

#### **ABSTRACT**

COVID-19 – Health and Family Welfare Department – issuing of Treatment Protocol for COVID-19 positive patients – Orders – Issued.

## HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms).No. 180

Dated: 08.04.2020 Vihari, Panguni – 26 Thiruvalluvar Aandu – 2051.

- 1. G.O.(Ms)No.164, Health and Family Welfare (P1) Department, dated: 31.03.2020.
- 2. G.O.(Ms)No.175, Health and Family Welfare (P1) Department, dated: 05.04.2020.
- 3. G.O.(Ms)No.176, Health and Family Welfare (P1) Department, dated: 05.04.2020.
- 4. G.O.(Ms).No.178, Health and Family Welfare Department, dated 08.04.2020.
- 5. From the Director of Medical Education, Letter Ref. No.3677/H&D2(3)/2020, dated: 07.04.2020.

### ORDER:

Considering the prevailing situation of COVID-19 in the State, the Government hereby issues the Treatment Protocol for COVID-19 positive patients for use of hospitals in the State of Tamil Nadu as follows:

#### Treatment protocol for COVID Positive Patient

- Admit in isolated room / ward with toilet facilities
- Close monitoring of vitals (Temp, PR, RR, SpO2, BP, I/O Chart)
- Investigations:
  - o CBC, LFT, RFT, Urine Routine, ABG, Chest X-ray, CT Chest\*, ECG\*\*
  - Other investigations on discretion of treating Physician (e.g CRP, CPK, LDH, D-dimer, Troponin)
  - Blood culture if necessary.
- Supplemental Oxygen Therapy (if spo2<94% in room air)</li>
  - For hypoxemia initiate O2 through venture device to achieve target SPO2>94%

### If venture device not available,

- o Initiate O2 at 3-5L / min using face mask with reservoir bag
- o Can increase upto 10-15 L/min
- o Target SPO2?94%
- Backrest at 30-45 degrees
- Appropriate fluid therapy and maintain I/O chart
- Tab, Azithormycin 500 mg OD for 5 days in combination with

- Tab, Hydroxy-Chloroquine 400mg BD on day one, followed by 200mg BD for next 4 days (these drugs should be administered under close medical supervision with monitoring for side effects including QTc interval).
- Cap, Oseltamavir 75mg BD for 5 days.
- Cap, Omeprazole 20mg OD for 5 days
- Tab, Ondansetron 4mg SOS
- Zinc 150mg daily and Vit-C 500mg daily as supplements
- Tab, Paracetamol 500mg (SOS)
- Nutritious diet
- Counselling and Stress relaxation therapy
- Avoid NSAID, STEROIDS, SEDATIVES and COUGH SUPPRESANTS
- Avoid Nebulization and use Metered Dose Inhalers, if necessary
- Recognize and treat septic shock Hemodynamic monitoring including ECHO

### INDICATIONS FOR MECHANICAL VENTILATION

- 1. Persistent Hypoxia (SpO2 less than 90%) on 60% venturi mask
- 2. Persistent tachpnoea (RR/30/min) or respiratory distress
- 3. Systolic BP<90 mmHg in spite of I.V. fluids and vasopressors.
- 4. GCS less than 8.
- Management of Hypoxemic Respiratory Failure
  - o Avoid NIV (Non-Invasive Ventilation) as far as possible
  - o Intubation and aerosol precautions by trained and experience provider
  - o Ventilator management as per ARDS protocol
  - o Closed suction and HME filter if available
  - o Prone ventilation, ECMO for refractory hypoxemia
- Prevention of complications / supportive care
  - DVT prophylaxis
  - o Stress ulcer prophylaxis
  - o Early mobilization
- \*CT chest Bilateral lower lobe subpleural ground glass opacities with crazy paving pattern / consolidation.
- \*\* ECG-QT prolongation>450ms is significant.
- #Kindly keep updated on the new guidelines (www.mohfw.gov.in)

### **Discharge Criteria**

- 1. Based on clinical criteria Asymptomatic and clinically stable for 72 hours.
- 2. Based on Radiological criteria Radiological clearance of Chest X-ray.
- 3. Repeat 2 Swab tests (24hrs apart) if above criteria have been fulfilled and both tests should be negative.
- 4. Once patient is discharged, he / she shall be shifted to designated quarantine facilities for a minimum of 14 days for monitoring.

### Three Levels of Quarantine Facilities

- 1. Home quarantine
  - a. Asymptomatic low risk contacts
  - b. COVID negative patients
- 2. Facility Quarantine
  - a. Asymptomatic high risk contacts
  - b. Discharged COVID positive patients from the Hospital.

- 3. Institutional Quarantine
  - a. Symptomatic low risk & high risk contacts.
- 2. The Director of Medical Education and the Director of Medical and Rural Health Services are requested to disseminate the above Treatment Protocol to all relevant authorities in the State. The Director of Medical Education is authorized to change the treatment protocol from time to time as per the recommendation of the Expert Committee.

## (BY ORDER OF THE GOVERNOR)

# BEELA RAJESH SECRETARY TO GOVERNMENT

### To

All Deans of Medical Colleges.

All District Collectors.

The Commissioner of Greater Chennai Corporation, Chennai- 600 003.

The Director of Public Health and Preventive Medicine, Chennai–600 006.

The Director of Medical Education, Chennal – 600 010.

The Director of Medical and Rural Health Services, Chennai- 600 006.

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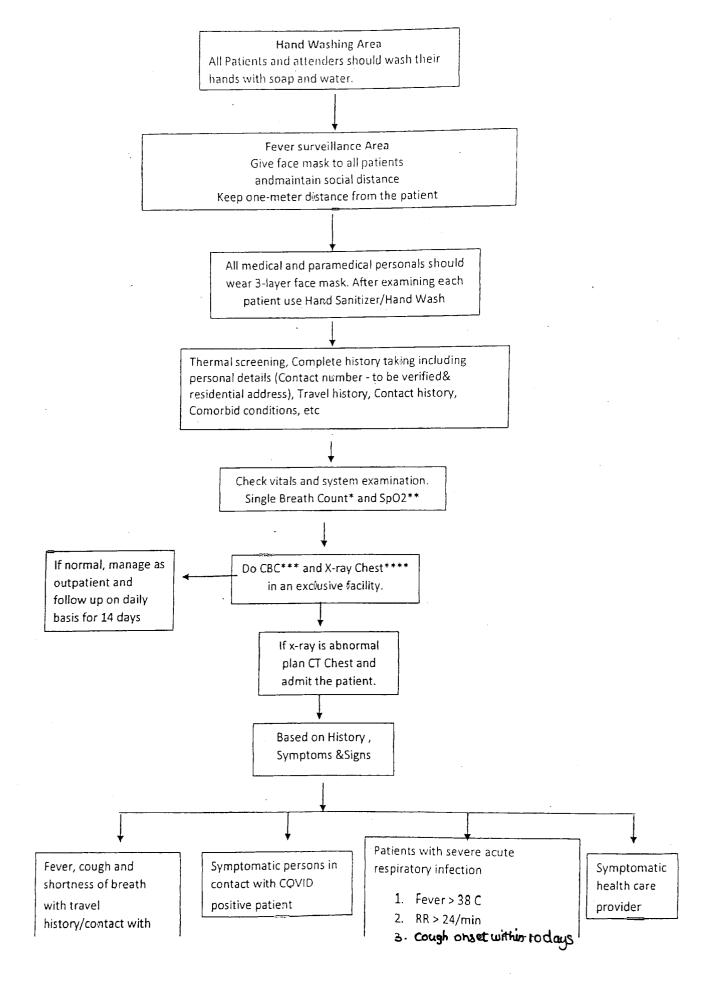
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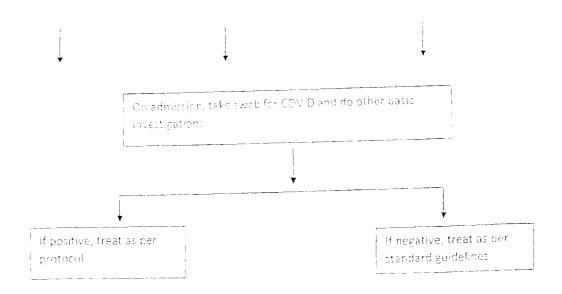
All Secretaries to Government, Secretariat, Chennai- 600 009.

//FORWARDED BY ORDER//

SECTION OFFICED

### Fever OPD - Flow Chart





Following criteria needs admission:

- \*Single Breath Count < 30.
- \*\*SpO2 < 94% at room air.
- \*\*\*CBC Lymphopenia and Neutrophil/Lymphocyte Ratio (N/L R)> 3.1.
- \*\*\*\* Bilateral lower lobe subpleural ground glass opacities with crazy paving pattern/ consolidation.