

GOVERNMENT OF WEST BENGAL
HEALTH & FAMILY WELFARE DEPARTMENT
SWASTHYA BHABAN, BLOCK GN-29, SECTOR V
SALT LAKE CITY, KOLKATA -91

Memo No. M/639

Date: 17.04.2020

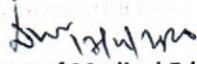
To
The Principal (All Medical Colleges)
The Medical Superintendents cum Vice Principal (All Medical Colleges)
The Chief Medical Officer of Health (All Districts and Health Districts)
The Superintendents (All DH/ SSH/ SDH/ SGH)
The Block Medical Officer of Health (All blocks)

State Protocol for Clinical Management of COVID-19 Cases, West Bengal

In partial modification of the Memo No. HPH/9M-21/2020/77 dated 31.03.2020, the following final guideline in order to streamline the management protocol of COVID-19 affected patient across the State, prepared by the Expert Committee is hereby being circulated.

All concerned are hereby instructed to adhere to the guidelines outlined in the enclosed protocol.

All concerned are further instructed to share the guidelines to all faculties, specialists, Medical Officers under their control.


Director of Medical Education
Government of West Bengal

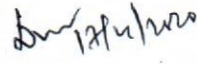

Director of Health Services
Government of West Bengal

Memo No. M/639/1(A)

Dated: 17.04.2020

Copy forwarded for information and necessary action please to:

1. DDHS (PH) and SSO, IDSP, West Bengal.
2. SNO, IDSP, West Bengal
3. Dy. CMOH-II, all Districts and Health Districts.
4. Guard File


Director of Medical Education
Government of West Bengal


Director of Health Services
Government of West Bengal

Management Protocol of COVID-19

Government of West Bengal

COVID-19 Suspects

- SYMPTOMATIC contact of laboratory confirmed cases
- SYMPTOMATIC health care workers (HCWs)
- Severe Acute Respiratory Illness (SARI)
- ASYMPTOMATIC direct contacts or HCWs exposed without protective measures (to be tested within day 5 to day 14)

MILD Disease

Fever, Cough, Malaise, Sore Throat without Shortness of Breath

MODERATE Disease

FEVER $\geq 100^{\circ}$ F with or without Cough, Sore Throat, Myalgia, Difficulty in Breathing.

PLUS

ANY ONE of the following:

1. Respiratory Rate $> 24/\text{min}$,
2. SpO₂ $< 94\%$ in room air
3. Altered sensorium – Drowsiness / Confusion / Stupor
4. Infiltrates on chest X-ray
5. Altered LFT / RFT

SEVERE Disease

Moderate disease with ARDS and/or, Sepsis with MODS and/or, Septic Shock.
SBP < 90 or, DBP < 60 mmHg

ADMIT Mild cases at **Level-1**; ADMIT Moderate/Severe cases at **Level-2** and **TEST**

Test POSITIVE Mild case

- Isolation at **Level-3**
- Paracetamol
- Oral Fluids
- Look for danger signs
- Hydroxychloroquine for High Risk group

Test NEGATIVE Mild case

Symptomatic management & plan for discharge

Test NEGATIVE Moderate / Severe case

Repeat test after 5 days. If still **NEGATIVE**, look for other etiology

Test POSITIVE Moderate / Severe case

Send to **Level-4**

- Oxygenation
- Paracetamol
- MDI (avoid nebulization)
- Calculate QTc from ECG
- HCQ + Azithromycin
- Chest X-ray, ABG, CBC, LFT, RFT, Lactate

- Afebrile, Asymptomatic, No Breathlessness
- Vitals Stable
- Chest X-Ray Clear
- 2 **NEGATIVE** tests 24 hours apart

- Clinical & Radiological improvement
- 2 **NEGATIVE** tests 24 hours apart

- Respiratory failure requiring mechanical ventilation
- Hypotension requiring vasopressor support
- Worsening of mental state
- Multi-Organ Dysfunction

DISCHARGE & Advice Home Quarantine for 14 days

Refer to ICU

Stratify High Risk cases

- Age > 60 years
- Chronic Lung Diseases
- Chronic Liver Disease
- Chronic Kidney Disease
- Hypertension
- Cardiovascular disease
- Cerebrovascular disease
- Diabetes
- HIV
- Cancers
- Immunosuppressive drugs

Send to **Level-4**

- NIV/HFNC to be used carefully in view of aerosol generation
- Ventilation as per ARDS protocol
- Standard care for ventilated patients
- Conservative fluid management in hemodynamically stable patient
- Antibiotics for sepsis in < 1 hour after sending blood / urine culture
- Closed suction and HME filters
- ECMO for refractory cases
- Corticosteroid **NOT** to be used routinely.

Sl. No.	Name of Drug	Dose	Side Effects	Contraindications
1.	Hydroxychloroquine	400 mg BD x 1 day, then 400 mg OD x 4 days	Gastrointestinal, QT Prolongation in ECG	Contraindicated in QT>500 ms, Myasthenia Gravis, Porphyria, Retinal Pathology, Epilepsy. Pregnancy not contraindication
2.	Azithromycin	500 mg OD x 5 days		Caution when combining with Hydroxychloroquine in patients with QT prolongation in ECG

If Hydroxychloroquine (HCQ) is not available, Chloroquine Phosphate (500 mg BD for 10 days) may be considered

Tests:

- CBC, Biochemistry, Pulse Oximetry, ABG
- ECG at presentation. If initial QTc>450 msecs, try to avoid quinolones/macrolides in them or monitor QTc closely.
- Chest X Ray at presentation and then as needed.
- Serum Ferritin for assessment of prognosis.
- Virologic testing on every alternate day.

Discharge:

- Asymptomatic, Afebrile, No Breathlessness
- Stable vitals
- Other organ parameters normal or satisfactory
- Chest X Ray Clear
- Viral clearance in nasal-pharyngeal swabs after two tests become negative at 24 hours apart.

Follow up:

- Home quarantine for 14 days
- Follow up after 2 weeks and 4 weeks

Chemoprophylaxis :

**Recommendations For Empiric Use of Hydroxy-Chloroquine For Prophylaxis of SARS-COV-2
(As Per ICMR Guideline)**

Sl. No.	Eligible individual category	Dose	Contraindication
1.	Asymptomatic health care workers in the treatment of suspect and confirmed patients	400 mg twice daily with food on day 1 followed by 400 mg once weekly for 7 weeks	Children below 15 years, known history of retinopathy and hypersensitivity to Hydroxychloroquine
2.	Asymptomatic household contacts of laboratory confirmed cases	400 mg twice daily with food on day 1. Followed by 400 mg once weekly for 3 weeks	-Do-

Key Considerations:

1. Drug to be used only under prescription of Registered Medical Practitioner
2. Consult doctor in cases of drug reaction
3. All asymptomatic contact should remain in home quarantine.
4. Asymptomatic showing symptoms should immediately seek medical advice

Status of the Patient	COVID Hospital Levels
Suspected Mild Case, Not Yet Tested	Level 1
Suspected Moderate / Severe Case (SARI), Not Yet Tested	Level 2
Test Confirmed Mild Case	Level 3
Test Confirmed Moderate / Severe Case And Test Confirmed Mild Case with High Risk	Level 4

**According to severity Level 1 and 2 are for COVID Suspects
According to severity Level 3 and 4 are for COVID Cases**

Positive Cases and Not-yet-Tested Suspects Must Not Be Kept in the Same COVID hospital

Top Sheet for Suspected / Confirmed Covid-19 Patient

Name:				Regn. No.-				Date of Admission -			
Age:				Gender:				Admitted By -			
Ward :				Bed No.				Under:			
Diabetes	Hypertension	IHD	COPD	Asthma	CKD	CLD	HIV	Cancers	Cerebrovascular Dis.		
Immunosuppressive Drugs				Pregnancy		LMP		EDD	Fetal Status		

Test for Covid-19	Date	Method (RT-PCR/ Rapid)	Result	

Date -				Day -			
	Morning	Evening	Night	Observations			
Temperature				Normal / 98.4°F - 100 °F / >100 °F / High			
Pulse				<100 / 100 - 120 / >120 per minute			
Respiration				<24 / 24 - 30 / >30 per minute			
BP				Syst <90, Diast <60 / Syst >100, Diast >70			
Breathlessness				Nil / Mild / Moderate / Severe			
SpO₂				>94% / 94 - 90% / <90%			
Sensorium				Conscious /Drowsy /Stupor /Coma			
Urine Output	ml	ml	ml	Total - ml in last 24 hours			
Auscultation				Breath Sound / Crepitation / Rhonchi			
Medicines Given				Home Medicines / Insulin			
Other Treatment				Antibiotic/Nor-Ad/Dopamine/Anti-Coagulant			
Blood Counts	Hb%	TC	Neutrophil	Lymphocyte		Platelet	
Biochemistry	Sugar (F/PP/R)	Urea	Creatinine	LFT	Ferritin	Na ⁺	K ⁺
ABG				pH / PaO ₂ / PaCO ₂ / HCO ₃ / Lactate / (FIO ₂)			
Chest X-Ray				Normal / Findings, if Abnormal (with time)			
ECG				Normal / QTc / Other Findings (with time)			
Other Tests				PT / INR / aPTT / D-Dimer / Trop-T Blood Culture / Urine Culture (with time)			
Signature Staff Nurse				Appetite / Could Take Food and Medicines			
Signature Doctor on Duty				Stable / Worsening / Ventilation / Referral / Discharge / Death			