

**GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT**

Order No. 29/COVID-19/2020,

Date: 18.04.2020

Sub: HMFWD – COVID-19 – shifting of symptomatic and asymptomatic (above 60 and above) to State COVID Hospitals – instructions - Reg.

COVID INSTANT ORDER – 29

It has to come to notice that shifting of COVID patients with symptomatic and asymptomatic symptoms who are 60 years and above are getting delayed and providing treatment to them appropriately may become an issue for restoring them to normalcy.

1. RT PCR Positive patients, following shall compulsorily be shifted to State COVID Hospitals and treatment protocols as annexed shall be followed

- Patients who are **above 60 years**, asymptomatic and symptomatic patients, **with or without** co-morbidities,
- Asymptomatic **with** co-morbidities of 40 to 60 years.
- Symptomatic of **any age** having co-morbidities like DM, HTN, CAD, CVA, CKD, CLD, malignancy on immunosuppressive drugs chronic steroid therapy and Chronic respiratory illness like Asthma, COPD, Bronchiectasis, ILD, Old PTB sequelae, which may even be moderate.

2. RT PCR Positive for symptomatic patients (40-60 years)

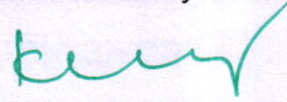
- Routine investigations, ECG along with Serum Ferritin, D-DIMER, Troponin I/T to be conducted.
- If the result is normal, such patients are to be continued in the District Covid Hospitals and treatment protocols shall be followed.
- **If the result is positive to any one of them, they shall be shifted to State COVID Hospitals.**

3. RT PCR Positive for all patients, other than Sl.No.1 and 2

- Patients who are asymptomatic or symptomatic and no co-morbidities who does not require oxygen supplementation shall be shifted to District COVID hospitals and treatment protocols shall be followed.

- If symptomatic, routine investigations, ECG, CBC, Chest X Ray, S. Creatinine, LFT shall be done, and
- Standard treatment protocols shall be followed.

Accordingly, all the Collectors, Superintendents of Government and Private COVID hospitals are hereby instructed to take necessary action.



SPECIAL CHIEF SECRETARY TO GOVERNMENT

Encl: guidelines for treatment protocols

To

1. All the Collector & District Magistrates
2. The Director, Medical Education
3. Commissioner, AP Vaidya Vidhan Parishad
4. Director, Health

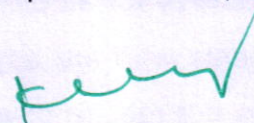
Copy to :

1. All the Joint Collector & additional district magistrates
2. All the DM&HOs / DCHSs in the State

Annexure

Age	Co-morbidities	Symptomatic	Hospital where to be sent
Above 60 years	Yes / No	Yes / No	State Covid Hospital
Below 60 years (Irrespective of age)	Yes	Yes	State Covid Hospital
40 – 60 years	Yes	No	State Covid Hospital
Less than 40 years	Yes	No	District Covid Hospital*

* To be kept under observation of specialists and if any complication arise, immediately patient to be shifted to State Covid Hospital.



Identification of High Risk Patients

Co morbidities	Clinical assessment	Laboratory Values
Uncontrolled diabetes	Hypoxia – SPO2 \leq 93% on room air	CRP > 100 mg/l
Hypertension	Tachycardia PR > 125/min	CPK > Twice upper limit of normal
Cardiovascular disease	Respiratory distress RR > 30/min	
Lung disease	Hypotension BP < 90 Systolic, 60 mm Hg Diastolic	Ferritin > 300 mcg/L
CKD	Altered sensorium	TROP T elevation
CLD		LDH > 245 U/L
On immune suppressives		D Dimer > 1000 ng/ml
HIV/Congenital immuno deficiency disorders		Multi organ dysfunction
Age > 60 years		ALC < 0.8

COVID-19 Treatment Protocols

<p>CAT-1</p> <ul style="list-style-type: none">• Below 50 yrs do routine tests likecbc,creatinine,LFT& Chest X ray PA view.• Above 50 yrs along with routine go for special tests D-Dimer, CRP, Troponin T/I S.Ferritin levels <p>If any special test is positive refer to State Covid Hospitals</p>	<ul style="list-style-type: none">• RT PCR positive• But asymptomatic	<ol style="list-style-type: none">1.Tab Paracetamol 650mg sos2.Tab Bcomplex OD3.Tab Vit C 500mg tid4.Tab HCQ 400mg BD first day after meals followed by 200mg BD for 4 days. (check QT interval prolongation ,hepatorenal abnormalities & Retinopathy) <p>Children < 12 years, pregnancy&breastfeeding the drug is not indicated .</p> <ul style="list-style-type: none">• Advice Chloroquine base 10mg/kg body wt stat followed by 5mg /kg 12 hours apart. 5mg/kg for 4 days in pregnancy.
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COVID-19 PROTOCOLS

<p>CAT – 2 A</p> <ul style="list-style-type: none"> • Below 50 yrs do routine tests like cbc,creatinine,LF T& Chest X ray PA view. • Above 50 yrs along with routine go for special tests D-Dimer, CRP, Troponin T/I S.Ferritin levels If any special test is positive refer to State Covid Hospitals 	<p>RT-PCR Positive MILDSYMPOMS</p> <p>1.FEVER>100 F Cold Dry cough Throat pain Body pains</p> <p>2.Who does not require supplementary oxygen therapy</p>	<p>1.TAB.PARACETEMOL 650 MG two or three times a day.</p> <p>2.COUGH Syrup 5 -10 ml three times a day for 5 DAYS or OR Tab Cetrizine 10 mg once daily for 5 DAYS</p> <p>4.Tab B complex two times a day for 5 days</p> <p>5.Tab vitamin C 500mg three times a day for 5 days</p> <p>4.Tab HCQ 400mg BD first day followed by 200mg BD for 4 days after food (check QT interval prolongation, hepatorenal abnormalities & Retinopathy)</p> <p>Children < 12 years, pregnancy&breastfeeding the drug is not indicated</p> <p>5.Tab Azithromycin 500mg OD for 5 days(be cautious regarding QT prolongation)</p> <p>Before using HCQ&AZTpatient consent is necessary.</p>
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COVID-19 Treatment PROTOCOLS

<p>CAT- 3 SEVERE Patients should be in StateCovid Hospital only</p> <p>CBP,ESR,RBS, CREATININE, ELECTROLYTES, ECG,CXR, 2D ECHO, USG ABDOMEN. Troponin T/I Ferritin CRP D-Dimer levels</p>	<p>Severe disease</p> <p>1.Respiratory rate > 30/mt.</p> <p>2.Oxygen saturation less than 90%.</p> <p>3. Chest x ray showing pneumonia (infiltrates) More than 50% of lung occupied within 24-48 hrs.</p>	<p>1.HCQ400 mg two times first Day 1 Then 200mg two times for 4 Days(monitor QTc interval)</p> <p>2.Inj Azithromycin 500mg OD for 5 days</p> <p>Consider LOPINA VIR/RITONAVIR 200/50 mg 2 Tablets Twice a day if HCQ is contraindicated X 14 Days</p> <p>3.Supplementary oxygen Therapy or NIV support</p>
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<p>CAT-4</p> <ul style="list-style-type: none"> • VERY SEVERE • PATIENTS SHOULD BE IN STATE COVID HOSPITALS 	<p>CRITICAL DISEASE > 1 FOLLOWING</p> <p>ARDS</p> <p>SEPSIS</p> <p>ALTERED CONSCIOUSNESS</p> <p>MULTI ORGAN FAILURE</p>	<p>MANAGEMENT</p> <ul style="list-style-type: none"> • SUPPORTIVE CARE IN ICU • NIV/MECHANICAL VENTILATOR • Consider prone ventilation >12hours /day. • Sepsis/ARDS protocol • PREVENTION OF SUBSEQUENT LUNG FAILURE <p>TREATMENT:</p> <ol style="list-style-type: none"> 1.Tab.HCQ 400Mg BD X 1 Day,200mg BD/4 Days 2.Inj Azithromycin 500mg od for 5 days 3.Tab.LOPINAVIR/RITONAVIR 200 Mg/50 Mg 2 Tab BD X 14 Days or 7 days after asymptomatic period. 4.Inj LMWH (enoxaparin)for DVT prophylaxis 5.Steroids for septic shock sos
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COVID-19 Treatment PROTOCOLS

<p>Category - 2B</p> <p>(moderate category)</p> <p>Refer to State Covid Hospital</p> <p>Lab:CBP,ESR,RBS, CREATININE, ELECTROLYTES, ECG,CXR, 2D ECHO, USG ABDOMEN,</p> <p>S.Ferritin</p> <p>D Dimer</p> <p>CRP</p> <p>Troponin T/I</p>	<p>RT PCR Positive</p> <p>Fever,drycough,body pains ,cold with Comorbid conditions</p> <p>DM,HTN,CAD,Stroke,CKD, CLD,malignancy, On immunoaupressive Therapy,&,chronic lung diseases, Chronic smoker,Alcoholic, Pregnancy.</p>	<p>1.Tab.Paracetamol 650mg two times a day for 5 days</p> <p>2.cough syrup 5ml three times a day for 5 days</p> <p>3.Tab B complex two times a day for 5 days</p> <p>4.Tab.HCQ 400mg BD after food on first day. 200 mg BDafter food for 4 Days</p> <p>In Pregnancy (use CHLOROQUINE)</p> <p>Tab.Chloroquine 250 mg (base 150 mg) 4 Tabs And 2 Tab After 12 hours Then 2 tablets twice a day X 4 Days</p> <p>5.Tab Azithromycin 500mg 5 days .</p> <p>Take Patient consent before use of HCQ&AZT</p>
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COVID-19 PROTOCOLS

For those with evidence of Cytokine Release Syndrome (CRS)

Grade	Clinical Assessment	Treatment
Grade 1	Mild reaction: low grade fever, No oxygen requirement or need for IVF	No treatment
Grade 2	Moderate reaction: -High grade fever (> 103 F) need for IVF (not hypotension), mild oxygen requirement (<6L/min) -Grade 2 AKI -Grade 3 LFT (Raised liver enzymes and S Bilirubin \geq 2.5 gm/dl)	Send for serum IL-6, If not available use CRP as a surrogate marker
Grade 3	Severe reaction: -Rapidly worsening respiratory status with radiographic infiltrates and SPO2 \leq 93% in room air or on supplemental oxygen (>6L/min, high flow BiPAP, CPAP) -Grade 4 Liver Function Test (raised liver enzymes, S Bilirubin > 2.5gm/dl and INR >1.5, encephalopathy) -Grade 3 AKI -IVF for resuscitation -Coagulopathy requiring correction with FFP or cryoprecipitate -Low dose vasopressor (Noradrenaline < 0.5 mcg/kg/min or Adrenaline < 0.3mcg/kg/min)	Send for Serum IL-6 or CRP, Ferritin. Consider Tocilizumab >18 years: 8 mg/kg IV (Max 400 mg) < 18 years <30 kg: 12 mg/kg IV over 60 minutes >30 kg: 8 mg/kg (max 800 mg) IV over 60 minutes if no effect can repeat X 2 more doses Q8H apart; If no response, consider low dose corticosteroids especially in case of concomitant septic shock. Send for serum IL-6 or CRP; Consider Tocilizumab as in Grade 3; Consider Corticosteroids
Grade 4	Life threatening multi organ dysfunction, hypoxia requiring mechanical ventilation, hypotension requiring high dose vasopressors.	Send for serum IL-6 or CRP; Consider Tocilizumab as in Grade 3; Consider Corticosteroids