ABSTRACT

HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms).No. 180

Dated: 08.04.2020
Vihari, Panguni – 26
Thiruvalluvar Aandu – 2051.

2. G.O.(Ms)No.175, Health and Family Welfare (P1) Department, dated: 05.04.2020.

ORDER:
Considering the prevailing situation of COVID-19 in the State, the Government hereby issues the Treatment Protocol for COVID-19 positive patients for use of hospitals in the State of Tamil Nadu as follows:

Treatment protocol for COVID Positive Patient

- Admit in isolated room / ward with toilet facilities
- Close monitoring of vitals (Temp, PR, RR, SpO2, BP, I/O Chart)
- Investigations:
  - CBC, LFT, RFT, Urine Routine, ABG, Chest X-ray, CT Chest*, ECG**
  - Other investigations on discretion of treating Physician (e.g CRP, CPK, LDH, D-dimer, Troponin)
  - Blood culture if necessary.
- Supplemental Oxygen Therapy (if spo2<94% in room air)
  - For hypoxemia initiate O2 through venture device to achieve target SPO2>94%

If venture device not available,
  - Initiate O2 at 3-5L / min using face mask with reservoir bag
  - Can increase upto 10-15 L/min
  - Target SPO2?94%

- Backrest at 30-45 degrees
- Appropriate fluid therapy and maintain I/O chart
- Tab, Azithromycin 500 mg OD for 5 days in combination with
• Tab, Hydroxy-Chloroquine 400mg BD on day one, followed by 200mg BD for next 4 days (these drugs should be administered under close medical supervision with monitoring for side effects including QTc interval).
• Cap, Oseltamivir 75mg BD for 5 days.
• Cap, Omeprazole 20mg OD for 5 days
• Tab, Ondansetron 4mg SOS
• Zinc 150mg daily and Vit-C 500mg daily as supplements
• Tab, Paracetamol 500mg (SOS)
• Nutritious diet
• Counselling and Stress relaxation therapy
• Avoid NSAID, STEROIDS, SEDATIVES and COUGH SUPPRESANTS
• Avoid Nebulization and use Metered Dose Inhalers, if necessary
• Recognize and treat septic shock – Hemodynamic monitoring including ECHO

INDICATIONS FOR MECHANICAL VENTILATION

1. Persistent Hypoxia (SpO2 less than 90%) on 60% venturi mask
2. Persistent tachypnoea (RR/30/min) or respiratory distress
3. Systolic BP<90 mmHg in spite of I.V. fluids and vasopressors.
4. GCS less than 8.

• Management of Hypoxemic Respiratory Failure
  o Avoid NIV (Non-Invasive Ventilation) as far as possible
  o Intubation and aerosol precautions by trained and experience provider
  o Ventilator management as per ARDS protocol
  o Closed suction and HME filter – if available
  o Prone ventilation, ECMO for refractory hypoxemia

• Prevention of complications / supportive care
  o DVT prophylaxis
  o Stress ulcer prophylaxis
  o Early mobilization

*CT chest – Bilateral lower lobe subpleural ground glass opacities with crazy paving pattern / consolidation.
** ECG-QT prolongation>450ms is significant.
#Kindly keep updated on the new guidelines (www.mohfw.gov.in)

Discharge Criteria

1. Based on clinical criteria – Asymptomatic and clinically stable for 72 hours.
2. Based on Radiological criteria – Radiological clearance of Chest X-ray.
3. Repeat 2 Swab tests (24hrs apart) if above criteria have been fulfilled and both tests should be negative.
4. Once patient is discharged, he / she shall be shifted to designated quarantine facilities for a minimum of 14 days for monitoring.

Three Levels of Quarantine Facilities

1. Home quarantine
   a. Asymptomatic low risk contacts
   b. COVID negative patients
2. Facility Quarantine
   a. Asymptomatic high risk contacts
   b. Discharged COVID positive patients from the Hospital.
3. Institutional Quarantine
   a. Symptomatic low risk & high risk contacts.

2. The Director of Medical Education and the Director of Medical and Rural Health Services are requested to disseminate the above Treatment Protocol to all relevant authorities in the State. The Director of Medical Education is authorized to change the treatment protocol from time to time as per the recommendation of the Expert Committee.

(BY ORDER OF THE GOVERNOR)

BEELA RAJESH
SECRETARY TO GOVERNMENT

To
All Deans of Medical Colleges.
All District Collectors.
The Commissioner of Greater Chennai Corporation, Chennai - 600 003.
The Director of Public Health and Preventive Medicine,
   Chennai – 600 006.
The Director of Medical Education, Chennai – 600 010.
The Director of Medical and Rural Health Services, Chennai - 600 006.
Stock File / Spare Copy
Copy to
All Secretaries to Government, Secretariat,
   Chennai - 600 009.

//FORWARDED BY ORDER//
Fever OPD - Flow Chart

Hand Washing Area
All patients and attenders should wash their hands with soap and water.

Fever surveillance Area
Give face mask to all patients and maintain social distance. Keep one-meter distance from the patient.

All medical and paramedical personnels should wear 3-layer face mask. After examining each patient use Hand Sanitizer/Hand Wash.

Thermal screening. Complete history taking including personal details (Contact number - to be verified & residential address), Travel history, Contact history, Comorbid conditions, etc.

Check vitals and system examination. Single Breath Count* and SpO2**

If normal, manage as outpatient and follow up on daily basis for 14 days.

Do CBC*** and X-ray Chest**** in an exclusive facility.

If X-ray is abnormal plan CT Chest and admit the patient.

Based on History, Symptoms & Signs

Fever, cough and shortness of breath with travel history/contact with

Symptomatic persons in contact with COVID positive patient

Patients with severe acute respiratory infection
1. Fever > 38°C
2. RR > 24/min
3. Cough onset within 10 days

Symptomatic health care provider
On admission, take swab for COVID and do other basic investigation.

If positive, treat as per protocol.  
If negative, treat as per standard guideline.

Following criteria needs admission:
* Single Breath Count < 30
** SpO2 < 94% at room air.
*** CBC - Lymphopenia and Neutrophil/Lymphocyte Ratio IN/L R is > 3.1.
**** Bilateral lower lobe subpleural ground glass opacities with crazy paving pattern/ consolidation.