MANAGEMENT OF COVID-19 PATIENTS IN HOME ISOLATION

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Clinical Presentation

- Malaise
- Fever
- Dry cough
- Rhinorrhea
- Headache
- Anosmia
- Dysgeusia
- Ageusia
- Irritability
- Diarrhoea
- Weakness
- Confusion
**Whom To Test**

- Patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), or any history suggestive of COVID-19 and a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

- A patient with any acute respiratory illness or any history suggestive of COVID-19 and having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset.

- A patient with severe acute respiratory illness and in the absence of an alternative diagnosis that fully explains the clinical presentation.

- HCWs with any symptom suggestive of COVID-19.
When To Test

• After 5 - 10 days of Contact with positive patient
• First day of onset of symptom suggestive of COVID 19.
Modalities Of Testing

Nasopharyngeal swab used as sample

- **RAPID ANTIGEN TEST**
  Rapid detection of SARS-CoV-2 (causing COVID-19) specific antigens

- **RT-PCR**
  RT PCR for SARS CoV-2 has a high specificity and moderate sensitivity.
  
  In case of a negative result with RT PCR, the test may be repeated after 48 hours if the patient is a COVID suspect and symptomatic.

- **TRUNAAT**
  If negative consider negative
  If Positive to be confirmed by RT-PCR

- **CBNAAT**
  If negative consider negative
  If Positive to be considered positive
Interpretation Of Rapid Antigen Test

Algorithm for COVID-19 test interpretation using rapid antigen point-of-care test

- **Rapid Antigen Test**
  - **Positive (Irrespective of symptom status)**
    - To be reported as positive
  - **Negative**
    - **Symptomatic:** fever, cough, sore throat
      - Definitely send sample for retesting by RT-PCR
    - **Asymptomatic**
      - If individual turns symptomatic: repeat test by RAT or RT-PCR
Spectrum of Presentation

1. Asymptomatic and Mild
   - No or Mild Symptoms – uncomplicated upper respiratory tract infection without evidence of breathlessness /hypoxia, Anosmia

2. Moderate Disease: Pneumonia with no signs of severe disease
   - Adolescent or adult with presence of dyspnea and /or hypoxia
     - Respiratory Rate ≥ 24 /minute
     - Blood Oxygen Saturation ≤ 94 % in room air
3. Severe Disease

- Clinical signs of Pneumonia **PLUS** one of the following:
  - **Dyspnea** - Respiratory Frequency \( \geq 30 \) /minute
  - **Blood Oxygen Saturation** \( \leq 90 \) %

- Case with **Moderate Disease** **PLUS**
  - ARDS / Acute Respiratory Failure and/or,
  - Sepsis with Multi-Organ Dysfunction Syndrome and/or,
  - Septic Shock
Spectrum of Presentation

1. Asymptomatic 81% → Home isolation / safe home
2. Mild
3. Moderate 14%
4. Severe
5. Critical 5%
Risk Factors For Severe Disease

1. Age > 50 years
2. Diabetes mellitus
3. Hypertension
4. Chronic Lung disease
5. Chronic Kidney disease
6. Chronic Liver disease
7. Cardiovascular disease
8. Cerebrovascular disease
9. Severe Obesity (BMI ≥40)
10. Cancer
11. HIV
12. Immunosuppressive Drugs
## Where to treat?

<table>
<thead>
<tr>
<th>Cases</th>
<th>Treatment at</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected Mild Case</td>
<td>Home isolation</td>
</tr>
<tr>
<td>Suspected Moderate / Severe Case (SARI)</td>
<td>SARI ward</td>
</tr>
<tr>
<td>Test Confirmed Mild Case</td>
<td>Home isolation/ Safe Home</td>
</tr>
<tr>
<td>Test Confirmed Moderate / Severe Case AND</td>
<td>Designated COVID ward/ CCU/ HDU</td>
</tr>
<tr>
<td>Test Confirmed Mild Case with High Risk*</td>
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Eligibility For Home Isolation

1. **Symptoms** – Mild / Very Mild / Asymptomatic (as clinically assigned by the treating physician)

2. **Facility** – One separate room to stay in isolation with own toilet. Room for others with separate toilet

3. **Doctor** – Each patient must be under one qualified Doctor, who is available for Teleconsultation, Medical Care and Guidance 24x7

4. **Care Giver** – To provide care 24x7. Communication with Health Set up for the entire duration of home isolation.
5. Care giver and all close contacts of such cases should take *Ivermectin prophylaxis* as per protocol and as prescribed by the treating medical officer.

6. **Consent** – To monitor own health, obey the Doctor and to inform Health Team

7. **Undertaking** – His own choice and will follow Home isolation Guidelines
Criteria For Safe Home Admission

- Home isolation not suitable for him
- No caretaker at home
- Higher age group (>50 yrs ) plus one Risk Factor
- Two risk factors irrespective of age.
Parameters To Be Observed

• Temperature
• SpO2 (By Pulse Oximeter)
• Blood Pressure
• Sensorium (conscious, drowsy or stupor)
• Pulse
• Urine Output (approx.)
Investigations For Home Isolated Cases

- Complete Hemogram
- X-Ray Chest PA view (if Possible)
- LFT
- Serum Creatinine
- Blood Glucose Level
- ECG: (if possible)
- CRP
Advice To The Patient During Home Isolation

1. Mandatory use of Mask
2. Absolute rest
3. Monitoring of SpO2 and Temperature, at least four times daily
Advice To The Family Members

1. Use of Mask by caregiver when going near the patient

2. To stay at home mandatorily for a stipulated period as advised by doctor

3. Test for COVID-19 as soon as any member becomes symptomatic

4. Test for COVID-19 of Asymptomatic family members who has High Risks and who are Close Contacts of the patient on Day-5 – Day-10
Treatment

- **Tab Ivermectin**: 12 mg once daily for 5 days **PLUS** Cap/ Tab Doxycycline 100 mg twice a day for 7 days

  **Or**

  **Tab HCQs** for mild cases with high risk factors.
  Dose: 400 one tab twice daily on D1 then 400 daily for 4 days.

  - **Tab Paracetamol** for fever
  - **Tab Vitamin C**: 500 mg twice daily
  - **Tab Zinc**: 50 mg per day
  - **Vitamin D3**: 60000 IU weekly
  - Supportive treatment for cough, diarrhea etc.
**Warning signs:**

**Clinical Suspicion:**

- Difficulty in breathing
- Persistent pain or pressure in the chest
- Mental confusion or inability to arouse
- Developing bluish discolorations of lips/ face
- $\text{SpO2} < 94\% \text{ at Room Air}$ (For Obstructive Airway Diseases: $\text{SpO2} < 90\% \text{ at Room Air}$)
- Stupor, Drowsiness or Confusion
- $\text{SBP} < 90 \text{ mmHg AND/OR DBP} < 60 \text{ mmHg}$
- $\text{HR} > 100/\text{min}$
Warning signs:

Laboratory Markers/ parameters: [if available]

- Chest X-Ray showing Bilateral infiltrate (predominantly lower zones & periphery)/ Ground glass opacity
- ST-T changes in ECG or high cardiac markers suggestive of Myocarditis (Trop-T positive)
- Exacerbation of Co-morbid laboratory parameters
- Neutrophil : Lymphocyte Ratio ≥3.13
- Development of Acute Kidney Injury
- Raised Bilirubin or Liver Enzymes

Go by clinical parameters if laboratory service not available
When To Discontinue Home Isolation

- After 17 days from Onset of Symptoms (10+7) where afebrile for 10 days
- After 17 days from Testing Date, if the patient is asymptomatic
- No need of Repeat Testing (to prove Negative) after the home isolation period is over
Ivermectin

**Doses:**

**For Treatment in mild cases:** Tab Ivermectin 12 mg once daily for 5 days

Take Ivermectin with a fatty meal

**For prophylaxis:**

Tab Ivermectin 12 Mg once daily on Day 1, Day 7 and followed by 12 mg once every 30 days.

**Side effects:** It is usually well tolerated. Decreased leukocyte count (3%), eosinophilia (3%),.

**Caution:** Hepatic impairment, allergic disorders, HIV infection.

Avoid in Pregnancy and children below 2 years.
Hydroxychloroquine

For Treatment:
Tab. Hydroxychloroquine - 400 mg BD on Day 1, followed by 400 mg OD for 4 Days

Contraindications:
Children below 15 years, QTc in ECG >500 msec, Retinopathy, Drug Interactions, Myasthenia Gravis, Porphyria, Epilepsy, G6PD deficiency, pregnancy, lactation.
HCQ Prophylaxis

- Asymptomatic household contacts of laboratory confirmed cases

400 mg twice a day on D1, followed by 400 mg once weekly for next 3 weeks; to be taken with meals.
Follow Up

• The first follow-up visit should be within 14 days after home isolation/discharge or as required.

• **Look for** common Post-Covid complications:
  • Pulmonary complication
  • Cardiac Complication
  • Renal Complication
  • Impaired blood glucose
  • Psychological issues
Follow Up Advice For Patients:

• Nutritious diet, adequate sleep and rest.
• Avoid smoking and consumption of alcohol.
• Continue use of mask, hand & respiratory hygiene, physical distancing.
• Regular medications as advised after discharge and also for managing comorbidities
• New onset of confusion, focal weakness etc if present, contact nearby hospital/physician.
UNDEARTAKING ON SELF-ISOLATION

I ........................................................................................................................................................................................................................................
S/W of ........................................................................................................................................................................................................................................
Resident of........................................................................................................................................................................................................................................

being diagnosed as a confirmed/suspect case of COVID-19, do hereby voluntarily undertake to maintain strict self-isolation at all times for the prescribed period. During this period, I shall monitor my health and those around me and interact with the assigned surveillance team/with the call centre (1800313444222) in case I suffer from any deteriorating symptoms or any of my close family contacts develops any symptoms consistent with COVID-19. I have been explained in detail about the precautions that I need to follow while I am under self-isolation. I am liable to be acted on under the prescribed law for any non-adherence to self-isolation protocol.

Signature: ........................................................................................................................................................................................................

Contact Number Date:
If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person.

If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
Cleaning Of Toilets

- **Toilet seat/pot, commode:** To be cleaned with 1% Sodium Hypochlorite solution
- **Toilet floor, tap & other areas:** To be cleaned with soap water

**Toilet to be cleaned after every use by the patient**

Preparing 1% Sodium Hypochlorite Solution

- Add 15 grams of Bleaching Powder in 1 liter water
- To be kept in a covered container
- To be used within 24 hours of preparation
AFI Patient during COVID pandemic

SARS CoV 2 NPS/OP swab RT PCR/TRUNAT/CBNAAT/Rapid antigen test

Positive

Suspicion of Dengue
Clinical (any one)
- Joint pain
- Retro orbital pain
- Typical morbilliform rash
- Any bleeding manifestation
- Nausea vomiting Pain Abdomen
  With or without respiratory symptoms
Hematological
- Raised hematocrit
- Thrombocytopenia

- NS1
- IgM

Both or any one positive
Dengue COVID Co-infection

Suspicion of other infection
- Malaria
- Typhoid
- Leptospirosis
- Scrub
- Chikungunya
- H1N1

Any localizing signs
- Burning micturition
- With or without renal angle tenderness
- Jaundice with pain abdomen
- mcBurneys tenderness
- Any skin or soft tissue infestation

Negative

Assess clinically for
- H1N1
- Dengue
- Typhoid
- Leptospirosis
- Scrub
- Chikungunya

If clinical suspicion of
COVID persists
Repeat COVID
Take Home Message

• Amid the COVID pandemic don’t forget common causes of fever eg. Malaria, Dengue, Enteric fever etc.
• Patients who have been advised home isolation as per set criteria and allotted to you are to be followed up as per guideline
• You are the best care taker and guide for your patients
• Please provide service as you have been doing for years
• DON’T FORGET to take appropriate precautions to protect yourself
Thank you