

## **Operational Support for HCP's - Indian Guidelines**

## I. Support to Treating Physicians on IPC:

- 1. The Hospital Infection Control Committee AIIMS, New Delhi has issued information related to 2019-nCoV (COVID-19) on 9<sup>th</sup> March 2020.
- 2. The PDF can be downloaded from the link: <a href="https://www.aiims.edu/en/notices/notices/79-about-aiims/10405-information-related-to-covid-19.html">https://www.aiims.edu/en/notices/notices/79-about-aiims/10405-information-related-to-covid-19.html</a>

## II. Support to Treating Physicians on Clinical Management:

- 1. 24 x7 Helpline by AIIMS, New Delhi: **+91 9971876591**.
- 2. Only the identified/ appointed state nodal doctor for clinical management of COVID 19 should contact the AIIMS Helpline.

III. Management Flowchart issued by AIIMS, New Delhi, on  $20^{\text{th}}$  March 2020



## COVID-19 Management Protocol AIIMS, New Delhi 1) Any patient with acute respiratory illness (fever with at least one of COVID-19 Suspect the following, cough or shortness of breath) with: History of travel to high-risk COVID-19 affected countries in the Close contact with a laboratory confirmed case of COVID-19 in the 14 days, or Health care personnel (HCP) managing respiratory distress/ **Asymptomatic** traveller/close contact severe acute respiratory illness cases, when they are symptomatic Home quarantine On developing symptoms Twice daily self monitored temperature Contact & droplet precautions 1. Respiratory rate > 24/min 2. Sp02 < 94% in room air Mild case Moderate to severe case 4. Systolic BP < 90 mmHg or Low-grade fever, cough, Admit & test diastolic BP < 60 mmHg malaise, rhinorrhea, sore shortness of breath **Test positive Treatment** Test negative Tab oseltamivir 75mg BD (for · Oxygen supplementation to maintain high-risk influenza suspects) Sp02>94% Manage according to Antibiotics if needed · Antipyretics, antitussives, antibiotics as existing protocol (azithromycin+amox/clav) indicated Tab Paracetamol 500 mg SOS · MDI prefered over nebulization Symptomatic • 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 011-23978046 considered on case-to-case basis (within 10 days of symptom-onset) Test negative Test positive · Do not combine Hydroxychloroquine with Lopinavir in view of drug interactions Symtomatic Home Isolation (>72 hrs afebrile · Corticosteroids to be avoided or 7 days after symptom onset management whichever is longer)/two If worsening negative samples 24 hours apart · Respiratory failure · Self-monitoring for fever After clinical & Hypotension · Paracetamol & symptomatic Rx radiological · Worsening mental status · Contact & droplet precautions improvement · MODS Danger signs explained Discharge · High-risk individuals\* may be If two negative considered for admission based Shift to ICU samples at least on clinical judgement 24 hours apart · NIV/HFNC to be used carefully in view of risk of aerosol generation · Ventilator management as per ARDS Improving · Conservative fluid management (if not in \*High-risk for severe disease shock) Age > 60 years · Standard care for ventilated patient · Cardiovascular disease including hypertension · Closed suction and HME filters · DM, other immunocompromised states · Prone ventilation, ECMO for refractory · Chronic lung/kidney/liver disease hypoxemia.



