CLINICAL MANAGEMENT OF CONFIRMED CASE

Clinical staging of Syndrome Associated With COVID-19

Clinical stage	
1	Asymptomatic
2	Symptomatic, No Pneumonia
3	Symptomatic, Pneumonia
4	Symptomatic, Pneumonia, Requiring supplemental oxygen
5	Critically ill with multiorgan
Stage 2 and 3 can be further classified based on the presence or absence of warning signs	
Warning signs: Fever, Dropping ALC, Increasing CRP, Tachycardia	

General Care

a. Supportive care and symptomatic treatment, optimal nutritional support, maintain fluid and electrolytes balance, and close monitoring.
b. Monitor vital signs (BP/PR/RR/SpO2) 12 hourly to 8hourly with increase in monitoring during intensive care.
c. Blood investigations, e.g. FBC, CRP, LFT, RP, coagulation, Blood culture, Ferritin, D Dimer, Fibrinogen, Procalcitonin according to clinical indications. ABG if needed according to severity of disease, inform laboratory staff before sending specimens.
d. Supplemental oxygen according to SpO2.
e. Monitor sugar when needed.
f. For children who needs bronchodilator therapy e.g. Salbutamol; avoid using nebulizer. Instead use MDI with spacer.
g. Ensure good hydration in children by encouraging their usual milk/diets.

Note:
Although recent publications suggest that newer High Flow Nasal oxygenation (HFNO) and Non-invasive ventilation (NIV) systems with good interface fitting do not create widespread dispersion of exhaled air and therefore it is thought to be associated with low risk of airborne transmission. In general, the use of **non-invasive ventilation is discouraged** when managing patient with COVID-19.

For children with severe disease: preferred to be managed in intensive care unit or neonatal intensive care unit with isolation facilities.

1) Specific Treatment

- No specific treatment for COVID-19 infection is currently approved.

- There are limited data on experimental agents including chloroquine, hydroxychloroquine, Lopinavir-ritonavir, interferon, ribavirin etc. .

- The treatment regime suggested below is likely to change as new evidence emerges. Kindly discuss with ID physician or ID paediatricians for specific treatment.

Clinical stage	
1	No treatment required
2	Hydroxychloroquine 400mg BD for 1 day and 200mg BD for 4 days Alternative: Chloroquine 500mg BD for 5 days
3	Hydroxychloroquine 400mg BD for 1 day and 200mg BD In the presence of warning signs – Add Lopinavir/Ritonavir 2 BD Duration – 7-14 days
4	Hydroxychloroquine 400mg BD for 1 day and 200mg BD AND Lopinavir/Ritonavir 2 BD Duration – 7-14 days
5	Hydroxychloroquine 400mg BD for 1 day and 200mg BD AND Lopinavir/Ritonavir 2 BD Ribavarin 2.4gm stat and 1.2gm BD OR S/C Interferon Beta-1b 250mgm/8mIU EOD for 7 doses Look for evidence of cytokine release syndrome
Warning signs: Fever, Dropping ALC, Increasing CRP, Tachycardia	