

**LABORATORY CONFIRMED COVID 19 PATIENT**

- All asymptomatic patients.
- Comorbid patients with no symptoms (prioritise to control the comorbid state)
- Mild symptoms (low fever, dry cough, anosmia, ageusia, weakness, diarrhea, myalgia etc) with
  - No comorbidity
  - Low fever (<100.4 F)
  - No signs of respiratory distress
  - Normal SpO<sub>2</sub>
  - Normal mental status, systolic BP > 100 mmHg and Respiratory rate < 22/min

**HOME ISOLATION/ SAFE HOME**

- MONITOR:** Temp, Pulse, BP, SpO<sub>2</sub>, Sensorium
- Preferable Investigations:** CBC, CRP, D-Dimer
- ECG, CBG, Serum Creatinine: as required

- Supportive Management**
- Mask, Hand Hygiene, Physical distancing, droplet precaution
- IVERMECTIN** 12 mg OD for 5 Days AND
- DOXYCYCLINE** 100mg BD for 5-7 days
- PARACETAMOL** for fever, bodyache
- Vit C, Zinc
- Laxative (if required)
- Steroids should **NOT** be used routinely in patients with mild disease

**Warning Signs**

- Difficulty in breathing
- Persistent Fever/ High grade fever
- Recurrence of Fever
- Palpitations
- Chest pain/ Chest tightness
- Severe Cough
- Any new onset symptoms
- SpO<sub>2</sub> <95% ( Room Air)
- CRP > 5 times of ULN
- D-Dimer > 2 times of ULN
- NLR > 3.13
- Or, as advised by physician specially in High-Risk Group

Admit the patient at Covid Ward/ HDU/ ICU

**Symptomatic patients** with the following co-morbidities

- Age > 60 yrs
- DM
- HTN /IHD
- COPD/Chronic lung disease
- Immunocompromised state
- Immunosuppressive drugs
- CKD
- Chronic Liver Disease
- Obesity

**Symptomatic patients (irrespective of comorbid conditions) with any of the following signs:**

- Fever > 100.4 F
- Respiratory rate > 22/ min
- Systolic BP ≤ 100 mmHg
- SpO<sub>2</sub> <95%
- Respiratory distress
- Chest pain
- Change in mental status
- Cyanosis

No oxygen requirement or Oxygen requirement <10 L/min

Oxygen requirement >10 L/min

**COVID WARD**

**HDU/ ICU**

Pneumonia (LRTI) **WITHOUT** respiratory failure (Fever/ cough/ dyspnea & SpO<sub>2</sub> ≥95% on room air, PaO<sub>2</sub> > 60 mmHg & RR < 24/min)

Pneumonia (LRTI) **WITH** respiratory failure (RR > 24 /min, SpO<sub>2</sub> < 95% on room air, PaO<sub>2</sub> < 60 mmHg)

**RED FLAG SIGNS**  
 1. NLR > 3.13  
 2. CRP > 5 times of ULN  
 3. D-Dimer > 2 times of ULN

**RED FLAG SIGNS**  
 1. SBP < 100  
 2. Altered sensorium  
 3. Raised Troponin-I / CPK-MB  
 4. P:F ratio < 200  
 5. Sepsis/ Septic Shock  
 7. Multi Organ Dysfunction Syndrome  
 8. Rapidly increasing Oxygen Demand

**ANTIPIRETTICS:** Paracetamol for fever  
**OXYGEN SUPPORT**

- Target SpO<sub>2</sub> ≥ 95% (≥90% in pts. with COPD)
- Any type of Oxygen delivery device (canula/ Face mask/ non-re-breathing face mask)
- Conscious proning may be used in whom hypoxia persist despite use of high flow oxygen. (position change at every 1-2 hours)

**STEROID**

- Dexamethasone 0.1 to 0.2 mg/kg for at least 5-10 days

**ANTICOAGULATION**

Prophylactic dose of UFH or LMWH (Enoxaparin 40mg/ day SC)

**ANTIVIRAL**

Inj **REMDESIVIR** 200 mg IV on day 1 f/b 100 mg IV daily for 5 days ( Not to start after 10<sup>th</sup> days of symptom onset/Testing date, whichever is earlier)

**CONVALESCENT PLASMA** may be considered in selected cases

**ANTIBIOTICS** (Antibiotics should be used judiciously as per Antibiotic protocol)

**MONITORING**

- CBC, CRP, D-Dimer: 48-72 hourly
- LFT, KFT: 48-72 hourly
- Trop T, ECG, Coagulation Profile
- HRCT Chest/ CXR - PA
- Change in oxygen requirement, Work of breathing, Hemodynamic instability

**RESPIRATORY SUPPORT**

- HFNC if work of breathing is HIGH
- A cautious trial of NIV /CPAP with full face mask/ oronasal mask
- Consider Intubation if work of breathing is high/ NIV is not tolerated
- Lung protective ventilation strategy by ARDS net protocol
- Prone ventilation in refractory Hypoxemia

**STEROID**

- Dexamethasone 0.2 to 0.4 mg/kg for at least 5-10 days

**ANTICOAGULATION**

Prophylactic dose of UFH or LMWH (e.g. Enoxaparin 0.5 mg/kg BD SC), if not at high risk of bleeding (consider UFH if CrCl < 30)

**ANTIVIRAL**

Antiviral agents are less likely to be beneficial at this stage; use of Remdesivir to be decided on case to case basis, Not to start after 10<sup>th</sup> days of symptom onset /Test date

**TOCILIZUMAB** may be considered on a case to case basis after shared decision making

**ANTIBIOTICS** should be used judiciously as per Antibiotic protocol

**INVESTIGATIONS**

Essential investigations along with Cultures (Blood / Urine), FBS, PPBS, CBC, CRP, Ferritin, D-Dimer, Trop-T/ Quantitative Troponins, Procalcitonin, Coagulation Profile, HRCT Thorax.

**SUPPORTIVE MEASURES**

- Maintain euvoemia
- Sepsis/septic shock: manage as per protocol and antibiotic policy
- Sedation and Nutrition therapy along with as per existing guidelines (FAST HUGS)