COVID-19 Management Protocol
AIIMS , New Delhi

20th March 2020

COVID-19 Suspect

i) Any patient with acute respiratory illness (fever with at least one of the following- cough or shortness of breath) with:
- History of travel to high-risk COVID-19 affected countries in the last 14 days, or
- Close contact with a laboratory confirmed case of COVID-19 in the 14 days, or
- Health care personnel (HCP) managing respiratory distress/ severe acute respiratory illness cases, when they are symptomatic

Asymptomatic traveller/close contact
- Home quarantine
- Twice daily self monitored temperature
- Contact & droplet precautions

On developing symptoms

Mild case

Low-grade fever, cough, malaise, rhinorrhea, sore throat without shortness of breath

Treatment
Tab oseltamivir 75mg BD (for high-risk influenza suspects)
Antibiotics if needed (azithromycin+ amox /clav)
Tab Paracetamol 500 mg SOS Symptomatic

Call helpline 011- 23978046

Test negative
Symptomatic management

Test positive
- Home isolation (>72 hrs afebrile or 7 days after symptom onset whichever is longer)/two negative samples 24 hours apart
- Self-monitoring for fever
- Paracetamol & symptomatic Rx
- Contact & droplet precautions
- Danger signs explained
- High-risk individuals* may be considered for admission based on clinical judgement

Moderate to severe case

Any one of:
1. Respiratory rate > 24/min
2. SpO2 < 94% in room air
3. Confusion/drowsiness
4. Systolic BP < 90 mmHg or diastolic BP < 60 mmHg

Admit & test

Test negative
Manage according to existing protocol

Test positive
- Oxygen supplementation to maintain SpO2>94%
- Antipyretics, antitussives, antibiotics as indicated
- MDI preferred over nebulization
- 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 considered on case-to-case basis (within 10 days of symptom-onset)
- Do not combine Hydroxychloroquine with Lopinavir in view of drug interactions
- Corticosteroids to be avoided

If worsening

- Respiratory failure
- Hypotension
- Worsening mental status
- MODS

Shift to ICU

- NIV/HFNC to be used carefully in view of risk of aerosol generation
- Ventilator management as per ARDS protocol
- Conservative fluid management (if not in shock)
- Standard care for ventilated patient
- Closed suction and HME filters
- Prone ventilation, ECMO for refractory hypoxemia.

Improving

After clinical & radiological improvement

Discharge
if two negative samples at least 24 hours apart

***High-risk for severe disease**
- ✓ Age > 60 years
- ✓ Cardiovascular disease including hypertension
- ✓ DM, other immunocompromised states
- ✓ Chronic lung/kidney/liver disease