



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.234

Dated: 11.05.2021
Thiruvalluvar Aandu-2052
Sree Pilava, Chithirai – 28

Read:

1. G.O (Ms) No. 233, Health and Family Welfare (P1) Department, Dated 10.05.2021.
2. From the Director of Medical Education, Letter Ref. No.3766/H&D/2/3/2020, dated 11.05.2020

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 1st 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 09.05.2021 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 1st 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//

Arun Kumar
11/5/2021
SECTION OFFICER

11/5/2021

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 >96 should not be admitted in hospital for COVID-19 care.

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

Category 1

- Assessment
 - Irrespective of vaccination status
 - COVID19 rtPCR: Positive **OR** Negative **OR** Not tested
 - Symptoms suggestive of Covid like - **Fatiguability**, Myalgia, Sore throat, Breathlessness, Continuous fever, Headache, Diarrhea, **Cough**, **Loss of taste**, **Loss of smell**
 - SpO₂ >96 **AND** Single Breath Count (SBC) >20 **AND** RR < 18 / min
- Case Management
 - Tab.Ivermectin (200mcg / kg not more than 12 mg OD x 3 days) except pregnancy/lactating mothers and children, 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)
 - 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 (2 to 4 hours proning for 4-8 times per day)
 - Seek hospital care / admission if red flag signs appear.

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

Category 2

- Assessment
 - Irrespective of vaccination status
 - COVID19 rtPCR: Positive / negative / unknown

- Irrespective of Symptoms
- SpO2 95-96 OR SBC <20 AND RR 18-24 / min
- Case management
 - Tab.Ivermectin (200mcg / kg not more than 12 mg OD x 3 days) except pregnancy/lactating mothers and children, 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)
 - Paracetamol 500 mg 4 times a day AND SOS – if having Fever or myalgia
 - **Tab.Methyl prednisolone 8mg OD OR Dexamethasone 4mg OD x 5 days**
 - Routine medication for comorbid conditions to be continued.
 - ORS and Adequate hydration
 - Prone position (2 to 4 hours proning for 4-8 times per day)
 - Seek hospital care / admission if red flag signs appear.

At Primary Health Centres, COVID Care Centres (CCC)

Category 3

- Assessment
 - Irrespective of vaccination status
 - COVID19 rtPCR: Positive / negative / unknown
 - Irrespective of Symptoms
 - SpO2 90-94 AND RR 24 – 30 / min
- Case Management
 - **Admit**
 - Start Oxygen at 2-4 liters / min and titration to be done as per guidelines
 - Prone position (2 to 4 hours proning for 4- 8 times per day)
 - Tab.Ivermectin (200mcg / kg not more than 12 mg OD x 3 days) except pregnancy/lactating mothers and children, Tab.Azithromycin (10mg/kg not more than 500mg OD x 3 days, Tab.Vitamin C (500mg OD x 5 days), Tab.Zinc (50mg x 5 days),
Tab. Ranitidine (150mg BD x 5 days)
 - Paracetamol 500 mg 4 times a day AND SOS – if having Fever or myalgia
 - **Tab. Methyl prednisolone 3mg BD OR Dexamethasone 4mg od x 5 days. If Vomiting is present, please give as Intravenous (IV).**
 - Low Molecular Weight Heparin (LMWH) 0.4 SC OD OR Unfractionated Heparin 5000 Units SC BD OR Tab. Rivaroxaban 5mg OD x 5days. **(Do not start anticoagulant if patient is having history of bleeding disorders, and platelet count < 1 lakh and refer to Covid hospitals)**
 - Routine medication for comorbid conditions to be continued.

- Adequate hydration
- 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 4:

- Assessment
 - SpO2 <90% **OR** RR >30/min
- Case Management
 - If SpO2 <90 initiate low flow oxygen therapy as per guidelines issued. If the SpO2 is still not improving > 92% with the oxygen therapy, shift the patient to Covid Hospitals
 - Patients to reach **Medical College Hospitals/Government Hospitals/Dedicated COVID Hospitals / Covid Health Centres** with oxygen supplementation for further management.

Instructions to be given to all patients falling under the Categories 1 & 2

- **When to seek Hospital care / admission (Red Flag Signs)**
 - Persistent fever, persistent cough, breathlessness, and fatigability
 - **SpO2 90-94% OR RR 24-30** seek care at PHC/Screening Centres for getting assessed by doctor (encourage proning)
 - **SpO2 <90% AND RR > 24** to COVID Hospital/Government Hospitals/Medical College Hospitals (any facility above CCC) for oxygen supplement
- **Contact 104 for admission**

Facility Step down Criteria

- **Medical College/DHQH/Dedicated COVID Hospitals Patient to CHC with Oxygen beds** (CCC added with oxygen beds will be redesignated as CHC)
 - Patients having SpO2 >92% for 48 hours after weaned off from respiratory support like NIV / invasive ventilation to CHC
 - Pts requiring low flow O2 support (nasal cannula & mask) and maintaining SPO2 > 92% for more than 2 days can be shifted to CHC

Discharge Criteria

- **Medical College/DHQH/Dedicated COVID Hospitals Patient**
 - Patients having SpO2 >92% in room air for 3 days
- **COVID Healthcare Centre (CHC) with Oxygen beds**

- Patients having SpO2 >92% in room air for 3 days
- **COVID Care Centres (CCC)**
 - Patients having SpO2 >92% in room air for 3 days

Health Facilities for COVID-19 Treatment

- **Category 1 AND 2:** Testing centres, Screening/triaging centers, health facilities and outreach camps. If testing centres are not providing treatment, Public health team to make home visit and to provide treatment.
- **Category 3 AND 4:** Primary Health Centres, COVID Care Centres (CCC)

General Instructions

- Avoid exertion
- Bed rest and Prone position upto 16 hours a day
- Small frequent light diet and adequate hydration
- Monitoring of blood sugars and optimal control is essential at levels of care.
- Routine medication for comorbid conditions to be continued.
- All Covid Positive pregnant and lactating mothers should be referred to Covid Hospitals

//True Copy //

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11/5/2021
SECTION OFFICER
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