**COVID-19 patient**

**Mild disease**
- Upper respiratory tract symptoms (B/ever) WITHOUT shortness of breath or hypoxia

**Moderate disease**
- Any one of:
  - Respiratory rate ≥24/min, breathlessness
  - SpO2: 90 to <93% on room air

**Severe disease**
- Any one of:
  - Respiratory rate >30/min, breathlessness
  - SpO2 <90% on room air

**Home Isolation & Care**

**MUST DOs**
- Physical distancing, indoor mask use, strict hand hygiene.
- Symptomatic management (hydration, anti-pyretics, anti-tussive, multivitamins).
- Stay in contact with treating physician.
- Monitor temperature and oxygen saturation (by applying a SpO2 probe).

Seek immediate medical attention if:
- Difficulty in breathing
- High grade fever/severe cough, particularly if lasting for >5 days
- A low threshold to be kept for those with any of the high-risk features

**MAY DOs**
Therapies based on low certainty of evidence
- Tab Ivermectin (200 mcg/kg once daily for 3 days).
- Tab HCQ (400 mg BD for 1 day/800 mg OD for 4 days) unless contraindicated.
- Inhalational Budesonide (given via Metered dose inhaler/ Dry powder inhaler) at a dose of 800 mcg/BD for 5 days to be given if symptoms (fever and/or cough) are persistent beyond 5 days of disease onset.

**Oxygen Support**
- Target SpO2: 92-96% (88-92% in patients with COPD).
- Preferred devices for oxygenation: non-rebreathing face mask.

**Anti-inflammatorily or immunomodulatory therapy**
- Inj. Methylprednisolone 0.5 to 1 mg/kg in 2 divided doses (or an equivalent dose of dexamethasone) usually for duration of 5 to 10 days.
- Patients may be initiated or switched to oral route if stable and/or improving.

**Anticoagulation**
- Conventional dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (weight-based e.g., enoxaparin 0.5mg/kg per day SC). There should be no contraindication or high risk of bleeding.

**Monitoring**
- Clinical Monitoring: Work of breathing, Hemodynamic instability, Change in oxygen requirement.
- Serial CXR; HRCT chest to be done ONLY if there is worsening.
- Lab monitoring: CRP and D-dimer to 48 to 72 hrly; CBC, KFT, LFT to 48 hrly; IL-6 levels to be done if deteriorating (subject to availability).

**Admit in WARD**

**Admit in ICU**

**Respiratory support**
- Consider use of NIV (Helmet or mask interface depending on availability) in patients with increasing oxygen requirement, if work of breathing is LOW.
- Consider use of HFNC in patients with increasing oxygen requirement.
- Intubation should be prioritized in patients with high work of breathing / if NIV is not tolerated.
- Use conventional ARDSnet protocol for ventilatory management.

**Supporive measures**
- Maintain euoemla (if available, use dynamic measures for assessing fluid responsiveness).
- If sepsis/septic shock: manage as per existing protocol and local antibiogram.

**Supportive measures**
- Serial CXR; HRCT chest to be done ONLY if there is worsening.
- Lab monitoring: CRP and D-dimer 24-48 hours; CBC, KFT, LFT daily; IL-6 to be done if deteriorating (subject to availability).

After clinical improvement, discharge as per revised discharge criteria.

**EUA/Off label use** (based on limited available evidence and only in specific circumstances):

- **Remdesivir (EUA)** may be considered ONLY in patients with:
  - Moderate to severe disease (requiring SUPPLEMENTAL OXYGEN), AND
  - No renal or hepatic dysfunction (eGFR <30 ml/min/m2; AST/ALT >5 times ULN (Not an absolute contradiction), AND
  - Who are within 10 days of disease onset/ICU admission.
  - Recommended dose: 200 mg IV on day 1/100 mg IV OD for next 4 days.
  - Not to be used in patients who are NOT on oxygen support or in home settings.

- **Tocilizumab** (Off-label) may be considered when ALL OF THE BELOW CRITERIA ARE MET:
  - Presence of severe disease (preferably within 24 to 48 hours of onset of severe disease/ICU admission).
  - Significantly raised inflammatory markers (CRP ≥8 or IL-6).
  - Not improving despite use of steroids.
  - No active bacterial/fungal/tubercular infection.
  - Recommended single dose: 4 to 6 mg/kg (400 mg in 60kg adult) in 100 ml NS over 1 hour.

- **Convalescent plasma** (Off label) may be considered ONLY WHEN FOLLOWING CRITERIA ARE MET:
  - Early moderate disease (preferably within 7 days of symptom onset, no use after 7 days).
  - Availability of high titre donor plasma (Signal to cut-off ratio (S/T) ≥3.5 or equivalent depending on the test kit being used).