treated symptomatically along with oxygen therapy.

In such cases where the patients progress toward

respiratory failure and become refractory to oxygen

therapy, mechanical ventilation is necessitated. The

COVID-19-induced septic shock can be managed by

providing adequate hemodynamic support (299).

Several classes of drugs are currently being

evaluated for their potential therapeutic action

against SARS-CoV-2. Therapeutic agents that have

anti-SARS-CoV-2 activity can be broadly classified

into three categories: drugs that block virus entry

into the host cell, drugs that block viral replication as

well as its survival within the host cell, and drugs

that attenuate the exaggerated host immune response

(300). An inflammatory cytokine storm is commonly

seen in critically ill COVID-19 patients. Hence, they

may benefit from the use of timely anti-inflammation

treatment. Anti-inflammatory therapy using drugs

like glucocorticoids, cytokine inhibitors, JAK

inhibitors, and chloroquine/hydroxychloroquine

should be done only after analyzing the risk/benefit

ratio in COVID-19 patients (301). There have not

been any studies concerning the application of

nonsteroidal anti-inflammatory drugs (NSAID) to

COVID-19-infected patients. However, reasonable

pieces of evidence are available that link NSAID