



GOVERNMENT OF KARNATAKA

No: HFW 297 ACS 2020

Karnataka Government Secretariat
Vikasa Soudha,
Bengaluru, Date: 11th August 2020

Revised Circular

Subject: Revised discharge policy for COVID-19 (Version 3)

- Reference:**
1. Revised discharge policy for COVID-19 from Ministry of Health and Family Welfare, Government of India dated 08.05.2020
 2. Direction of Hon'ble Supreme Court of India in Suo-Motu Writ petition (civil) No. 7 of 2020, dated 19.06.2020
 3. Circular No. HFW 229 ACS 2020 regarding revised discharge policy for COVID-19 from Government of Karnataka dated 23.06.2020
 4. Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases from Ministry of Health and Family Welfare, Government of India dated 02.07.2020

As the COVID-19 pandemic is evolving, Government of India and Government of Karnataka have revised discharge policy from time to time based on recent scientific evidences. The revised discharge policy of GOI and GoK (reference 1 and 3 vide above) were based on recent findings that patients whose symptoms have resolved may still test positive for the COVID-19 virus (SARS-CoV-2) by RT-PCR for many weeks. Despite this positive test result, these patients are not likely to be infectious and therefore are unlikely to transmit the virus to another person.

In this regard, Hon'ble Supreme Court of India has directed all States to uniformly follow the discharge policy of Government of India. Hence, this revised discharge policy is issued in supersession of the previous circular/s and also incorporates the revised guidelines for the release of COVID positive persons from home isolation/home care. All Covid institutions/hospitals in the State, both Government and Private are hereby instructed to strictly adhere to this revised discharge policy.

All COVID positive cases shall be isolated and treated under Home isolation/ home care or at **Dedicated COVID Hospital (DCH) or Dedicated COVID Health Centre (DCHC) or COVID Care Centre (CCC), both in public and private**. The following discharge policy shall be followed:

1. For asymptomatic individuals:

- All cases shall undergo regular temperature and pulse oximetry checks.
- They shall be discharged if the following criteria is met at time of discharge;
 - No symptoms
 - No fever (recorded temperature $\leq 37.5^{\circ}\text{C}$ or $\leq 99.5^{\circ}\text{F}$)
 - Maintains saturation above 95%
 - Respiratory rate less than 24 per minute
- Asymptomatic individuals with a positive COVID test report, who continues to remain asymptomatic during their stay in the hospital, **shall be discharged 10 days after the positive test for COVID-19**
 - For example, if swab was collected on 1st August 2020 and tested positive for COVID-19, then the patient shall be discharged after 10 days from the date of swab collection i.e. on 11th August 2020. It is important that during this period, the patient shall remain free of any symptoms.
- There is **no need for RT-PCR/CBNAAT/True-NAT test** before discharge of the patient.
- At the time of discharge, the patient will be advised to isolate himself at home and self-monitor their health for further 7 days.
- His/her health will again be followed up through tele-conference on 14th day.
- After discharge from the facility, if he/she again develops symptoms of fever, cough or difficulty in breathing, he/she will contact the hospital or Apthamitra helpline 14410 immediately.

2. For Mild and Moderate cases:

- All cases shall undergo regular temperature and pulse oximetry checks.
- The patient **shall be discharged after 10 days of onset of symptom /s** only if the following criteria is met :
 - No Fever and No Symptom/s for the last 3 consecutive days before discharge (without antipyretics)
 - Maintains saturation above 95% for the last 4 consecutive days (without oxygen support)
 - Resolution of breathlessness
 - Resolution of clinical signs / symptoms (based on the report of investigations)
 - Repeat inflammatory markers (S.Ferritin, S.LDH, D-Dimer & CRP) at the time of discharge. These should be in normal range/decreasing trend
- For example, if a patient developed symptoms on 1st August 2020 and tested positive for COVID-19,
 - **Example 1:** If patient had symptoms for 1-7 days, the patient shall be discharged after 10 days from date of onset of symptoms i.e on 11th August 2020 (minimum 10 days for all symptomatic patients)

- **Example 2:** If patient had symptoms for 14 days, the patient shall be discharged after 14 days + 3* days = 17 days from date of onset of symptoms, i.e on 17th August 2020 (* no Symptom/s for the last 3 consecutive days before discharge)
- There is **no need for RT-PCR/CBNAAT/True-NAT test** before discharge of the patient
- At the time of discharge, the patient will be advised to isolate himself at home and self-monitor their health for further 7 days.
- His/her health will again be followed up through tele-conference on 14th day.
- After discharge from the facility, if he/she again develops symptoms of fever, cough or difficulty in breathing, he/she will contact the hospital or Apthamitra helpline 14410 immediately.

3. Severe Cases including immunocompromised (HIV patients, transplant recipients, malignancy)

- All cases shall undergo regular temperature and pulse oximetry checks.
- The patient shall be discharged after **complete clinical recovery** if following criteria is met :
 - No Fever and No Symptom/s for the last 3 consecutive days before discharge (without antipyretics)
 - Maintains saturation above 95% for the last 4 days (without oxygen support)
 - Resolution of breathlessness
 - Resolution of clinical signs / symptoms (based on the report of investigations)
 - Repeat inflammatory markers (S.Ferritin, S.LDH, D-Dimer & CRP) at the time of discharge. These should be in normal range/decreasing trend
 - ***One RT-PCR/CBNAAT/True-NAT test shall be done three days after complete clinical recovery*** and the patient has to be discharged if the report is negative. If the report is positive, the swab test shall be repeated after 72 hours.

4. For persons in Home isolation/ Home care

- Patient under home isolation will stand discharged (released from home isolation/ home care) after 10 days of symptom onset (or date of sampling, for asymptomatic cases) and no fever for 3 days. Thereafter, the patient shall be advised to isolate at home and self-monitor their health for further 7 days. There is no need for testing after the home isolation period is over

- They shall be released if the following criteria are met:
 - No symptoms
 - No fever (recorded body temperature $\leq 37.5^{\circ}\text{C}$ or $\leq 99.5^{\circ}\text{F}$)
 - Maintains oxygen saturation above 95%
 - Respiratory rate less than 24 per minute
- There is no need for any COVID-19 test (RT-PCR/CBNAAT/True-NAT/Rapid Antigen test) after the period of home isolation/home care is over
- The person shall be allowed to resume duty only after satisfactory completion of home isolation/ home care
- A fitness certificate shall be issued by the concerned area medical officer (PHC/UPHC/CHC/GH)/ treating physician/family doctor. Alternatively, an e-certificate may be issued in the prescribed format by tele-monitoring team.

Note: Clinical categorization of patients shall be done as per MoHFW-GOI guidelines (**Annexure**):
<https://www.mohfw.gov.in/pdf/UpdatedClinicalManagementProtocolforCOVID19dated03072020.pdf>

Jawaid 11/8/2020
(Jawaid Akhtar)

Additional Chief Secretary to Government
Health & Family Welfare Department

To,

1. Commissioner, BBMP, Bengaluru
2. All Deputy Commissioners
3. All CEOs of Zilla Panchayats
4. All District Health Officers and District Surgeons

Copy for information:

1. Chief Secretary, Government of Karnataka
2. Principal Secretary, Medical Education
3. Commissioner, Health & Family Welfare Services
4. Mission Director, National Health Mission
5. Director-Health and Family Welfare Services
6. Director- Medical Education

Annexure

Clinical categorization of patients as per MoHFW-GOI guidelines

(<https://www.mohfw.gov.in/pdf/UpdatedClinicalManagementProtocolforCOVID19dated03072020.pdf>)

A. Mild: Patients with uncomplicated upper respiratory tract infection: may have mild symptoms such as fever, cough, sore throat, nasal congestion, malaise and headache without evidence of breathlessness or Hypoxia (normal saturation).

B. Moderate (Pneumonia with no signs of severe disease):

- Adolescent or adult with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO₂ <94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute.

- Child with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO₂ <94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute.

- Fast breathing (in breaths/min): < 2 months: ≥ 60; 2-11 months: ≥ 50; 1-5 years: ≥ 40

C. Severe:

(i) Severe Pneumonia:

- Adolescent or adult: with clinical signs of Pneumonia plus one of the following; respiratory rate >30 breaths/min, severe respiratory distress, SpO₂ <90% on room air.

- Child with cough or difficulty in breathing, plus at least one of the following: central cyanosis or SpO₂ <90%; severe respiratory distress (e.g. grunting, chest in-drawing); signs of pneumonia with any of the following danger signs: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions. Other signs of pneumonia may be present: chest in drawing, fast breathing (in breaths/min): <2 months ≥60; 2-11 months ≥50; 1-5 years ≥40.

- The diagnosis is clinical; chest imaging can exclude complications.

(ii) Acute Respiratory Distress Syndrome

- Onset: new or worsening respiratory symptoms within one week of known clinical insult.

- Chest imaging (Chest X ray and portable bed side lung ultrasound): bilateral opacities, not fully explained by effusions, lobar or lung collapse, or nodules.

- Origin of Pulmonary infiltrates: respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g. echocardiography) to exclude hydrostatic cause of infiltrates/ edema if no risk factor present.

- Oxygenation impairment in adults:

Mild ARDS: 200 mmHg < PaO₂/FiO₂ ≤ 300 mmHg (with PEEP or CPAP ≥5 cm H₂O)

Moderate ARDS: 100 mmHg < PaO₂/FiO₂ ≤ 200 mmHg with PEEP ≥5 cm H₂O)

Severe ARDS: PaO₂/FiO₂ ≤ 100 mmHg with PEEP ≥5 cm H₂O)

When PaO₂ is not available, SpO₂/FiO₂ ≤315 suggests ARDS (including in non- ventilated

patients)

- Oxygenation impairment in Children:

Note Oxygenation Index (OI) and OSI (Oxygen Saturation Index)

Use OI when available. If PaO₂ not available, wean FiO₂ to maintain SpO₂ < 97% to calculate OSI or SpO₂/FiO₂ ratio: using SpO₂)

Bi-level (NIV or CPAP) ≥5 cm H₂O via full face mask: PaO₂/FiO₂ ≤ 300 mmHg or SpO₂/FiO₂ ≤264

Mild ARDS (invasively ventilated): 4 ≤ OI < 8 or 5 ≤ OSI < 7.5

Moderate ARDS (invasively ventilated): 8 ≤ OI < 16 or 7.5 ≤ OSI < 12.3

Severe ARDS (invasively ventilated): OI ≥ 16 or OSI ≥ 12.3

(iii) Sepsis

- Adults: Acute life-threatening organ dysfunction caused by a dys-regulated host response to suspected or proven infection. Signs of organ dysfunction include: altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia.

- Children: suspected or proven infection and ≥2 age based Systemic Inflammatory Response Syndrome (SIRS) criteria, of which one must be abnormal temperature or white blood cell count

(iv) Septic Shock

- Adults: persisting hypotension despite volume resuscitation, requiring vasopressors to maintain MAP ≥65 mmHg and serum lactate level > 2 mmol/L

- Children: any hypotension (SBP <5th centile or >2 SD below normal for age) or 2- 3 of the following: altered mental state; bradycardia or tachycardia (HR <90 bpm or >160 bpm in infants and HR <70 bpm or >150 bpm in children); prolonged capillary refill (>2 sec) or weak pulse; tachypnea; mottled or cool skin or petechial or purpuric rash; high lactate; reduced urine output; hyperthermia or hypothermia.

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