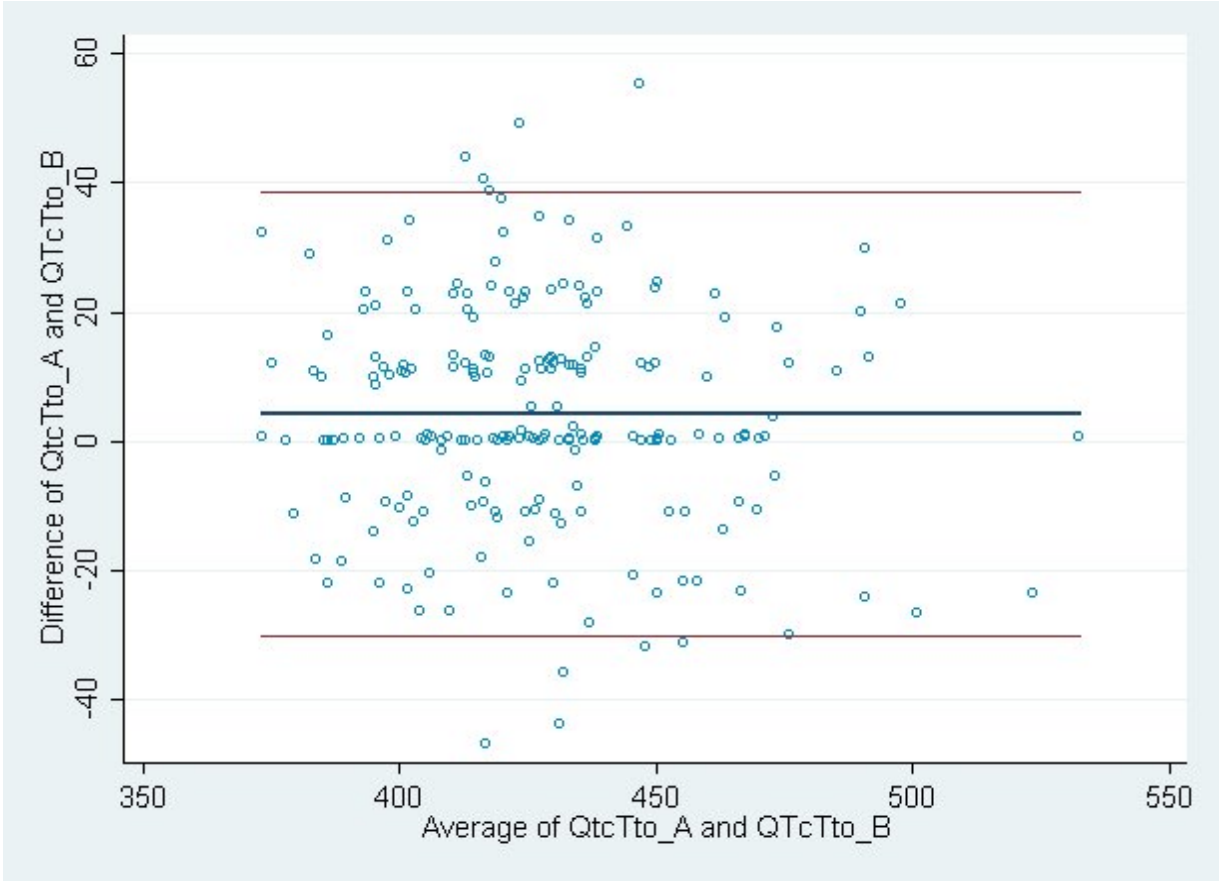
<sup>5</sup>Department of Pneumology, Virgen de las Nieves University Hospital, Avenida de las fuerzas armadas 2, 18014 Granada, Spain

<sup>6</sup>Emergency Department, Virgen de las Nieves University Hospital, Avenida de las fuerzas armadas 2, 18014 Granada, Spain

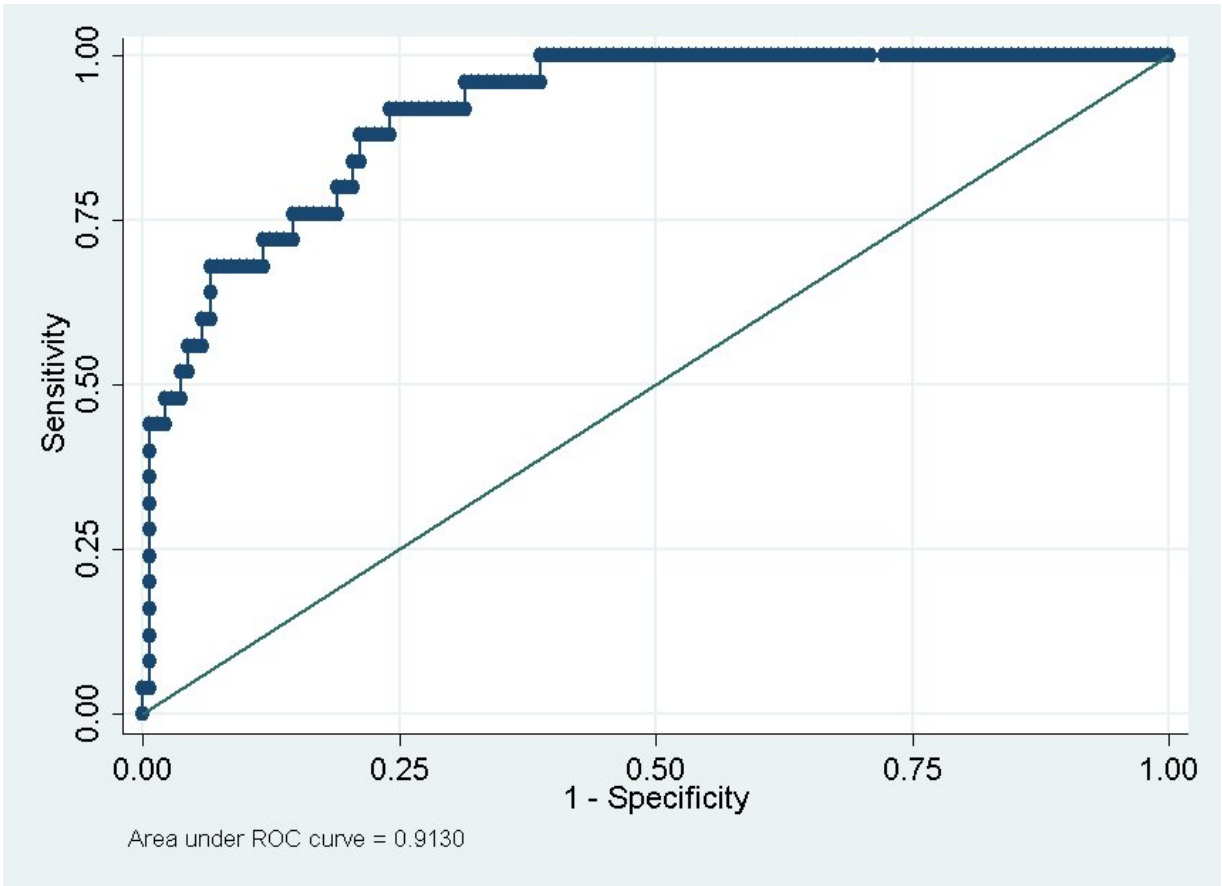
\* [jimenez.jaimez@gmail.com](mailto:jimenez.jaimez@gmail.com)

## Summarized Protocol of general management and pharmacologic treatment of SARS-CoV-2 in the University Hospital Virgen de las Nieves of Granada, Spain

1. Patient without pneumonia, signs of severe illness, comorbidity and age <50: outpatient management with symptomatic treatment.
2. Patient with comorbidity or age >50 or pneumonia without hospital admission criteria (SpO<sub>2</sub> >92%, FINE I/II or CURB65 ≤1), outpatient management with:
  - a. Hydroxychloroquine 400 mg BID (loading dose) and 200 mg BID during 5 days
  - b. Azithromycin 500 mg SID (loading dose) and 250mg SID during 5 days
  - c. Acetylcysteine: 600 mg BID during 5 days.
3. Patient with pneumonia and/or hospital admission criteria:
  - a. Hydroxychloroquine 400 mg BID (loading dose) and 200mg BID during 5 or more days at physician criteria based on severity illness.
  - b. Azithromycin 500 mg SID (loading dose) and 250mg SID during 5 days, or 500 mg iv SID the day 1, 2 and 4.
  - c. Acetylcysteine: 600 mg oral/iv BID during 5 days.
  - d. Lopinavir/Ritonavir 400/100 mg BID or Darunavir/Ritonavir 600/100 mg BID, during 7 to 14 days at physician criteria based on severity illness.
4. Torpid evolution. severe illness and without criteria for ICU admission:
  - a. Hydroxychloroquine 400 mg BID (loading dose) and 200mg BID during 5 or more days at physician criteria based on severity illness.
  - b. Azithromycin 500 mg SID (loading dose) and 250mg SID during 5 days. or 500 mg iv SID the day 1, 2 and 4.
  - c. Acetylcysteine: 600 mg oral/iv BID during 5 days.
  - d. Lopinavir/Ritonavir 400/100 mg BID or Darunavir/Ritonavir 600/100 mg BID, during 7 to 14 days at physician criteria based on severity illness.
  - e. If analytic signs of proinflammatory response:
    - i. Moderate proinflammatory response: methylprednisolone 0.5 mg/kg iv BID during 3-5 days.
    - ii. Severe proinflammatory response: bolus of methylprednisolone 500 mg iv (first day) and 0.5 mg/kg iv BID during 3-5 days and Tocilizumab should be considered.
5. Torpid evolution during 3-5 days despite of treatment with previous step: alternative treatments should be considered such as Sirolimus, Ciclosporin A, immunoglobulin therapy and other monoclonal antibodies and anti-cytokines treatment.



**Supplementary Figure 1.** Blant-Altman test showing a high grade of concordance between both observers



**Supplementary Figure 2.** Predictive ability of the multivariate analysis, area under the ROC curve.