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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 (low fever, dry cough, anosmia, ageusia, weakness, diarrhea, myalgia etc) with
   - No comorbidity
   - Low fever (<100.4 F)
   - No signs of respiratory distress
   - Normal SpO2
   - Normal mental status, systolic BP > 100 mmHg and Respiratory rate < 22/min

HOME ISOLATION/ SAFE HOME

- **MONITOR**: Temp, Pulse, BP, SpO_2, 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**
- **SpO2 <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
- SpO2 <95%
- Respiratory distress
- Chest pain
- Change in mental status
- Cyanosis

No oxygen requirement or Oxygen requirement <10 L/min

COVID WARD

Pneumonia (LRTI) **WITHOUT** respiratory failure (Fever/ cough/ dyspnea & SpO2 ≥95% on room air, PaO2 > 60 mmHg & RR< 24/min)

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

Pneumonia (LRTI) **WITH** respiratory failure (RR> 24 /min, SpO2 < 95% on room air, PaO2 < 60 mmHg)

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

ANTIPYRETICS: Paracetamol for fever

OXYGEN SUPPORT
- Target SpO_2 ≥ 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 10th 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

Oxygen requirement >10 L/min

HDU/ ICU

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 10th 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 euvolemia
- Sepsis/septic shock: manage as per protocol and antibiotic policy
- Sedation and Nutrition therapy along with as per existing guidelines (FAST HUGS)