Memo No: HPH/10P-03/2018/567
Dated: 27.07.2020

To
The Principal, Medical College and Hospital, Kolkata / Murshidabad Medical College and Hospital
The Chief Medical officer of Health (All District and Health District, West Bengal)
The Superintendents (All Covid Hospitals, West Bengal)
The Director / CEO / Medical superintendent (All Private COVID Hospitals, West Bengal)

Sub: Advisory on Case Management for COVID – 19 Patients

The experts from the Protocol Monitoring Team as deputed by the Department of Health and Family Welfare, Government of West Bengal visited some COVID hospitals and noted certain lacunae in practice which need urgent rectification. On the basis of their observations, following recommendations are made:

1. Administer oxygen to all Severe Acute (SARI) patients and to patients with respiratory distress / hypoxemia / shock. Oxygen therapy should be started with nasal prongs @ 5L/min, or Simple Face Mask / Venturi Mask / Non-Rebreathing Mask @ 6-15L/min, as needed and titrate for target SpO2 ≥ 95 %.

2. When respiratory distress and/or hypoxemia of the patient cannot be alleviated after receiving standard oxygen therapy, high flow nasal cannula oxygen therapy or non invasive ventilation should be considered. Compared to standard oxygen therapy, HFNO reduces the need for intubation.

3. Remdesivir may be considered in patients with moderate disease (those on oxygen) keeping in mind some contraindications like AST/ALT > 5 times, Severe renal impairment, Pregnancy or lactating females, Children < 12 years of age.

4. Low Molecular Weight Heparin e.g. Enoxaparin 40 mg/day, subcutaneously, should be used for prophylaxis in moderate to severe patients to prevent thromboembolism unless there is a contraindication. In patients with marked elevation of D- dimer level or suspicion of thromboembolism, therapeutic dose is to be used.

These recommendations, if properly practiced, will improve patient outcome. During subsequent visits teams will specifically check if these suggestions have been implemented.