**Upper respiratory tract symptoms (fever or cough) WITHOUT shortness of breath or hypoxia**

**Home Isolation & Care**
- Physical distancing, indoor mask use, strict hand hygiene.
- Symptomatic management (hydration, anti-pyretics, antiviral, multivitamins).
- Stay in contact with treating physician.
- Monitor temperature and oxygen saturation (by applying a SpO2 probe to fingers).

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
  - 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.

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

**Upper respiratory tract symptoms**
- Sputum
- Dysphagia
- Sore throat
- Headache
- Myalgia
- Fatigue

**CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS**

**23rd September 2021**

**COVID-19 patient**

- **Mild disease**
  - Upper respiratory tract symptoms
  - Any one of:
    - Respiratory rate > 24/min, breathlessness
    - SpO2: 90% to < 93% on room air

- **Moderate disease**
  - Upper respiratory tract symptoms
  - Any one of:
    - Respiratory rate > 30/min, breathlessness
    - SpO2 < 90% on room air

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

**Oxygen Support:**
- Target SpO2: 92-96% (88-92% in patients with COPD).
- Preferred devices for oxygenation: non-rebreathing face mask.
- Awake proning encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours).

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

**Admit in Ward**

**Admit in ICU**
- Respiratory support
  - Consider use of NIV (Helmet or face 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.

**Anti-inflammatory or immunomodulatory therapy**
- Inj. Methylprednisolone 1 to 2 mg/kg IV in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration 5 to 10 days.

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

**Supportive measures**
- Maintain euovolemia (if available, use dynamic measures for assessing fluid responsiveness).
- If sepsis/septic shock: manage as per existing protocol and local antibiogram.
- Monitoring
  - Serial CXR; HRCT chest to be done ONLY if there is worsening.
  - Lab monitoring: CRP and D-dimer 48 to 72 hly; CBC, KFT, LFT 24 to 48 hly; IL-6 levels to be done if deteriorating (subject to availability).

**Monitoring**
- Clinical Monitoring: Work of breathing, Hemodynamic instability, Change in oxygen requirement.
- Serial CXR; HRCT chest to be done ONLY if there is worsening.

**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 onset of symptom/s.
  - Recommended dose: 200 mg IV on day 1 followed by 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 >20 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.