

Tamil Nadu COVID-19

Case Management Protocol

COVID-19 positive or suspect
patients (negative or untested)

Measure
SpO₂ AND Respiratory rate (RR)

COVID-19 suspected symptoms

- ☐ Fatigue
- ☐ Myalgia
- ☐ Sore throat
- ☐ Cough
- ☐ Headache
- ☐ Continuous fever
- ☐ Breathlessness
- ☐ Headache
- ☐ Diarrhea
- ☐ Loss of taste/smell

SpO₂ >94% AND
RR <24/min

Home-based treatment

Prescribed at testing centres, screening/triage centres, health facilities, outreach camps, and home visits

CATEGORY 1

TREATMENT

- 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

- ✓ Treat comorbid conditions
- ✓ Maintain hydration
- ✓ Prone position is advisable

Note: If the patient's house is unsuitable for home isolation, shift to COVID care centre

Red flag signs

Seek PHC/Screening Centre/
Telemedicine

- i. Persistent fever >5 days OR
- ii. Persistent cough **OR**
- iii. Breathlessness **OR** Fatiguability
- iv. SpO₂ 90-94% **OR** RR 24-30/ min

Call 104 for admission at Covid-19 hospitals, if SpO₂ <90% AND RR >24/min

SpO₂ 90-94% AND
RR 24-30/min

Primary care

Treat at Primary Health Centre (PHC), COVID Care Centre (CCC), or COVID Health Centre (CHC) (should have oxygen available)

CATEGORY 2

INVESTIGATIONS

Complete blood count, X-ray chest if available, capillary blood glucose/plasma glucose, blood pressure

TREATMENT (A + B + C + D)

- A**
- Oxygen 2-4 liters/min and titrate as per guidelines
 - Prone position 2-4 hours proning for 4-8 times per day
- B**
- 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
- C Choose one of the following four:**
1. Tab. Methylprednisolone 16mg BD x 7 days
 2. Tab. Dexamethasone 8mg [equivalent to 6mg salt] OD x 7 days
 3. IV Inj. Methyl Prednisolone 0.5-1 mg/kg per day in two divided doses x 7 days
 4. IV Inj. Dexamethasone 8mg [equivalent to 6mg salt] OD x 7 days
- If vomiting present choose 3 or 4**
- D Choose one of the following two:**
1. Low molecular weight Heparin 0.4ml SC OD
 2. Unfractionated Heparin 5000 U SC BD
- Do not start anticoagulant if H/O bleeding disorders or platelet count <1 lakh per mm³ and **Refer to COVID hospitals**
- ✓ Treat comorbid conditions
 - ✓ Adequate hydration
 - ✓ Strict glycemic and BP control

Note: Admit COVID Suspects/Negatives in a separate ward away from the COVID ward

Red flag signs

If the patient is not improving and SpO₂ <90% refer to Covid-19 Hospital

SpO₂ <90% AND
RR >30/min

Pre-hospital care

Initiate treatment at PHC, CCC & CHC then shift to Medical College, District Headquarter Hospital, or Dedicated COVID Hospitals

CATEGORY 3

TREATMENT (A + B + C)

During transportation or waiting for the bed

- A**
- Oxygen If SpO₂ <90%, initiate low flow as per guidelines
- B Choose one of the following four:**
1. IV Inj. Methyl Prednisolone 1-2 mg/kg per day in two divided doses
 2. IV Inj. Dexamethasone 8mg OD [equivalent to 6mg salt]
 3. Tab. Methylprednisolone 16mg BD
 4. Tab. Dexamethasone 8mg OD [equivalent to 6mg salt]
- C Choose one of the following two:**
1. Low Molecular Weight Heparin (LMWH) 0.4ml SC OD
 2. Unfractionated Heparin 5000 U SC BD
- Do not start anticoagulant if H/O bleeding disorders, and platelet count <1 lakh per mm³

Note: This protocol does not include hospital-based treatment

Stepdown to Covid Health Centre

If SpO₂ >92% for 48 hrs. after weaning of from respiratory support like noninvasive ventilation / invasive ventilation

Patients requiring low flow O₂ support nasal cannula & mask and maintaining **SpO₂ > 92% for more than one day**

DISCHARGE CRITERIA

If SpO₂ >92% in room air for 3 days

