COVID-19 Clinical Management Protocol approved by Expert Committee under the Chairmanship of Dr. Sacchidanand, Vice-Chancellor, RGUHS.

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"COVID-19 Clinical Management Protocol approved by Expert Committee under the Chairmanship of Dr. Sacchidanand, Vice-Chancellor, RGUHS."
5. ಹೂ.ಹಿಂದುಕು ವಿದ್ಯಾರ್ಥಿಯು, ಟೀ.ಎ.ಎಂ. ಅಡುಕು, ಪ್ರಸ್ತುತ್ಪಡಿ, ಸರ್ವಾಧಿಕಾರಿ ಅಧ್ಯಕ್ಷರು. ಮಾಂತ್ರಿಕಾಧ್ಯಕ್ಷ/ ವಿಭಾಗ ಅಧ್ಯಕ್ಷರು, ಅಧ್ಯಕ್ಷರು. ಚಿಕ್ಕೆದುರು

ಖ್ಯಾತಿ:
1. ಸಹಾಯಕ ಸಮರ್ಪಣ ಸಂಬಂಧಿಸಿದ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸದಸ್ಯರು, ಹೆಸರು ಸೇರಿಸಿದ ಚರ್ಚೆಯೊಂದು. ನಿರ್ವಹಿಸಿದರೆ,
2. ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ನಿರ್ವಹಿಸಿದರೆ,
3. ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ನಿರ್ವಹಿಸಿದರೆ,
4. ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ನಿರ್ವಹಿಸಿದರೆ,
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6. ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ನಿರ್ವಹಿಸಿದರೆ,
7. ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ನಿರ್ವಹಿಸಿದರೆ,
8. ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ಸಹಾಯಕ ಸಮರ್ಪಣ ಸದಸ್ಯರಿಗೆ, ನಿರ್ವಹಿಸಿದರೆ,
TREATMENT PROTOCOL FOR COVID-19 PATIENTS

NOTE: This Recommendation is derived from the prevailing trials published and collation of various guidelines. These guidelines would change with the evolving evidence.

COVID 19 RT-PCR POSITIVE PATIENT

1) Management of any COVID 19 patient mandates the Health Care Personnel (HCP) to be in full Personal Protection Equipment (PPE)

2) Patient is Categorized in to three groups

<table>
<thead>
<tr>
<th>Colour</th>
<th>Type of patients who are provided treatment and care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group A</strong></td>
<td>Asymptomatic/Patients with mild symptoms</td>
</tr>
<tr>
<td><strong>Group B</strong></td>
<td>Symptomatic patient with Mild to Moderate Pneumonia with no signs of severe disease, RR 15-30 cpm or SPO2- 90 - 94% at Room Air</td>
</tr>
<tr>
<td><strong>Group C</strong></td>
<td>Symptomatic patient with Severe Pneumonia with RR&gt;30 min or SPO2 &lt; 90% Room Air or less than 94% with oxygen, ARDS, Septic Shock.</td>
</tr>
</tbody>
</table>

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INVESTIGATIONS: Patients should be subjected for the following investigations on admission and may be repeated whenever necessary.

<table>
<thead>
<tr>
<th>INVESTIGATIONS COMMON TO ALL ON THE DAY OF ADMISSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC WITH N/L RATIO</td>
</tr>
<tr>
<td>LFT</td>
</tr>
<tr>
<td>RPT</td>
</tr>
<tr>
<td>RBS</td>
</tr>
<tr>
<td>ECG</td>
</tr>
<tr>
<td>X-RAY (CHEST)</td>
</tr>
<tr>
<td>ADDITIONAL INVESTIGATIONS</td>
</tr>
<tr>
<td>CRP</td>
</tr>
<tr>
<td>D-DIMER</td>
</tr>
<tr>
<td>SERUM FERRITIN</td>
</tr>
<tr>
<td>PROCALCITONIN</td>
</tr>
<tr>
<td>LDH, TROP-T</td>
</tr>
<tr>
<td>PT/INR</td>
</tr>
<tr>
<td>ABG</td>
</tr>
<tr>
<td>CT THORAX (IF AVAILABLE)</td>
</tr>
<tr>
<td>Throat swab for H1N1 (optional for GROUP- B &amp; C)</td>
</tr>
<tr>
<td>Other Investigations should be done based on patient's Co-morbid status</td>
</tr>
</tbody>
</table>

IDENTIFICATION OF HIGH-RISK PATIENT:

<table>
<thead>
<tr>
<th>CO MORBIDITIES</th>
<th>CLINICALLY</th>
<th>LABORATORY VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age&gt;50</td>
<td>Hypoxia- SPO2&lt;94%</td>
<td>Lymphopenia with Neutrophil/Lymphocyte ratio &gt;3.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Tachycardia&gt;100/min</td>
<td>CRP&gt;100mg/L</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Respiratory Distress RR&gt;30/min</td>
<td>Serum Ferritin&gt;300microg/L</td>
</tr>
<tr>
<td>Lung Disease (COPD/Asthma/Post TB sequelae)</td>
<td>Hypotension BP&lt;90 systolic</td>
<td>LDH &gt;245</td>
</tr>
<tr>
<td>CKD/ Chronic Liver Disease</td>
<td>Altered Sensorium</td>
<td>D-Dimer &gt;1000ng/ml</td>
</tr>
<tr>
<td>Immunosuppression /HIV/Malignancy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Calculation tool for predicting critically ill COVID-19 at admission can be used as reference tool. (Development of Validation of Clinical risk score to predict the occurrence of critical illness in hospitalized patient with COVID-19. JAMA internal Medicine-published online, may 12/5/2020)
**TREATMENT:**

1) Categorize into A, B, C - sub groups

2) Supportive Care:
   - Normal feeding, No dietary restrictions, good oral hydration
   - Maintenance IV fluids *(If indicated).*
   - Maintain blood glucose levels <180 mg/dl.
   - If Patient is on ACE inhibitors/ARBs, should be continued
   - Avoid using NSAIDs other than Paracetamol Unless Absolutely Necessary
   - Avoid using Nebulized drugs to avoid aerosolization of virus
   - Antibiotic selection in case of superadded bacterial pneumonia should be according to institution antibiogram.
   - **HFNC to be used if there is failed oxygen therapy and Non-invasive ventilation (NIV) to be used appropriately with two limb circuit expiratory filters.**
   - **Methyl prednisolone** (1 mg/kg body weight for 5 days) may be considered only in case of refractory shock or cytokine activation syndrome or as per treating Physician particularly with abnormally elevated CRP and Serum Ferritin.
   - **Finger Pulse Oximeter for continuous monitoring of Heart Rate and Oxygen Saturation.**
   - **Mask Oxygen at Saturation 94% or lower.**
   - **Counseling of COVID patients**

(by Counselor/psychologist/Psychiatrist).
# GROUP A

<table>
<thead>
<tr>
<th>TREATMENT</th>
<th>PRECAUTIONS</th>
</tr>
</thead>
</table>
| - CAP OSELTAMIVIR 75MG BD FOR 5 DAYS  
  - TAB AZITHROMYCIN 500 MG OD FOR 5 DAYS  
  - TAB HYDROXY CHLOROQUININE (HCQ) 400MG OD FOR 1 DAY Followed by 200MG 1-0-1 X 4 DAYS  
  - INJ. LOW MOLECULAR WEIGHT HEPARIN (ENOXIPARIN 40MG, S/C, OD FOR 7 DAYS IF D-DIMER IS MORE THAN 1000NG/ML (OR) X-RAY/CT THORAX SHOWING GROUND GLASS OPACITIES) SUPPORTIVE THERAPY:  
  - TAB ZINC 50 MG 0-1-0 X 7 DAYS  
  - TAB VITAMIN C 500 MG 1-1-1 X 7 DAYS | - CATEGORIZATION SHOULD BE REASSESSED REGULARLY  
  - CONTRAINDICATION FOR HCQ: 1)QT INTERVAL > 500MS 2)PORPHYRIA 3)MYASTHENIA GRAVIS 4)RETINAL PATHOLOGY 5)EPILEPSY 6)HYPOKALEMIA (K⁺ < 3 Meq)  
  - PREGNANCY IS NOT A CONTRAINDICATION FOR HCQ |
GROUP B (MODERATELY SICK PATIENTS)

- CAP OSELTAMIVIR 75MG BD FOR 5 DAYS
- TAB AZITHROMYCIN 500 MG OD FOR 5 DAYS
- TAB HYDROXY CHLOROQUININE (HCQ) 400MG BD FOR 1 DAY followed by 200MG 1-0-1 X 4 DAY
- INJ ENOXAPARIN 40MG S/C 1-0-0 x 7 DAYS
- IV ANTIBIOTICS ACCORDING TO LOCAL ANTIBIOTIC SENSITIVITY
- SUPPORTIVE THERAPY:
  - TAB ZINC 50 MG 0-1-0X 7 DAYS
  - TAB VITAMIN C 500 MG 1-1-1 X 7 DAYS
  - TAB N-ACETYLCYSTEINE 1-1-1 IN PATIENTS WITH COUGH

- PATIENT SHOULD BE REASSESSED REGULARLY AND CONTINUES MONITORING OF OXYGEN SATURATION IS ADVISED.

- IF SPO2 ≤ 94% START ON OXYGEN - FACE MASK 5L/MIN OR NASAL PRONGS 2-5 L/MIN
GROUP C (CRITICALLY SICK PATIENTS)

- CAP OSELTAMIVIR 75MG BD FOR 5 DAYS
- TAB AZITHROMYCIN 500 MG OD FOR 5 DAYS
- TAB HYDROXYCHLOROQUININE (HCQ) 400MG BID FOR 1 DAY followed by 200MG 1-0-1 X 4 DAYS
- INJ CEFTRIAXONE 1 GM IV 1-0-1 AND CAN BE ESCALATED ACCORDING TO LOCAL ANTIMICROBIOGRAM OR TREATING PHYSICIAN
- INJ ENOXAPARIN 1 MG/KG BODY WEIGHT S/C 1-0-1 X 7 DAYS

SUPPORTIVE THERAPY -
- TAB ZINC 50 MG 0-1-0X 7 DAYS
- INJ. VITAMIN C 1.5GM IV 6 HOURLY X 5DAYS
- TAB N-ACETYLCYSTEINE 1-1-1 IN PATIENTS WITH COUGH
- CONSIDER SEPSIVAC (IF AVAILABLE) 0.3ml INTRADERMAL ONCE A DAY FOR 3 DAYS IN CASE OF SEPTIC SHOCK

NOVEL THERAPY AS PER THE CLINICAL JUDGEMENT/ DISCRETION OF TREATING PHYSICIAN
- TOCILIZUMAB
- REMDESIVIR
- CONVALESCENT PLASMA

- PATIENT SHOULD BE CONTINUOUSLY MONITORED
- HIGH FLOW NASAL OXYGEN(HFNC) SHOULD BE GIVEN AND IF PATIENT DETERIORATES, EARLY INTUBATION SHOULD BE CONSIDERED.
- LOPINAVIR/ritonavir SHOULD BE USED ONLY ON A COMPASSIONATE GROUND AFTER INFORMED CONSENT IF THERE IS NO RESPONSE FOR PRIMARY TREATMENT.
- IF GROUP-C PATIENT PROGRESS TO ARDS/SEPTIC SHOCK, NOVEL THERAPY CAN BE TRIED.
- ABG TO BE DONE REGULARLY FOR MONITORING OF ACIDOSIS AND HYPOXEMIA
- INOTROPHIC SUPPORT (NORADRALINE- TITRATE ACCORDING TO MEAN ARTERIAL PRESSURE)
- CORRECTION OF ACIDOSIS
- CORRECTION OF ELECTROLYTE ABNORMALITIES
- MAINTAIN HB% GREATER THAN 8 gm%

IF GROUP-C PATIENT PROGRESS TO SEPTIC SHOCK, NOVEL THERAPY CAN BE TRIED
NOTE:

1) **ENOXAPARIN:**
   - Pro Coagulant factors are increased in COVID-19 infection and associated with increased risk of thrombosis.
   - Pneumonia and sepsis are complicated by DIC, but although COVID-19 patients do have abnormalities of coagulation and are not atypical of DIC.
   - The most marked abnormality is an elevation of D-Dimer but without a parallel fall in platelet or prolongation of clotting time, this suggests that local rather disseminated thrombin generation and fibrinolysis is taking place.
   - The site of thrombin and fibrin formation appears to be in the lung, based on post-mortem and CT scan findings.

2. **SEPSIVAC** 0.3ml intradermal once a day for 3 days
   (Refer product monogram or expert guidance)

3. **LOPINAVIR/RITONAVIR**
   - If CAT C patient progresses to ARDS/ MODS while on HCQS/chloroquine plus azithromycin, addition of Lopinavir/ritonavir may be considered in case of progressive worsening as Remdesivir is not available in India.
   - This is to be used on a compassionate ground after taking informed consent explaining the possibility of life threatening QTc prolongation and cardiac arrhythmias.

**Criteria for Administration of Lopinavir/ Ritonavir**

*Symptomatic patients with any of the following:*

i. Hypoxia

ii. Hypotension

iii. New onset organ dysfunction (one or more)
a) Increase in creatinine by 50% from baseline, GFR reduction by >25% from baseline or urine output of <0.5 ml/kg for 6 hours.
b) Reduction of GCS by 2 or more.
c) Any other organ dysfunction

**Contraindication:**

1) Hypersensitivity
2) Drugs contraindicated with lopinavir/Ritonavir - Antiarrhythmics (amiodarone, flecainide, propafenone, quinidine), ergot derivative, sildenafil, ranolazine.
3) Hepatic impairment

**Dosage:**

Lopinavir/Ritonavir 400/100mg- 1 tablet every 12 hours for 14 days or for 7 days after becoming asymptomatic whichever is earlier

**NOVEL THERAPY:** Consider Novel therapy as part of clinical trials)

1) **CONVALESCENT PLASMA THERAPY:**
   - ICMR has approved Convalescent Plasma transfusion as part of multicentric clinical trial in moderate to severe case of COVID-19 patients after IEC approval.
   - FDA is accepting Convalescent plasma which is administration of plasma from donors who had completely recovered from COVID-19 infections
   - Studies have showed that patient had decreased viral load, decreased severity score and improved oxygenation by 12 days after transfusion.
   - Not Recommended as a regular therapeutic agent.

2) **REMDISIVIR**
• Remdesivir is a novel nucleotide analogue that has activity against SARS-CoV-2
• Dosage: 200 mg IV on Day 1 f/b 100mg for 10 days

**Contraindication:**

• ALT > 5 times upper limit
• CKD with creatinine clearance less than 50ml/min
• Pregnancy and breast feeding

**TOCILIZUMAB:**

• Tocilizumab is a recombinant humanized monoclonal antibody against IL-6 receptor.

**Rationale for use of Tocilizumab in COVID-19:**

• Pro-inflammatory cytokine levels are elevated in COVID-19 infection. Predictors of mortality from a retrospective, multicentre study of 150 confirmed COVID-19 cases in Wuhan, China included elevated ferritin and IL-6. This suggests that virus induced hyper inflammation is contributing to the mortality

• Tocilizumab has been found useful in severe or life-threatening cases of cytokine release syndrome (CRS).
Guidelines and Recommendations

Recommendations for COVID-19 Clinical Management, National Institute for the Infectious Diseases, Italy:

- Tocilizumab: 8 mg/kg (maximum 800 mg/dose)
  OD (1-hour infusion) Second dose should be administered after 8-12 hours. (if poor Clinical outcome)

CRITERIA-(IF ANY 1 IS PRESENT)

a) PaO2/FiO2 ratio < 300
b) Rapid worsening of respiratory gas exchange with or without availability of non-invasive or invasive ventilation
c) IL-6 levels >40 pg./ml (if not available, see D-dimer levels >1000 ng/ml

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SUMMARY OF TREATMENT OF COVID-19 PATIENTS

Categorize to A ,B ,C

GROUP A

CAP OSELTMIVIR 75MG BD FOR 5 DAYS
TAB AZITHROMCYON 500 MG OD FOR 5 DAYS
TAB HYDROXY CHLOROQUININE (HCQ) 400MG OD FOR 1 DAY Followed by 200MG 1-0-1 X 4 DAYS
Inj. ENOXIPARIN 40mg S/C OD for 7 days (if D-Dimer is >1000mg/ml (or)
'X-ray/CT thorax showing Ground glass opacity

SUPPORITIVE THERAPY:

TAB ZINC 50 MG 0-1-0X 7 DAYS
TAB VITAMIN C 500 MG 1-1-1 X 7 DAYS

GROUP B

CAP OSELTMIVIR 75MG BD FOR 5 DAYS
TAB AZITHROMCYON 500 MG OD FOR 5 DAYS
TAB HYDROXY CHLOROQUININE (HCQ) 200MG BD FOR 1 DAY followed by 200MG 1-0-1 X 4 DAYS
Inj ENOXIPARIN 40mg S/C 1-0-0 x 7 DAYS (if weight is >45 Kg), 60 mg BID
IV ANTIBIOTICS ACCORDING TO LOCAL ANTIBIOMGRAM

IF SPO2 ≤ 94% START ON OXYGEN - FACE MASK 5L/MIN OR NASAL PRONGS 2-3 L/MIN

SUPPORITIVE THERAPY:

TAB ZINC 50 MG 0-1-0X 7 DAYS
TAB VITAMIN C 500 MG 1-1-1 X 7 DAYS
TAB N-ACETYLCYSTEINE 1-1-1 IN PATIENTS WITH COUGH

GROUP C

CAP OSELTMIVIR 75MG BD FOR 5 DAYS
TAB AZITHROMCYON 500 MG OD FOR 5 DAYS
TAB HYDROXY CHLOROQUININE (HCQ) 400MG BID FOR 1 DAY followed by 200MG 1-0-1 X 4 DAYS
Inj CETRIAXONE 1 GM IV 1-0-1 AND CAN BE ESCALATED ACCORDING TO LOCAL ANTIBIOMGRAM OR TREATING PHYSICIAN
Inj ENOXIPARIN 1 MG/KG BODY WEIGHT S/C 1-0-1 X 7 DAYS
Inj. METHYL PREDNISOLONE 1 mg/kg body weight for 5 days (in case of refractory shock or cytokine activation syndrome)
LOPINAVIR/RITONAVIR SHOULD BE USED ONLY ON A COMPASSIONATE GROUND AFTER INFORMED CONSENT IF THERE IS NO RESPONSE FOR PRIMARY TREATMENT.

SUPPORITIVE THERAPY:

TAB ZINC 50 MG 0-1-0X 7 DAYS
INJ. VITAMIN C 1.5GM IV 1-0-6 HOURS X 60DAYS
TAB N-ACETYLCYSTEINE 1-1-1 IN PATIENTS WITH COUGH
SEPSIVAC INJ. 0.5ML INTRADERMAL FOR 3 DAYS

NOVEL THERAPY
Tocilizumab
Convulsive Plasma
Remdesivir

NOTE: CONTINUOUS MONITORING OF OXYGEN SATURATION BY PULSE OXIMETER AND EARLY DIAGNOSIS OF HYPOXEMIA IS ESSENTIAL IN ALL GROUP OF PATIENTS

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REFERENCES:

1. Guidelines on clinical management of COVID 19 MOHFW(Govt of India)
2. COVID 19 Management protocol, All India Institute of medical sciences, New Delhi
4. ACTEMRA(tocilizumab)injection.Drug monograph
### Checklist for COVID-19

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT Scan (Optional)</td>
<td>13.</td>
</tr>
<tr>
<td>PT/INR</td>
<td>12.</td>
</tr>
<tr>
<td>ABG</td>
<td>11.</td>
</tr>
<tr>
<td>Procalcitonin</td>
<td>10.</td>
</tr>
<tr>
<td>TROPO-2</td>
<td>9.</td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td>8.</td>
</tr>
<tr>
<td>D Dimer</td>
<td>7.</td>
</tr>
<tr>
<td>Lactate Dehydrogenase</td>
<td>6.</td>
</tr>
<tr>
<td>Chest X Ray</td>
<td>5.</td>
</tr>
<tr>
<td>ECG</td>
<td>4.</td>
</tr>
<tr>
<td>BSS</td>
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</tr>
<tr>
<td>APTT</td>
<td>2.</td>
</tr>
<tr>
<td>CBC</td>
<td>1.</td>
</tr>
</tbody>
</table>

**Clinical Management of COVID-19**

- **District:**
- **Hospital:**

**Signature of Treating Physician:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional for Group C</td>
<td>TBV N-acetil cysteine 1-1 for cough to improve oxygen saturation by 94% to 98% for 7 days.</td>
</tr>
<tr>
<td></td>
<td>In addition extra 4 mg 0.5-1.0 for 7 days.</td>
</tr>
<tr>
<td></td>
<td>TBV zinc 5 mg 0-1 for 7 days.</td>
</tr>
<tr>
<td></td>
<td>Supportive therapy (Nutrition, fluid and electrolytes).</td>
</tr>
<tr>
<td></td>
<td>Blood glucose 100mg/ml normal or if severe hypoglycemia 2-4 days after.</td>
</tr>
<tr>
<td></td>
<td>Low molecular weight heparin (2000 units) for 5 days.</td>
</tr>
<tr>
<td></td>
<td>CpK, creatinine 3-7 mg for 7 days.</td>
</tr>
<tr>
<td></td>
<td>Medications for all group of patients.</td>
</tr>
<tr>
<td>SI no</td>
<td>Parameter</td>
</tr>
<tr>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

**Oxygen saturation by Pulse Oximeter:**

- **14.**
### Treatment Protocol for COVID-19 Patients

**General Measures and Guidelines**

- **Hygiene and Isolation:**
  - Wash hands frequently and use hand sanitizer.
  - Wear a mask when around others.
  - Avoid close contact with sick individuals.

- **Symptomatic Treatment:**
  - **Mild to Moderate Symptoms:**
    - Rest.
    - Fluids as needed.
    - Acetaminophen or ibuprofen for fever.

- **Severe Symptoms:**
  - Hospitalization may be required for patients with severe symptoms such as shortness of breath, persistent pain or pressure in the chest, new confusion, or inability to wake up.

### Treatment A (Antibiotics and Pharmacological Interventions)

1. **Hydroxychloroquine 500 mg:**
   - Dose: 200 mg, 2 times daily for 7 days.

2. **Corticosteroids:**
   - Prednisone 1 mg/kg/day for 2-3 weeks.

### Treatment B (Antibiotics and Pharmacological Interventions)

1. **Remdesivir:**
   - Dose: 200 mg, 1 time daily for 5 days.

2. **Convalescent Plasma:**
   - Dose: 200 ml/kg, 1 time daily for 5 days.

### Treatment C (Antibiotics and Pharmacological Interventions)

1. **Convalescent Plasma:**
   - Dose: 200 ml/kg, 1 time daily for 5 days.

2. **Supplemental Oxygen:**
   - Maintain oxygen saturation above 90%.

**Identification of High-Risk Patients**

- Patients with severe symptoms or complications as described above should be considered high-risk patients.

**Supportive Care:**

- **Nutrition:**
  - Ensure adequate calorie and nutrient intake.

- **Hydration:**
  - Monitor fluid intake and output.

**Precautions:**

- Avoid sharing personal items such as towels and utensils.

- Maintain social distance from others.

**Further Information:**

- Consult with healthcare providers for specific treatment recommendations.

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(1) Based on WHO, CDC, and other guidelines.
(2) Updated regularly, check local guidelines for the latest information.