GOVERNMENT OF KARNATAKA

No: HFW 229 ACS 2020

Karnataka Government Secretariat,
Vikasa Soudha
Bangalore, Dated 23.06.2020

CIRCULAR

Revised Discharge Policy for COVID-19

In view of revision of discharge protocol by MoHFW, Government of India, following revised guidelines is issued by Government of Karnataka in modification of Discharge Policy Circular No. HFW 180 ACS 2020, dated 26.5.2020.

All the COVID positive cases shall be isolated and treated at ***Dedicated COVID Hospital (DCH) or Dedicated COVID Health Centre (DCHC) or COVID Care Centre (CCC), both public and private***. The following discharge policy shall be followed:

1. For Asymptomatic individuals:

- All cases shall undergo regular temperature and pulse oximetry checks.
- They shall be discharged if the following criteria is met at the time of discharge;
  - No symptoms
  - No fever (recorded temperature ≤ 37.5^{0}C or ≤99.5^0 F)
  - Maintains saturation above 95%
  - Respiratory rate less than 24 per minute
- Asymptomatic individuals with a positive COVID test report, who continue to remain asymptomatic during their stay in the hospital, ***shall be discharged 10 days after the positive test for COVID-19***
  - For example, if swab was collected on 1st June 2020 and tested positive for COVID-19, then the patient shall be discharged after 10 days from the date of swab collection i.e. on 11th June 2020. It is important that during this period, the patient shall remain free of any symptoms.
- There is **no need for RT-PCR/CBNAAT/True-NAT test** before discharge of the patient.
- At the time of discharge, the patient shall be advised for home quarantine and self-monitoring of health for another 14 days.

2. *For Mild and Moderate cases:*

- All cases shall undergo regular temperature and pulse oximetry checks.
- The patient ***shall be discharged after 10 days of onset of symptom /s*** only if the following criteria is met :
    - No Fever and No Symptom/s for the last 3 consecutive days before discharge (without antipyretics)
    - Maintains saturation above 95% for the last 4 consecutive days (without oxygen support)
    - Resolution of breathlessness
    - Resolution of clinical signs / symptoms (based on the report of investigations)
    - Repeat inflammatory markers (S.Ferritin, S.LDH, D-Dimer & CRP) at the time of discharge. These should be in normal range/decreasing trend
- For example, if a patient developed symptoms on 1st June 2020 and tested positive for COVID-19,
    - **Example 1:**If patient had symptoms for 1-10 days, the patient shall be discharged after 10 days + 3* days = 13 days from date of onset of symptoms i.e on 13th June 2020 (minimum 10 days + 3* days = 13 days for all symptomatic patients) (* no Symptom/s for the last 3 consecutive days before discharge)
    - **Example 2:**If patient had symptoms for 14 days, the patient shall be discharged after 14 days + 3* days = 17 days from date of onset of symptoms, i.e on 17th June 2020 (* no Symptom/s for the last 3 consecutive days before discharge)
- There is **no need for RT-PCR/CBNAAT/True-NAT test** before discharge of the patient
- At the time of discharge, the patient shall be advised for home quarantine and self-monitoring their health for another 14 days.

3. Severe Cases including immune compromised (HIV patients, transplant recipients, malignancy)

- All cases shall undergo regular temperature and pulse oximetry checks.
- The patient shall be discharged after ***complete clinical recovery*** if following criteria is met :
    - No Fever and No Symptom/s for the last 3 consecutive days before discharge (without antipyretics)
    - Maintains saturation above 95% for the last 4 days (without oxygen support)
    - Resolution of breathlessness
    - Resolution of clinical signs / symptoms (based on the report of investigations)

- Repeat inflammatory markers (S.Ferritin, S.LDH, D-Dimer & CRP) at the time of discharge. These should be in normal range/decreasing trend
- ***One RT-PCR/CBNAAT/True-NAT test shall be done three days after complete clinical recovery*** and the patient has to be discharged if the report is negative. If the report is positive, the swab test shall be repeated after 72 hours.
- At the time of discharge, the patient shall be advised for home quarantine and self-monitoring their health for another 14 days.

Note: Clinical categorization of patients as per MoHFW-GOI guidelines (Annexure): https://www.mohfw.gov.in/pdf/ClinicalManagementProtocolforCOVID19.pdf

Annexure: Clinical categorization of patients as per MoHFW-GOI guidelines
(https://www.mohfw.gov.in/pdf/ClinicalManagementProtocolforCOVID19.pdf)

A. Mild: without evidence of breathlessness or Hypoxia (normal saturation)

B. Moderate:
- Adolescent or adult with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO_2<94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute
- Child with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO_2<94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute
Fast breathing (in breaths/min): < 2 months: ≥ 60; 2–11 months: ≥ 50; 1–5 years: ≥ 40

C. Severe:
(i) Severe Pneumonia:
Adolescent or adult: with clinical signs of Pneumonia plus one of the following; respiratory rate >30 breaths/min, severe respiratory distress, SpO_2<90% on room air.
Child with cough or difficulty in breathing, plus at least one of the following: central cyanosis or SpO2 <90%; severe respiratory distress (e.g. grunting, chest in- drawing); signs of pneumonia with any of the following danger signs: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions. Other signs of pneumonia may be present: chest in drawing, fast breathing (in breaths/min): <2 months ≥60; 2–11 months ≥50; 1–5 years ≥40.
The diagnosis is clinical; chest imaging can exclude complications.

(ii) Acute Respiratory Distress Syndrome
Onset: new or worsening respiratory symptoms within one week of known clinical insult.

Chest imaging (Chest X ray and portable bed side lung ultrasound): bilateral opacities, not fully explained by effusions, lobar or lung collapse, or nodules.
Origin of Pulmonary infiltrates: respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g. echocardiography) to exclude hydrostatic cause of infiltrates/ oedema if no risk factor present.

Oxygenation impairment in adults:
Mild ARDS: 200 mmHg < PaO_2/FiO_2 ≤ 300 mmHg (with PEEP or CPAP ≥5 cm H_2O)
Moderate ARDS: 100 mmHg < PaO_2/FiO_2 ≤200 mmHg with PEEP ≥5 cm H_2O)
Severe ARDS: PaO_2/FiO_2 ≤ 100 mmHg with PEEP ≥5 cm H_2O)
When PaO_2 is not available, SpO_2/FiO_2 ≤315 suggests ARDS (including in non- ventilated patients)

(iii) Sepsis

Adults: Acute life-threatening organ dysfunction caused by a dys-regulated host response to suspected or proven infection. Signs of organ dysfunction include: altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia.
Children: suspected or proven infection and ≥2 age based Systemic Inflammatory Response Syndrome (SIRS) criteria, of which one must be abnormal temperature or white blood cell count

(iv) Septic Shock

Adults: persisting hypotension despite volume resuscitation, requiring vasopressors to maintain MAP ≥65 mmHg and serum lactate level > 2 mmol/L
Children: any hypotension (SBP <5th centile or >2 SD below normal for age) or 2- 3 of the following: altered mental state; bradycardia or tachycardia (HR <90 bpm or >160 bpm in infants and HR <70 bpm or >150 bpm in children); prolonged capillary refill (>2 sec) or weak pulse; tachypnea; mottled or cool skin or petechial or purpuric rash; high lactate; reduced urine output ; hyperthermia or hypothermia

23/06/20
(Jawaid Akhtar)
Additional Chief Secretary to Govt.
Health & Family Welfare Department

To:

1. Deputy Commissioners of all the Districts.
2. Chief Executive Officers of all the Zilla Panchayats.
3. DH & FWO/RCHO/DSOs of all Districts.

Copy for information:

1. Commissioner, Health & Family Welfare Services.
2. Mission Director, NHM, Bengaluru.
3. OSD, SSU Covid-19.
4. Director, H&FWS, Bengaluru.
5. Director, Medical Education Department, Bengaluru.
6. Special Officer, IEC and JD, AB-ArK.
7. Joint Director, CMD, Bengaluru.