



# COVID-19 Management Protocol AIIMS , New Delhi

20<sup>th</sup> March 2020

## COVID-19 Suspect

- i) Any patient with acute respiratory illness (fever with at least one of the following- cough or shortness of breath) with:
- History of travel to high-risk COVID-19 affected countries in the last 14 days, or
  - Close contact with a laboratory confirmed case of COVID-19 in the 14 days, or
  - Health care personnel (HCP) managing respiratory distress/severe acute respiratory illness cases, when they are symptomatic

**Asymptomatic traveller/close contact**

- Home quarantine
- Twice daily self monitored temperature
- Contact & droplet precautions

On developing symptoms

## Mild case

Low-grade fever, cough, malaise, rhinorrhea, sore throat without shortness of breath

**Treatment**  
 Tab oseltamivir 75mg BD (for high-risk influenza suspects)  
 Antibiotics if needed (azithromycin+ amox /clav)  
 Tab Paracetamol 500 mg SOS  
 Symptomatic

Call helpline  
011- 23978046

**Test negative**

Symptomatic management

**Test positive**

- Home isolation (>72 hrs afebrile or 7 days after symptom onset whichever is longer)/two negative samples 24 hours apart
- Self-monitoring for fever
- Paracetamol & symptomatic Rx
- Contact & droplet precautions
- Danger signs explained
- High-risk individuals\* may be considered for admission based on clinical judgement

**\*High-risk for severe disease**

- ✓ Age > 60 years
- ✓ Cardiovascular disease including hypertension
- ✓ DM, other immunocompromised states
- ✓ Chronic lung/kidney/liver disease

## Moderate to severe case

- Any one of:**
1. Respiratory rate > 24/min
  2. SpO2 < 94% in room air
  3. Confusion/drowsiness
  4. Systolic BP < 90 mmHg or diastolic BP < 60 mmHg

Admit & test

**Test negative**

Manage according to existing protocol

**Test positive**

- Oxygen supplementation to maintain SpO2>94%
- Antipyretics, antitussives, antibiotics as indicated
- MDI preferred over nebulization
- Hydroxychloroquine (400 mg BD x 1 day f/b 200 mg BD x 5 days) may be considered
- Lopinavir/ritonavir(200 mg 2 tab BD) may be considered on case-to-case basis (within 10 days of symptom-onset)
- Do not combine Hydroxychloroquine with Lopinavir in view of drug interactions
- Corticosteroids to be avoided

If worsening

- Respiratory failure
- Hypotension
- Worsening mental status
- MODS

Shift to ICU

- NIV/HFNC to be used carefully in view of risk of aerosol generation
- Ventilator management as per ARDS protocol
- Conservative fluid management (if not in shock)
- Standard care for ventilated patient
- Closed suction and HME filters
- Prone ventilation, ECMO for refractory hypoxemia.

After clinical & radiological improvement

**Discharge**  
if two negative samples at least 24 hours apart

Improving