

LABORATORY CONFIRMED COVID 19 PATIENT

MILD DISEASE

Uncomplicated URTI (&/or Fever) **WITHOUT** breathlessness/ Hypoxia

HOME ISOLATION / SAFE HOME

- Supportive Management
- Mask, Hand Hygiene, Physical distancing, droplet precaution
- Hydroxychloroquine (400 mg BD on Day 1, followed by 400 mg OD for 4 Days) **considering high risk groups with prior ECG** OR **IVERMECTIN** 12 mg OD for 5 Days with **DOXYCYCLINE** 100 mg BD for 7 days
- MONITOR: SpO₂, BP, Temp, Pulse, Sensorium
- Preferable Investigations: CXR PA, CBC, CRP, LFT, ECG, CBG, Serum Creatinine

Warning Signs

- Difficulty in breathing
- Chest pain/ tightness
- Severe Cough
- Resting tachycardia
- SpO₂ <94% (Room Air)
- 6 minutes walking induce deoxygenation (3 min for >60 years/ having co- morbidities)
- As advised by physician

REFER TO COVID HOSPITAL (WARD/ICU)

After clinical Improvement discharge as per revised discharge criteria

MODERATE DISEASE

Respiratory rate ≥24/min **AND/ OR** SpO₂< 94% on Room Air

ADMIT in COVID WARD

ANTIVIRALS

- **HCQ** 400 mg BD for 1-day f/b 400 mg OD for next 4 days
Or
Inj **REMEDSIVIR** 200 mg Iv on day 1 f/b 100 mg IV daily for 5 days (Not to use both together)
Or
IVERMECTIN 12 mg OD for 5 Days with **DOXYCYCLINE** 100 mg BD for 7 days
- **CONVALESCENT PLASMA**

OXYGEN SUPPORT

- Target SpO₂ ≥ 95 % (88-92% in patients with COPD)
- Preferred Devices for oxygenation: non-re-breathing face mask,
- Conscious proning may be used in whom despite use of high flow oxygen hypoxia persist. (sequential position changes every 1-2 hours)

STEROIDS (Indications: Increasing Oxygen requirement, increasing inflammatory markers, within 48 hours of admission)

- IV methylprednisolone 0.5-1 mg/kg for 3-5 days
OR
• Dexamethasone 0.1 to 0.2 mg/kg for 3-5 days

ANTICOAGULATION (Prophylaxis for all high-risk patients, Therapeutic for suspected or documented Pulmonary Thrombo-embolism, increased PT, aPTT, raised D-dimer, prolonged immobilization, cancer, etc)
Prophylactic dose of UFH or LMWH (Enoxaparin 40 mg day SC)
Therapeutic dose (Enoxaparin 40 mg SC BD)

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

Monitor

- CBC, LFT, KFT, D-dimer, Ferritin, Trop T, CRP, ECG Coagulation Profile.
- Change in oxygen requirement
- Work of breathing
- Hemodynamic instability

SEVERE DISEASE

Respiratory rate ≥ 30/min **AND/ OR** SpO₂< 90% on Room Air

ADMIT in COVID ICU

RESPIRATORY SUPPORT

- HFNC if work of breathing is LOW
- A cautious trial of NIV with helmet interface (if available otherwise face mask interface)/ CPAP with oronasal mask
- Consider Intubation if work of breathing is high/ NIV is not tolerated
- Lung protective ventilation strategy by ARDS net protocol
- Prone ventilation when refractory Hypoxemia

ANTIVIRAL

- Antiviral agents are less likely to be beneficial at this stage; use of Remdesivir to be decided on case to case basis

CORTICOSTEROIDS

- IV Methylprednisolone 1- 2mg/kg in 2 divided doses for 5-7 days OR
• Dexamethasone 0.2 to 0.4 mg/kg for 5-7 days

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

ANTICOAGULATION

- High-dose prophylactic UFH or LMWH (e.g. Enoxaparin 40 mg or 0.5 mg/kg BD SC), if not at high risk of bleeding

ANTIBIOTICS should be used judiciously as per Antibiotic protocol

INVESTIGATIONS

Essential investigations along with Cultures (Blood / Urine), FBS, PPBS, Ferritin, Trop-T/ Quantitative Troponins, Procalcitonin, CRP, LDH, D-Dimer, Coagulation Profile, NCCT Chest, USG Chest

SUPPORTIVE MEASURES

- Maintain euvoemia
- Sepsis/septic shock: manage as per protocol and antibiotic policy
- Sedation and nutrition therapy as per existing guidelines

EUA/ Off label therapies (use based on limited available evidence):

- **Remdesivir** (EUA) to be considered in Moderate to severe disease (requiring oxygen): Rule out renal or hepatic dysfunction (eGFR <30 ml/min/m²; AST/ALT >5 times ULN), Not to be combined with HCQ
- **Tocilizumab** (Off-label) may be considered in when all the below criteria are met: Moderate to Severe disease, significantly raised inflammatory markers (CRP &/or IL-6), Not improving despite use of steroids, Rule out active bacterial infections. The recommended dose is 4 to 8mg/kg (with a maximum dose of 800 mg at one time) in 100 ml NS over 1 hour (dose can be repeated once after 12 to 24 hours, if needed)
- **Convalescent plasma** (Off-label) may be considered when following are met: Early moderate disease, Increasing oxygen requirement
- **Ivermectin** Clinical trial is going on. Physicians should share clinical records and data regarding use of Ivermectin with state. **Ivermectin** and **doxycycline** combination can be used in mild-moderate diseases.