**COVID-19 patient**

**Mild disease**
Upper respiratory tract symptoms (fever or cough) without shortness of breath or hypoxia

**Moderate disease**
Any one of:
1. Respiratory rate > 24/min, breathlessness
2. SpO2: 90% to ≤ 93% on room air

**Severe disease**
Any one of:
1. Respiratory rate > 30/min, breathlessness
2. SpO2 < 90% on room air

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**Home Isolation & Care**

**MUST DOs**
- Physical distancing, indoor mask use, strict hand hygiene.
- Symptomatic management (hydration, anti-pyretics, antitussive, multivitamins).
- Stay in contact with treating physician.
- Monitor temperature and oxygen saturation (by applying a SpO2 probe to finger).
- Seek immediate medical attention if:
  - Difficulty in breathing
  - High-grade fever/severe cough, particularly if lasting for > 5 days
  - A low threshold to be kept for those with any of the high-risk features*

**MAY DOs**
- Timely therapy based on low certainty of evidence.
  - Tab Ivermectin (200 mg/kg once a day for 3 days), Avoid in pregnant and lactating women. (OR)
  - Tab HCQ (400 mg BD for 1 day t/f; 400 mg OD for 4 days) unless contraindicated.
  - Inhalational Budesonide (given via Metered dose inhaler/Dry powder inhaler) at a dose of 400 mg BD for 5 days to be given if fever and cough symptoms persist for > 5 days

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**ADMIT IN WARD**

**Oxygen Support**
- Target SpO2: 92-96% (88-92% in patients with COPD).
- Preferred devices for oxygenation: non-rebreathing face mask.
- Awake prone encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours).

**Anti-inflammatory or immunomodulatory therapy**
- Inj. Methylprednisolone 0.5 to 1 mg/kg in 2 divided doses for a duration of 5 to 10 days.
- Patients may be initiated or switched to oral route if stable and/or improving.

**Anticoagulation**
- Conventional dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (weight based e.g., enoxaparin 0.5 mg/kg per day SC). There should be no contraindication or high risk of bleeding.

**Monitoring**
- Clinical Monitoring: Work of breathing, hemodynamic instability, change in oxygen requirement.
- Serial CXR; HRCT chest to be done only if there is worsening.
- Lab monitoring: CRP and D-dimer within 48 to 72 hr, CBC, KFT, LFT, 24 to 48 hr IL-6 levels to be done if deteriorating (subject to availability).

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**ADMIT IN ICU**

**Respiratory Support**
- Consider use of NIV (Helmet or face mask interface depending on availability) in patients with increasing oxygen requirement. If work of breathing is low.
- Consider use of HFNC in patients with increasing oxygen requirement.
- Intubation should be prioritized in patients with high work of breathing, if NIV is not tolerated.
- Use conventional ARDSnet protocol for ventilatory management.

**Anti-inflammatory or Immunomodulatory Therapy**
- Inj. Methylprednisolone 1 to 2 mg/kg IV in 2 divided doses for a duration of 5 to 10 days.

**Anticoagulation**
- Weight based intermediate dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (e.g., Enoxaparin 0.5 mg/kg per dose SC BD). There should be no contraindication or high risk of bleeding.

**Supportive Measures**
- Methylcellulose (if available, use dynamic measures for assessing fluid responsiveness).
- If sepsis/septic shock manage as per existing protocol and local algorithm.

**Monitoring**
- Serial CXR; HRCT chest to be done only if there is worsening.
- Lab monitoring: CRP and D-dimer 24-48 hourly, CBC, KFT, LFT daily, IL-6 to be done if deteriorating (subject to availability).

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**After clinical improvement, discharge criteria:**

**EUA/Off-label use** (based on limited available evidence and only in specific circumstances):
- Remdesivir (EUA) may be considered only in patients with:
  - Moderate to severe disease (requiring supplemental oxygen), and
  - No renal or hepatic dysfunction (eGFR < 50 ml/min/1.73 m2, AST/ALT > 5 times ULN [Not an absolute contraindication]), and
  - Who are within 10 days of onset of symptoms.
  - Recommended dose: 200 mg IV on day 1, 100 mg IV OD for next 5 days.
  - Not to be used in patients who are not on oxygen support or in home settings.

- Tocilizumab (Off-label) may be considered when all of the below criteria are met:
  - Presence of severe disease (preferably within 24 to 48 hours of onset of severe disease/ICU admission).
  - Significantly raised inflammatory markers (CRP ≥ 2 or IL-6).
  - Not improving despite use of steroids.
  - No active bacterial/fungal/tubercular infection.
  - Recommended single dose: 4 to 6 mg/kg (400 mg in 60 kg adult) in 100 ml NS over 1 hour.