



Health & Family Welfare Department, Government of Tamil Nadu

TNSOP - 6

Clinical Management Guidelines for COVID-19

SUSPECT COVID-19

- Give all the patients a Three layered mask
- Maintain 1 meter distance between patients

Check Pulse Rate, Respiratory Rate, Blood Pressure, SpO2

If the patient has the following

- PR <100/minute
- RR <20/minute
- SpO2 >94%
- Systolic BP >90mm Hg
- Diastolic BP > 60 mm Hg

MILD

Admit in Isolation Area

If the patient has **ANY** of the following

- PR >100/minute
- RR >20/minute
- SpO2 <94%
- Systolic BP <90mm Hg
- Diastolic BP < 60 mm Hg

MODERATE TO SEVERE

Admit in Critical Care Unit

TEST FOR COVID-19

Do CBC, LFT, RFT, X-Ray Chest, CT Chest(if needed), Blood culture

Monitor PR, RR, BP, SpO2, urine output.



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Clinical Management Guidelines for COVID-19

MILD CASE OF SUSPECT COVID-19

- Admit in Isolation Area
- Ensure 2m distance between patients
- Treat with Paracetamol and other symptomatic management
- Tab Oseltamavir 75mg BD
- Antibiotics if needed.

Investigations

Do CBC, LFT, RFT, X-Ray Chest, CT Chest (if needed), Blood culture

Monitor

Monitor PR, RR, BP, SpO₂ Twice daily.

**COVID
NEGATIVE**

- Discharge if clinically stable

**COVID
POSITIVE**

- Continue treatment in isolation ward
- Treat Comorbid conditions if any

Discharge if

- Patient clinically stable
- Radiologically clear
- 2 negative samples taken 24 hours apart



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MODERATE OR SEVERE CASE OF COVID-19

COVID NEGATIVE

Manage according to existing protocol

COVID POSITIVE

- Admit in the designated Critical Care Unit
- Ensure 2m distance between patients
- O₂ supplementation-maintain SpO₂ >94%
- Treat with antipyretics, antitussives, antibiotics as indicated
- Metered Dose Inhalation (MDI) preferred over nebulization
- Hydroxychloroquine (400mg BD x 1 day followed by 200mg BD x 5 days) may be considered
- Consider Lopinavir/Ritonavir(200mg 2tab BD) on case to case basis.
- Do not combine Lopinavir with Hydroxychloroquine

IF Condition Worsens

- Respiratory Failure
- Hypotension
- Worsening mental status
- MODS

SHIFT TO ICU

Improving

SHIFT TO WARD

IF Condition Improves

Discharge if

- Patient clinically stable
- Radiologically clear
- 2 negative samples taken 24 hours apart