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LABORATORY CONFIRMED COVID 19 PATIENT

1. All asymptomatic patients.
2. Comorbid patients with no symptoms (prioritise to control the comorbid state)
3. Mild symptoms (dry cough, anosmia, ageusia, nasal block, sore throat, weakness, diarrhea, myalgia etc) with
   - Fever
   - No signs of respiratory distress
   - SpO2 ≥ 94%
   - Normal mental status
   - systolic BP > 100 mmHg
   - Respiratory rate < 24/min

HOME ISOLATION/ SAFE HOME

- Supportive Management
- Mask, Hand Hygiene, Physical distancing, Droplet precaution
- Paracetamol (if fever/ bodyache)
- Anti histaminic (if needed)
- Laxative (if required)
- Inhalational BUDESONIDE 800 mcg twice daily for 5 days if distressing cough more than 5 days
- Systemic Steroids should NOT be used routinely in mild cases

Warning Signs

- Difficulty in breathing
- Persistent Fever/ High grade fever more than 7 days
- Recurrence of Fever
- Palpitations
- Chest pain/ Chest tightness
- Severe Cough
- Any new onset symptoms
- SpO2 <94% (Room Air)
- NLR > 3.13

Group of patient requiring closer monitoring

- Age > 60 yrs
- DM
- HTN /IHD
- COPD/Chronic lung disease
- Immuno-compromised state/ drugs
- CKD
- Chronic Liver Disease
- Obesity
- Cancer

Admit the patient at Covid Ward/ HDU/ ICU

Admission criteria

- Persistent Fever/ High grade fever for more than 7 days
- Recurrence of Fever
- Respiratory rate > 24/ min
- Systolic BP ≤ 100 mmHg
- SpO2 <94%
- Chest pain
- Change in mental status
- Cyanosis
- Any new symptoms

Oxygen requirement <10 L/min	Oxygen requirement >10 L/min
COVID WARD	**HDU/ ICU**

ANTIPYRETICS:

Paracetamol for fever

OXYGEN SUPPORT

- Target SpO_2 ≥ 94% (≥88% in pts. with COPD)
- appropriate Oxygen delivery device (cannula / Face mask/ non-re-breathing face mask)
- Conscious proning should be encouraged

STEROID

- Dexamethasone 0.1 to 0.2 mg/kg (Maximum 8 mg / day) for 5-10 days

ANTICOAGULATION

- Prophylactic dose of UFH or LMWH

ANTIVIRAL

- **REMDESIVIR:** to be decided on case to case basis. Not to start after 10^{th} days of symptom onset /Test date

ANTIBIOTICS

- (Antibiotics should be used judiciously as per Antibiotic protocol)

MONITORING

- CBC, CRP, D-Dimer: 48-72 hourly
- LFT, KFT: 48-72 hourly
- CBG monitoring
- Trop T, ECG, Coagulation Profile
- Imaging if worsening of symptoms
- Look for increase in oxygen requirement, Work of breathing, Hemodynamic instability

RESPIRATORY SUPPORT

- O2 through NRBM upto 15 litre/ min
- If NRBM is inadequate HFNC or NIV
- Worsening condition, rise in PCO_2 and clinician's judgment: intubation and mechanical ventilation
- Lung protective ventilation strategy by
  - ARDS net protocol
  - Prone ventilation in refractory Hypoxemia

STEROID

- Dexamethasone 0.2 to 0.4 mg/kg (Maximum 16 mg/day) for 5-10 days

ANTICOAGULATION

- Therapeutic UFH/ LMWH (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^{th} 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/ ET aspirate)
- CBG monitoring
- CBC
- CRP
- Ferritin
- D-Dimer
- Trop-T/ Quantitative Troponins
- Procalcitonin
- Coagulation Profile
- HRCT Thorax

SUPPORTIVE MEASURES

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