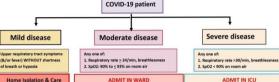






AIIMS/ ICMR-COVID-19 National Task Force/ Joint Monitoring Group (Dte.GHS)

Ministry of Health & Family Welfare, Government of India CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS



Home Isolation & Care

Physical distancing, indoor mask use, strict hand hygiene. (hydration, anti-pyretics, antitussive, multivitamins). Stay in contact with treating

nhysician Monitor temperature and owners saturation (by applying a SpO2

probe to fingers). Seek immediate medical attention if: Difficulty in breathing

High grade fever/severe cough. particularly if lasting for >5 days A low threshold to be kept for those with any of the high-risk

Therapies based on low certainty of Tab Ivermectin (200 mcg/kg once

a day for 3 days). Avoid in pregnant and lactating women. OR Tab HCQ (400 mg BD for 1 day f/b 400 mg OD for 4 days) unless

Inhalational Budesonide (given via Metered dose inhaler/ Dry powder inhaler) at a dose of 800 mcg BD for 5 days) to be given if symptoms (fever and/or courh) are persistent beyond 5 days of disease onset.

*High-risk for severe disease or mortality

DM (Diabetes mellitus) and other immunocompromised

Cardiovascular disease, hypertension, and CAD

Chronic lung/kidney/liver disease

Cerebrovascular disease

contraindicated

Target SpO .: 92-96% (88-92% in patients with COPD).

- Preferred devices for oxygenation: non-rebreathing face
- Awake proning encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours).
- Anti-inflammatory or immunomorbilatory therany Inj. Methylprednisolone 0.5 to 1 mg/kg in 2 divided doses (or an equivalent dose of dexamethasone) usually
- for a duration of 5 to 10 days. Patients may be initiated or switched to oral route if stable and/or improving.

Conventional dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (weight based e.g., enoxaparin 0.5mg/kg per day SC). There should be no contraindication or high risk of bleeding.

Clinical Monitoring: Work of breathing, Hemodynamic

- instability, Change in oxygen requirement.
- Serial CXR; HRCT chest to be done ONLY If there is
 - Lab monitoring: CRP and D-dimer 48 to 72 hrly: CRC. KFT, LFT 24 to 48 hrly: IL-6 levels to be done if deteriorating (subject to availability).

- ADMIT IN ICU
- Consider use of NIV (Helmet or face mask interface depending on availability) in patients with increasing oxygen requirement, if work of breathing is LOW. Consider use of HFNC in patients with increasing oxygen
- requirement. Intubation should be prioritized in patients with high work of breathing /if NIV is not tolerated.
- Use conventional ARDSnet protocol for ventilatory
- Anti-inflammatory or immunomodulatory therapy Inj Methylprednisolone 1 to 2mg/kg IV in 2 divided doses (or an equivalent dose of de
- for a duration 5 to 10 days.
- Weight based intermediate dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (e.g., Enoxaparin 0.5mg/kg per dose SC BD). There should be no contraindication or high risk of bleeding.
- Supportive measures Maintain euvolemia (if available, use dynamic measures for assessing fluid responsiveness). If sepsis/septic shock: manage as per existing protocol
- and local antibiogram. Serial CXR: HRCT chest to be done ONLY if there is
 - Lab monitoring: CRP and D-dimer 24-48 hourly; CBC,
 - KFT, LFT daily; IL-6 to be done if deteriorating (subject to After clinical improvement, discharge as per revised discharge criteria.

EUA/Off label use (based on limited available evidence and only in specific circum desivir (EUA) may be considered ONLY in patients with

- Moderate to severe disease (requiring SUPPLEMENTAL OXYGEN), AND No renal or hepatic dysfunction (eGFR <30 ml/min/m2; AST/ALT >5 times ULN (Not an
 - absolute contradiction). AND Who are within 10 days of onset of symptom/s.
 - Recommended dose: 200 mg IV on day 1 f/b 100 mg IV OD for next 4 days. Not to be used in patients who are NOT on oxygen support or in home settings
 - ab (Off-label) may be considered when ALL OF THE BELOW CRITERIA ARE MET Presence of severe disease (preferably within 24 to 48 hours of onset of severe
 - disease/ICU admission). Significantly raised inflammatory markers (CRP &/or IL-6).
 - Not improving despite use of steroids.
 - No active bacterial/fungal/tubercular infection. Recommended single dose: 4 to 6 mg/kg (400 mg in 60kg adult) in 100 ml NS over 1