



GOVERNMENT OF KARNATAKA

NO: HFW 216 ACS 2020.

**Karnataka Government Secretariat
Vikasa Soudha
Bengaluru, Dated: 19-06-2020**

**SOP for Admission of COVID - Positive persons in CCC/DCHC/DCH/Pvt. Hospitals
after Clinical Assessment.**

Testing guidelines are issued for testing of Covid-19 by Government vide order no HFW 205 CGM 2020 dated 08.06.2020.

After the test result comes as positive, the District Surveillance Officer (DSO) is informed. DSO should follow the listed procedure.

1. The health team sent by the DSO should visit the home/institution where the Covid-19 patient is staying. The team should have a **rapid assessment of health condition of patient** by way of finding his/her body temperature, SpO₂ level and presence of any known co-morbid condition (told by patient or family member) viz. hypertension, diabetes, TB, HIV, Cancer, Strokes, Pregnancy, etc.
2. **All patients** shall be divided into 2 categories:
 - a). Those who have body temperature $>37.5^{\circ}\text{C}$ ($>99.5^{\circ}\text{F}$), SpO₂ level below 94%, elderly (above 60 years of age) and are suffering from known co-morbid conditions should be taken to a Dedicated COVID Hospital (DCH) or appropriate private hospital as opted by the patient.
 - b). All other patients; elderly but not suffering from any known co-morbid conditions or those who are less than 60 years and suffering from known co-morbid conditions & asymptomatic should be taken to Dedicated COVID Health Centre (DCHC) or a private hospital as opted by the patient. The patients are assessed clinically and evaluated at DCHCs / Private hospitals with appropriate diagnostic tests. After evaluation, if the patients are **asymptomatic**, they are shifted to **CCC (COVID Care Center)** for further management.
3. The CCC shall have following facility.
 - a) Well ventilated room.
 - b) Pulse Oximeter, Hand held thermal scanner & BP apparatus.
 - c) 24X7 presence of one nurse for every 50 patients. They should visit the patient twice a day for their medical assessment. The medical officer will visit the CCC once daily and will be available on call if any emergency comes.
 - d) The staff serving food etc. should wear PPE & N-95 mask.
4. At DCHC/ Private hospital the following medical assessment is done for COVID-19 patients.
 - a) General examination- Temperature, Blood pressure, Pulse, O₂ Saturation and Urine Output.

- b) Investigations - Complete Blood Count, Fasting Blood sugar/Random Blood sugar, Liver function tests, renal function tests, ECG and Chest X ray.
- c) DCHCs should ensure that above examinations are over in an order timeline of 24 hours & depending on the examination, the patient is continued at DCHC or send to DCH or CCC.
5. The discharge policy should be done as per the protocols issued by the Health Department from time to time.
6. The patient and/or his relative shall sign the attached consent form in case he/she is going to a private DCH / DCHC/CCC facility.

(Signature) 19/10/20
**Additional Chief Secretary
to Government,
Health and Family Welfare Department**

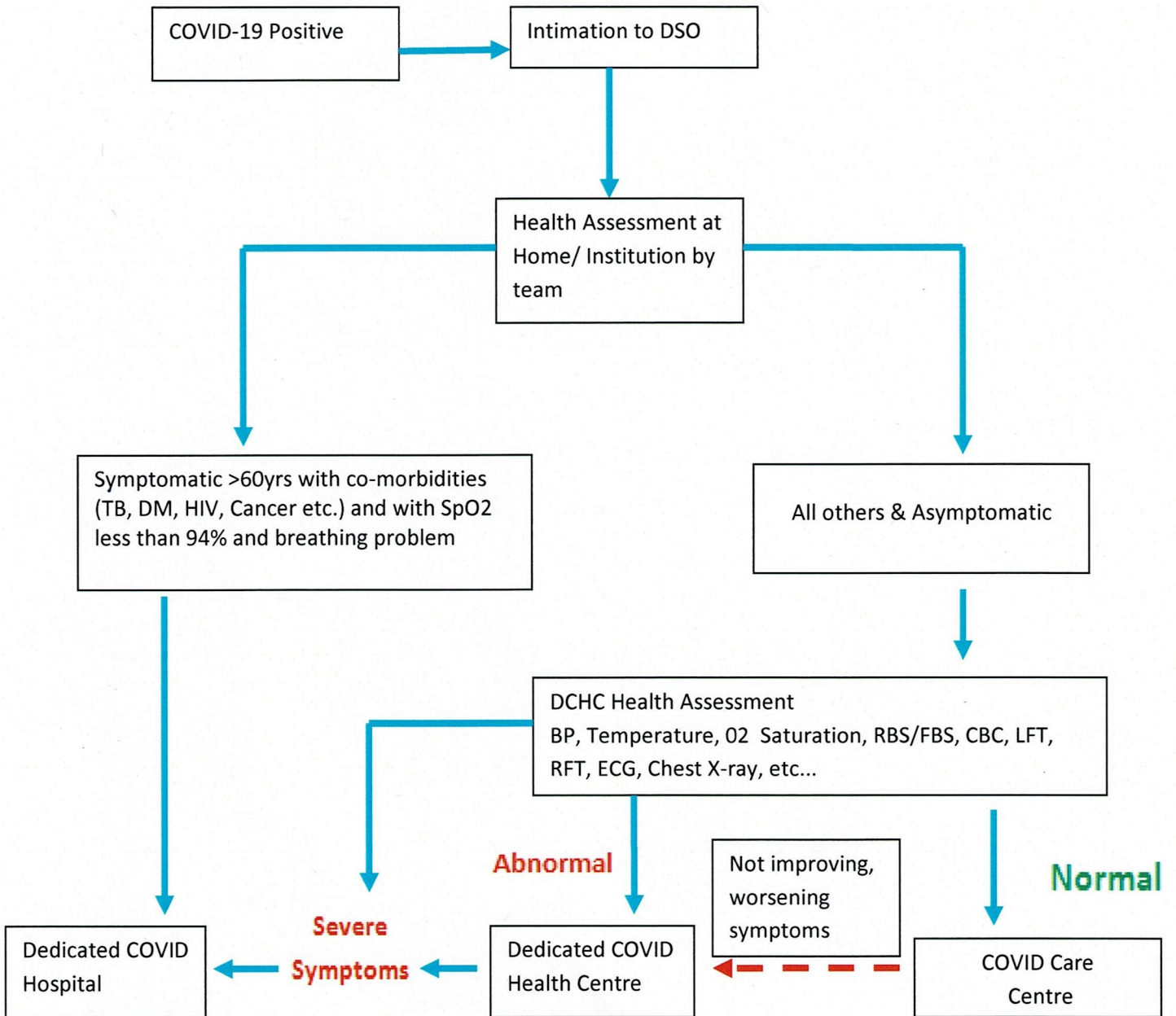
To:

1. Principal Secretary, Medical Education, Vikasa Soudha, Bengaluru.
2. Commissioner, Health and Family Welfare Services, Ananda Rao circle, Bengaluru.
3. Mission Director, National Health Mission, Ananda Rao circle, Bengaluru.
4. Director, Health and Family Services, Ananda Rao circle, Bengaluru.
5. Director, Medical Education Dept., Ananda Rao circle, Bengaluru.
6. All Deputy Commissioners.
7. All CEOs of ZPs.
8. All District Health and Family Welfare Officers.
9. All District Surgeons.
10. All District Surveillance Officers.
11. All Testing Labs of State.

Copy for kind information:

Chief Secretary, Government of Karnataka.

Flow chart for COVID-19 patients



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Government of Karnataka
Department of Health & Family Welfare Services.

(Consent of Individual to go to Private Hospital identified by Government for Covid-19 treatment under scheme (if eligible) or at his own cost)

I, S/o,
W/o or D/o, aged
years is tested and found Covid-19 positive. I opt for Private medical facility (identified by State Government). I am willing to bear the expenses for my treatment in the private hospital.

Date:

Place:

Signature of Patient/
Relative
(Name in case of relative)
Mob No.

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