**Clinical Management Guidelines for COVID-19**

If the patient has the following:
- PR < 100/minute
- RR < 20/minute
- SpO2 > 94%
- Systolic BP > 90 mm Hg
- Diastolic BP > 60 mm Hg

<table>
<thead>
<tr>
<th>MILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit in Isolation Area</td>
</tr>
</tbody>
</table>

If the patient has ANY of the following:
- PR > 100/minute
- RR > 20/minute
- SpO2 < 94%
- Systolic BP < 90 mm Hg
- Diastolic BP < 60 mm Hg

<table>
<thead>
<tr>
<th>MODERATE TO SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit in Critical Care Unit</td>
</tr>
<tr>
<td>TEST FOR COVID-19</td>
</tr>
<tr>
<td>Do CBC, LFT, RFT, ABG, X-Ray Chest, ECG, CT Chest (if needed), Blood culture</td>
</tr>
<tr>
<td>Monitor PR, RR, BP, SpO2, urine output.</td>
</tr>
</tbody>
</table>

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Clinical Management Guidelines for COVID-19

**MILD CASE OF SUSPECT COVID-19**

- Admit in Isolation Area
- Ensure 2m distance between patients
- Treat with Paracetamol and other symptomatic management
- Tab. Oseltamivir 150mg BD
- Antibiotics if needed.

**Investigations**
- Do CBC, LFT, RFT, ABG, X-Ray Chest, ECG, CT Chest (if needed), Blood culture

**Monitor**
- Monitor Temp, PR, RR, SpO2, BP, I/O chart twice daily.

**COVID NEGATIVE**
- Discharge if clinically stable

**COVID POSITIVE**
- Continue treatment in isolation ward
- Treat Comorbid conditions if any

Discharge if
- Patient clinically stable
- Radiologically clear
- 2 negative samples taken 24 hours apart

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**Clinical Management Guidelines for COVID-19**

**MODERATE OR SEVERE CASE OF COVID-19**

- Admit in the designated Critical Care Unit
- Ensure 2m distance between patients
- Close monitoring of vitals (Temp, PR, RR, SpO2, BP, I/O chart)
- O2 supplementation-maintain SpO2 >94%
- Back rest at 30-45 degrees.
- Conservative fluid strategy
- Tab. Azithromycin 500mg once daily for 5 days
- Tab. Hydroxychloroquine 400mg on day 1 followed by 200mg BD x 4 days (under close medical supervision with monitoring for side effects including QTc interval).
- Cap. Omeprazole 40 mg BD x 5 days
- Tab. Ondansetron 4mg BD x 5 days
- Zinc and Vitamin C supplements
- Tab. Paracetamol 500 mg TDS or SOS
- Nutritious diet
- Counselling and relaxation
- Avoid NSAIDs, steroids, nebulisation, use Metered dose inhalers if necessary.

**IF Condition Worsens**
- Respiratory Failure
- Hypotension
- Worsening mental status
- MODS
**SHIFT TO ICU**

**COVID POSITIVE**

- Manage according to existing protocol

**DISCHARGE IF**
- Patient clinically stable
- Radiologically clear
- 2 negative samples taken 24 hours apart

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Management of Hypoxemic Respiratory Failure

• Avoid NIV (Non Invasive Ventilation) as far as possible.
• Intubation and aerosol precautions by trained and experienced provider.
• Ventilator management as per ARDS protocol.
• Closed suction and HME filters.
• Prone ventilation, ECMO for refractory hypoxemia.

Prevention of Complications/ Supportive care

• DVT prophylaxis
• Stress Ulcer prophylaxis
• Early mobilization