ABSTRACT

COVID-19 pandemic – Treatment protocol for patients with corona virus infection – Ordered – Amendment – Issued.

HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms) No.239

Dated: 13.05.2021
Thiruvalluvar Aandu-2052
Pilava, Chithirai – 30

Read:

1. G.O (Ms) No. 233, Health and Family Welfare (P1) Department, dated: 10.05.2021.
2. G.O (Ms) No. 234, Health and Family Welfare (P1) Department, dated: 11.05.2021.
3. From the Director of Medical Education, Letter Ref. No.3766/ H&D/2/3/2020, dated: 12.05.2020

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ORDER:

Based on the proposal of the Director of Medical Education, the protocol for managing COVID-19 cases at all health facilities other than Medical College Hospitals, Government Hospitals and Dedicated Covid Hospitals recommended by the Expert Committee has been approved in the Government Order first and second read above.

2. The Director of Medical Education has now stated that the meeting of the Expert Committee to formulate the treatment protocol for patients with Corona Virus infection was held on 12.05.2021 and the committee members have recommended COVID-19 management revised protocol for managing COVID-19 cases at all health facilities other than Medical College Hospitals, Government Hospitals and Dedicated Covid Hospitals according to the latest guidelines for the next 14 days. The expert committee meeting will be held after 14 days for review.

3. The Director of Medical Education has submitted the revised draft protocol for managing COVID-19 cases at all health facilities other than Medical College Hospitals, Government Hospitals and Dedicated Covid Hospitals for approval of the Government.

4. The Government have examined the request of the Director of Medical Education and decided approve the revised protocol recommended by the Expert Committee for managing COVID-19 cases at all health facilities other than Medical College Hospitals, Government Hospitals and Dedicated Covid Hospitals, as in the annexure to this order in supersession of the treatment protocol issued in the

Government Order second read above. This is in addition to be overarching clinical protocol issued by Government of India from time to time.

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN,
PRINCIPAL SECRETARY TO GOVERNMENT.

To
The Director of Medical Education, Chennai – 600 010.
The Director of Medical and Rural Health Services, Chennai - 600 006.
The Director of Medical and Rural Health Services (ESI),Chennai – 600 006.
The Director of Public Health and Preventive Medicine, Chennai – 600 006.
The Managing Director, National Health Mission, Chennai- 600 006.
The Health and Family Welfare (Data Cell) Department, Secretariat, Chennai – 600 009.
Stock File / Spare Copy.

//FORWARDED BY ORDER//

13/5/2021
SECTION OFFICER

COVID-19 Case Management Protocol

(Other than Medical College Hospitals/Government Hospitals/
Dedicated COVID Hospitals)

COVID-19 (suspect and confirmed) cases are in need of treatment at the earliest accessible health facility (both Government and Private). Patients eligible for Home Isolation and treatment at primary care facilities are reaching higher facilities due to lack of awareness and panic. This results in occupying treating hospitals' time and resources of such facilities, which needs to be prioritized for severe COVID-19 cases.

The Expert Committee has recommended the following guideline for managing COVID-19 cases at all health facilities other than Medical College Hospitals/Government Hospitals/Dedicated COVID Hospitals.

In any case, patients with SpO2 >94 should not be admitted in COVID-19 hospital

Category 1	Category 2	Category 3
COVID POSITIVE • COVID-19 rtPCR: Positive • Irrespective of Symptoms • **SpO2 >94 AND RR < 24/min**	COVID POSITIVE • COVID19 rtPCR: Positive • Irrespective of Symptoms • **SpO2 90-94 AND RR 24 – 30 / min**	COVID POSITIVE • COVID19 rtPCR: Positive • Irrespective of Symptoms • **SpO2 <90% AND RR >30/min**
COVID SUSPECT • COVID19 rtPCR: Negative or Untested • Symptoms suggestive of COVID- Fatiguability, Myalgia, Sore throat, Breathlessness, Continuous fever, Headache, Diarrhea, Cough, Loss of taste, Loss of smell • **SpO2 >94 AND RR < 24 /min** • Repeat rtPCR if negative or not done earlier	COVID SUSPECT • COVID19 rtPCR: Negative or untested • Symptoms suggestive of COVID - Fatiguability, Myalgia, Sore throat, Breathlessness, Continuous fever, Headache, Diarrhea, Cough, Loss of taste, Loss of smell • **SpO2 90-94 AND RR 24–30/min** • Repeat rtPCR if negative or not done earlier	COVID SUSPECT • COVID19 rtPCR: Negative or untested • Symptoms suggestive of COVID - Fatiguability, Myalgia, Sore throat, Breathlessness, Continuous fever, Headache, Diarrhea, Cough, Loss of taste, Loss of smell • **SpO2 <90% OR RR >30/min** • Repeat rtPCR if negative or not done earlier
PLACE OF TREATMENT **Home Isolation** prescribed at Testing centres, Screening/ triaging centers, health facilities, outreach camps and Home visits	PLACE OF TREATMENT Admission at **Primary Health Centres, COVID Care Centres (CCC)**	PLACE OF TREATMENT Initiate treatment at any health facility and shift for hospitalization to **Medical College/ District Headquarter Hospital /Dedicated COVID Hospitals**

At Testing centres, Screening/triaging centers, health facilities, and outreach camps

Category 1 - Case Management

- Advised Home Isolation. If facility for home isolation is not possible patient may be referred to Covid Care Centres
- Tab. Vitamin C (500mg OD x 5 days)
- Tab. Zinc (50mg OD x 5 days)
- Tab. Paracetamol (500 mg 4 times a day AND SOS) – if having Fever or myalgia
- Routine medication for comorbid conditions to be continued.
- Adequate hydration
- Prone position is advisable
- Seek hospital care/admission if red flag signs appear

At Primary Health Centres, COVID Care Centres (CCC)

Category 2 - Case Management

- Admit to a health facility which has provisions for administering oxygen if needed.
- COVID Positive patients should be in a COVID ward, and COVID Suspects/Negatives should be admitted in separate ward away from the COVID ward
- To do Complete Blood Count (CBC) and X-ray chest, if available
- To monitor Capillary Blood Glucose/ Plasma Glucose
- Start Oxygen at 2-4 liters /min and titrate as per guidelines
- Prone position (2 to 4 hours proning for 4- 8 times per day)
- Tab. Azithromycin (10mg/kg not more than 500mg OD x 3 days)
- Tab. Vitamin C (500mg OD x 5 days)
- Tab. Zinc (50mg OD x 5 days)
- Tab. Ranitidine (150mg BD x 5 days)
- Tab. Paracetamol (500 mg 4 times a day AND SOS) – if having Fever or myalgia
- Tab. Methylprednisolone (16mg BD x 7 days) OR Tab. Dexamethasone (8mg [equivalent to 6mg salt] OD x 7 days)
    - If Vomiting present, give
        - IV Inj. Methyl Prednisolone (0.5-1 mg/kg per day in two divided doses x 7 days OR IV Inj. Dexamethasone (8mg [equivalent to 6mg salt] OD x 7 days)
- Low Molecular Weight Heparin (LMWH) 0.4 ml Sub Cutaneous (SC) OD OR Unfractionated Heparin 5000 Units SC BD.
  (Do not start anticoagulant for a patient with a history of bleeding disorders, and platelet count < 1 lakh per microliter and Refer to COVID hospitals)
- Routine medication for comorbid conditions to be continued
- Adequate hydration and strict glycemic and blood pressure control should be ensured.
- If the patient is not improving and saturation falls below 90%, refer to Covid Hospital

At all Health facilities other than Medical College Hospitals/ Government Hospitals/ Dedicated COVID Hospitals

Category 3 - Case Management

- Patients require admission to Medical College Hospitals/Government Hospitals/Dedicated COVID Hospitals / Covid Health Centres with oxygen supplementation for further management.
- While a patient is being transported or waiting for the bed, initiate treatment as below:
    - If SpO2 <90%, initiate low flow oxygen therapy as per guidelines
    - IV Inj. Methyl Prednisolone (1-2 mg/kg per day in two divided doses) OR
      IV Inj. Dexamethasone 8mg [equivalent to 6mg salt] OD OR
      Tab. Methylprednisolone 16mg BD OR
      Tab. Dexamethasone 8mg [equivalent to 6mg salt] OD x 7 days.
    - Low Molecular Weight Heparin (LMWH) 0.4 SC OD OR
      Unfractionated Heparin 5000 Units SC BD.
      (Do not start anticoagulant for a patient with a history of bleeding disorders, and platelet count < 1 lakh per microliter and Refer to COVID hospitals)
- Adequate hydration and strict glycemic and blood pressure control should be ensured.

Instructions to be given to all patients falling under the Category 1

- When to seek consultation (Red Flag Signs for Home isolated persons)
    - Persistent fever not responding for more than 5 days OR
    - Persistent cough OR
    - Breathlessness OR fatiguability
    - SpO2 90-94% OR RR 24-30/ min

  Seek care at PHC/Screening Centres OR Telemedicine for getting assessed by a doctor for further treatment
- When to call emergency line 104:
    - SpO2 <90% AND RR > 24 for admission at COVID hospitals

Facility Step down Criteria

- FROM Medical College/District Headquarter Hospital/Dedicated COVID Hospitals TO CHC with Oxygen beds (CCC added with oxygen beds will be redesignated as CHC)
    1. Patients having SpO2 >92% for 48 hours after weaning of from respiratory support like Non-Invasive Ventilation / Invasive ventilation
    2. Patients requiring low flow O2 support (nasal cannula & mask) and maintaining SPO2 > 92% for more than one day

Data cell

Discharge Criteria

- Medical College/ District Headquarter Hospital /Dedicated COVID Hospitals
  - Patients having SpO2 >92% in room air for three days
- COVID Healthcare Centre (CHC) with Oxygen beds
  - Patients having SpO2 >92% in room air for three days
- COVID Care Centres (CCC)
  - Patients having SpO2 >92% in room air for three days

Health Facilities for COVID-19 Treatment

- **Category 1:** Testing centres, Screening/triaging centers, health facilities, and outreach camps. Public health team could visit the patient's home and provide treatment
- **Category 2:** Primary Health Centres, COVID Care Centres (CCC)
- **Category 3:** Initiate treatment at any health facility and shift to Medical College/ District Headquarter Hospital /Dedicated COVID Hospitals

General Instructions for patient care

- Avoid exertion
- Bed rest and Prone position up to 16 hours a day
- Small frequent light diet and adequate hydration
- Monitoring of blood sugars and optimal control is essential at all levels of care
- Routine medication for comorbid conditions to be continued
- All COVID Positive pregnant and lactating mothers should be referred to COVID Hospitals
- In Category 1 rtPCR Positive – for patients with a persistent cough, Inhaled Budesonide 800 mcg twice a day may be considered
- In Category 1 rtPCR Positive - patients with high-grade fever and worsening cough beyond 7 days, after physician consultation, prescribe Tab. Methylprednisolone 16mg BD OR Tab. Dexamethasone 8mg [equivalent to 6mg salt] OD x 3-5 days can be considered

This protocol is issued considering the current pandemic situation and will be reviewed after 14 days or as needed.

//True Copy //

13/5/2021

SECTION OFFICER