

Amit Singh Negi
Secretary



Government of Uttarakhand

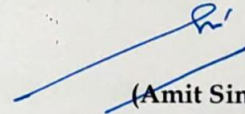
Department of Medical, Health
Family Welfare and Medical
Education
Government of Uttarakhand
4 -Subhash Road, Dehradun

Letter No. 189/PS/Sec(I)/20
Dated 01 Sept. 2020

Madam/Sir,

In order to ensure early institution of treatment for COVID 19 patients in the state so as to reduce the mortality and decrease the burden on tertiary care hospitals, the recommendations of expert committee meeting related to clinical management of asymptomatic /mild patients are being attached at annexure I for further necessary action in the matter

with warm regards .



(Amit Singh Negi)

Encl: As above.

1. Chief Medical Officers,
2. District Magistrates
(All Districts of Uttarakhand)

Cc:

- 1) Secretary (Incharge), Medical Health and F.W. ,Uttarakhand
- 2) Director General, Medical Health and F.W. Uttarakhand
- 3) Director, Medical Education, Uttarakhand


(Amit Singh Negi)

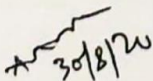
Recommendations of Committee constituted vide Letter No. 426/SEC-MH/2020 dated 26.05.2020 and Letter No. 430/SEC-MH/2020 dated 28.05.2020 regarding technical inputs and decision support

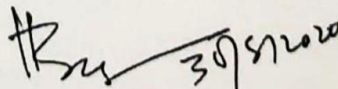
(Date 30th August 2020)

A committee has been constituted vide Letter No. 426/SEC-MH/2020 dated 26.05.2020 and Letter No. 430/SEC-MH/2020 dated 28.05.2020 regarding technical inputs and decision support for informed policy making for COVID-19 in Uttarakhand State. The forth meeting was held on 30.08.2020 at 1.00 pm in the presence of the Prof (Dr.) Hem chandra, Vice Chancellor, Hemwati Nandan Bahuguna Uttarakhand Medical Education University, Dehradun and Prof.(Dr.) Ashutosh Sayana, Principal, Govt. Doon Medical College & Coordinator of committee through video conferencing with following expert representatives from different hospital/organization /Private Hospitals of State of Uttarakhand.

- Dr. R.S.Jha, CMO, Haridwar
- Dr. Madhur Uniyal, Assistant Professor, Representative, AIIMS, Rishikesh.
- Dr. Ravi Adhlakha, Representative, Brijlal Hospital, Haldwani.
- Dr. Gaurav Raturi, Medical Superintendent & Representative, SGRR, Dehradun.
- Dr. Arif Khan, Managing Director, Prayash hospital, Khateema, US Nagar
- Dr. Vishal Dhain, Consultant Physician roorkee.
- Dr. Jagdesh Rawat, Professor & Head, TB & Chest, SGRR,Dehradun
- Dr. Shyam Sundar Agrawal,Consultant Physician Jaspur, US Nagar.
- Dr. Anurag Agarwal, Professor & Head, TB & Chest/Nodal Officer of COVID-19, GDMC, D.Dun.
- Dr. Shekharpal, Prof. & Head Microbiology (Invited Member)
- Dr. Narayanjeet Singh, Prof. & Head, Medicine, GDMC, Dehradun (Invited Member)
- Dr. Sandeep Kedia, Managing Director, Arogyam hospital, Roorkee.
- Dr. M.K Pant, Professor & Head, Anatomy & Staff Officer, GDMC, D.Dun.
- Dr. Paramjeet, Associate Professor, Medicine, Govt. medical college Haldwani. (Invited Member)
- Dr. Nidhi Uniyal, Associate Professor, Medicine, Govt. Doon Medical College, Dehradun.

Prof. (Dr.) Hem Chandra and Prof. (Dr.) Ashutosh Sayana welcomed all members and apprised all that the spread of the Corona virus in the Uttarakhand State was controllable in its first stage. The committees discussed the matter of the exponential growth of the positive cases within the state of Uttarakhand . The committee has also focused on the kind of measures we can take to for moderate to severe category Covid patients to reduce the mortality due to COVID-19. The


30/8/20


30/8/2020

state has also increased the testing capacity of COVID labs. During discussion, it was observed that there is an immediate need to further strengthen/increase the bed capacity by involving the private hospitals. Following are the recommendations made by committee :-

1. It was informed that private hospitals of Uttarakhand have been authorized by Government of Uttarakhand to treat COVID-19 patients vide GO. No. 1304/XXVIII-1/20-01(19)2020 dated 28 august 2020. It was thought strongly that treatment charges for treating Covid patients by private hospitals should be fixed by government as done in case of Rt-PCR/ Antigen testing, which should be adopted uniformly. After having discussed, the committee recommended that the Uttarakhand Govt. It was recommended that the GO letter no- 52/DGHS/PH-IV/COVID-19/2020/prsecyhw/14450-14649 dated 20/06/2020 issued from Govt of NCT, Delhi, and GO Letter no-1412/panch-5-2020 dated 10.7.2020 can be taken as a reference for fixing the rates for treatment of Covid 19 patients for private hospitals.
2. The private hospital representatives informed that they are not allowed to purchase certain restricted drugs like Remidisiveir, therefore requested to government to allow them to purchase these drugs. The committee recommended that once the private hospitals have been allowed to treat the Covid patients, the same authority to be delegated to them also.
3. It has been observed that with rising cases of moderate to severe covid-19 patients in the state, now the need is felt for adopting / framing policy for treating the asymptomatic and mildly symptomatic cases and also early catch of progressing disease on the basis of clinical/ investigational background for effective management. Therefore, it has been decided that some guidelines must be framed for this. The guide lines are as follows:

1-Treatment at Covid care centre-

Investigations

Complete blood count

ESR

RBS

LFT

CRP

ECG

X-ray chest (PA view)

Drugs-

Combination to be used .

Tab Hcqs 400 mg one tab twice on day 1

Tab Hcqs 200mg one tab twice daily day 2 to day 5

Handwritten signature and date: 30/8/20

*Handwritten note: * 20/8/20*

OR

Tab Ivermectin 12 mg one tab at night for 3 nights after dinner

PLUS

Tab Azithromycin 500 mg one tab once daily for 5 days

Or

Tab Doxy 100 mg twice daily for 5 days

Treatment of symptoms like diarrhea with ORS and lactobacilli, cough with anti allergic, fever with antipyretics, antacids (PPI's to be avoided)

Treatment of comorbidities :

1. Best is to continue the patient on the drugs being prescribed earlier if a known case else 2. Initiate on OHA and Antihypertensive ((avoid starting on ACE/ Angiotensin II receptors inhibitors) 3. CAD continue with antilipid, antianginal, platelet inhibitors.

2. During hospital stay monitoring for Signs and symptoms :

Persistent fever, or rise in temperature or resurgence of fever, profuse sweating, myalgia or persistent body ache.

Persistent cough

Exertional

Dyspnoea

Falling SPO₂ (97-98% to 95-96%)

Restlessness

All above features indicative of disease progression

Investigations-

Complete blood count

SGOT/SGPT

S. urea/ S. creatinine

CRP

S. Ferritin

D-Dimer

IL-6

CT Thorax/ x-ray chest (PA view)

ECG

Persistent symptoms or more than 2+ raised inflammatory biomarkers : Start tab dexamethasone at doses of 0.1 to 0.2 mg per kg per day in divided doses

MDI of steroids if persistent cough

Indication for referring the patients to

Fall in SpO₂ < 95%

Abnormalities in X Ray Chest/CT -Thorax.

2. Treatment at DCHC

Moist oxygen inhalation with high flow nasal mask to maintain SPO₂ > 94%

Inj. unfractionated heparin in doses of 5000 units s/c in prophylactic doses i.e twice daily or equivalent dose of low molecular weight heparin e.g enoxaparin 0.4 /0.6 ml (depending on weight and age) once daily.

Injectable steroids in form of dexamethasone in doses of 0.2 -0.4 mg /kg in divided doses or methyl prednisone (1-2 mg /kg)

Nebulisation with steroids and bronchodilators.

20/9/20

Prone breathing /lateral positioning of breathing(only if patient is awake)

3.Reference to DCH

Falling SPO2 inspite of patient on above treatment. A-

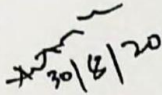
Patient sensorium deteriorating

B- Uncontrolled C-

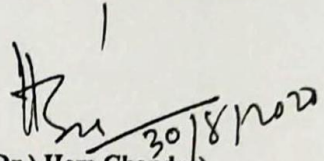
sugar Sepsis

D- Deteriorating biochemistry

For further management Treating physicians must follow guidelines from Ministry of health and family welfare, GOI.


30/8/20

(Prof. (Dr.) Ashutosh Sayana)
Principal
Govt. Doon Medical College
Dehradun


30/8/2020

(Prof. (Dr.) Hem Chandra)
Vice Chancellor
HNB, Uttarakhand Medical
Education University