# LABORATORY CONFIRMED COVID 19 PATIENT

### Symptoms

<table>
<thead>
<tr>
<th>Symptomatic patients with the following co-morbidities</th>
<th>Symptomatic patients (irrespective of comorbid conditions) with any of the following signs:</th>
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</thead>
</table>
| - Age > 60 yrs                                      | - Fever > 100.4 F  
- DM                                                    | - Respiratory rate > 22/ min  
- HTN /IHD                                              | - Systolic BP <= 100 mmHg  
- COPD/Chronic lung disease                            | - SpO2 <95%  
- Immunocompromised state                              | - Respiratory distress  
- Immunosuppressive drugs                               | - Chest pain  
- CKD                                                   | - Change in mental status  
- Chronic Liver Disease                                 | - Cyanosis  |

### Home Isolation/ Safe Home

- **MONITOR:** Temp, Pulse, BP, SpO₂, 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

### 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

#### ANTIPYRETICS: Paracetamol for fever

### Oxygen Support

- Target SpO₂ ≥ 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 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 (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 euvoelma
- Sepsis/septic shock: manage as per protocol and antibiotic policy
- Sedation and Nutrition therapy along with as per existing guidelines (FAST HUGS)