

Protocol for COVID-19 Home Isolation Management

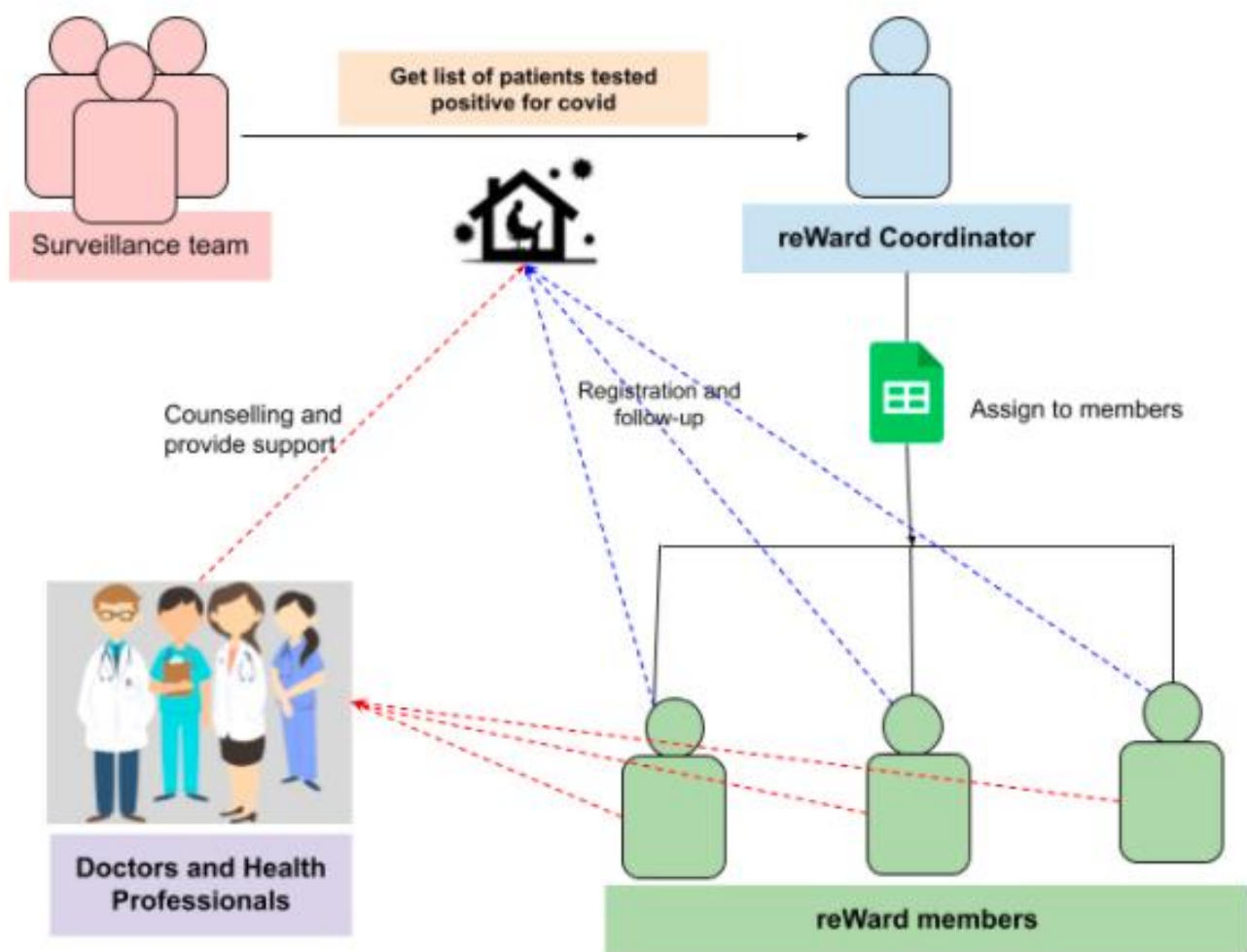
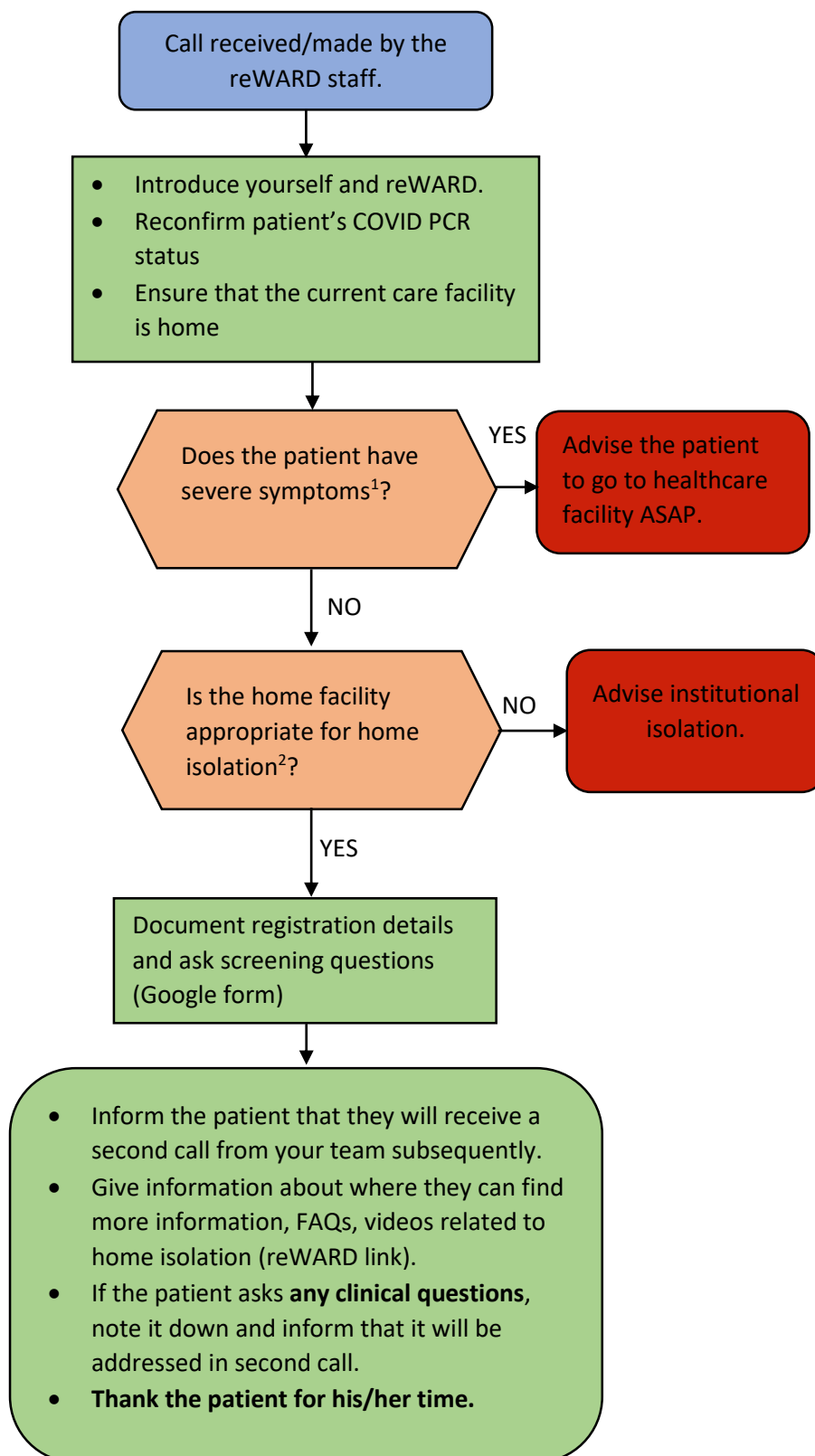


Figure: Work Flow of reward

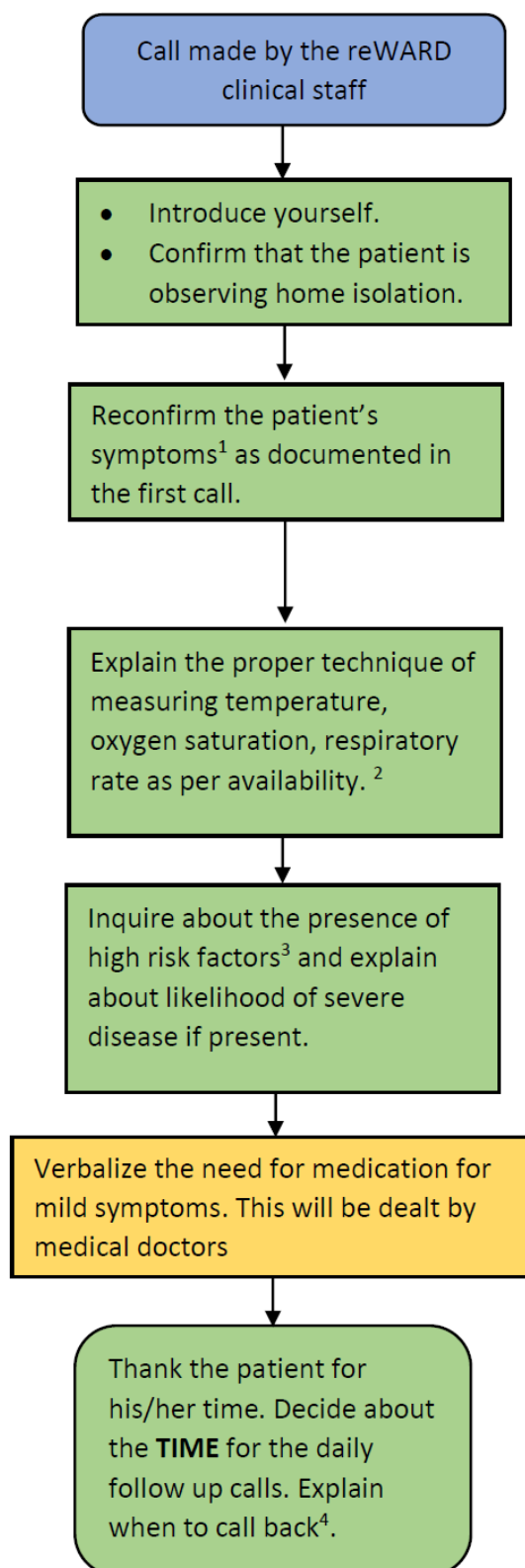


FIRST CALL: REGISTRATION protocol

Table 1. Symptom categorization (WHO)	
Mild	SEVERE
Key symptoms: Fever, dry cough, fatigue	Key symptoms: Shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest, high temperature (> 38 C)
Less common symptoms: Loss of taste or smell, nasal congestion, red eye, sore throat, headache, muscle or joint pain, skin rash, nausea/vomiting. Diarrhea, chills, dizziness	Less common symptoms: Irritability, confusion, reduced consciousness, seizures, anxiety, depression, sleep disorders, stroke, delirium

Table 2. Home facility evaluation
Are hand and respiratory hygiene supplies available?
Do the household have environmental cleaning supplies?
Is there a dedicated washroom available?
Can vulnerable groups like children, pregnant or elderly be segregated?

SECOND CALL: CLINICAL protocol



SECOND CALL: CLINICAL protocol

Table 1. Symptom categorization (WHO)

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Table 2. How to measure vital signs?

How to measure respiratory rate?
<ul style="list-style-type: none"> • Have a watch which shows seconds with you. • Take normal regular breaths. Do not take deep breaths. Do not record the respiratory rate after exercise. You should be well rested before recording it. • Record one normal breath count as a combination of one normal breath in and one normal breath out. • Count your breaths for 60 seconds and record the number as respiratory rate. • A normal adult has a respiratory rate of 10-12 breaths per minute. • A respiratory rate of 30 or more is worrisome and should be reported immediately to us or called to the hospital.
How to measure temperature?
<ul style="list-style-type: none"> • Every patient should have a dedicated thermometer. • Take your temperature in the axilla. • Record your temperature 3 times a day (8am-2pm-8pm). • Temperature can be checked frequently if the patient feels feverish as per necessary. • If the patient has persistently high-grade fever ($>38^{\circ}\text{C}$ or $>100.4^{\circ}\text{F}$), the patient should call our staff or hospital for further advice.
How to measure oxygen saturation?
<ul style="list-style-type: none"> • Make a pulse oximeter available at your home. • Before measuring, make sure your hands are not too cold, you should apply the device with the red indicator of the device facing the nail. Do not apply any nail polish to avoid false records. • Record your oxygen saturation at least for 3 times (8am-2pm-8pm) and report back to us. • A saturation reading of 94% or more is satisfactory. • If your saturation is persistently less than 94%, report to us or call the nearest Hospital immediately for further advice.

SECOND CALL: CLINICAL protocol

Table 3. High risk factors for disease severity

<ul style="list-style-type: none"> • Age>60
<ul style="list-style-type: none"> • History of smoking
<ul style="list-style-type: none"> • Comorbidities: Lung disease, including COPD, asthma, or bronchiectasis. Cardiovascular disease, including hypertension, Diabetes Mellitus
<ul style="list-style-type: none"> • Other clinical factors: Immuno-compromised states (e.g. chronic kidney or liver disease, taking chemotherapy, steroids, or other Immunosuppressants)

Table 4. When to call back? Red flag signs of COVID-19

<ul style="list-style-type: none"> • Blue lips or face 	<ul style="list-style-type: none"> • Little or no urine output
<ul style="list-style-type: none"> • Cold, clammy, pale or mottled skin 	<ul style="list-style-type: none"> • Non-blanching rashes
<ul style="list-style-type: none"> • Shortness of breath at rest 	<ul style="list-style-type: none"> • Heart rate > 110 beats per minute
<ul style="list-style-type: none"> • Coughing up blood 	<ul style="list-style-type: none"> • Oxygen saturation <93% *
<ul style="list-style-type: none"> • Difficult to arouse 	<ul style="list-style-type: none"> • Respiratory rate > 22 breaths per minute

**Home pulse oximetry is a safe, non-invasive way to assess oxygen saturation in the blood and can support the early identification of low oxygen levels in patients with initially mild or moderate COVID-19 or silent hypoxia. It should be measured in warm finger.*



Recommendations for home isolated COVID-19 patients

1. Advise the COVID-19 patients and their caregivers about the following signs and symptoms (table 4) of complications or how to recognize a deterioration in their health status that require medical attention. If they develop any of these symptoms, they should seek urgent care through the established COVID-19 care pathway in the community, such as home-based, phone or community outreach teams to assist with monitoring.
2. Self-proning should be advised in the following way:

Instruction for patients with cough or trouble breathing

अक्सिजनको कमी देखिएका कोभिड बिरामीलाई अधोमुख (घोप्टो) आसनको उपचार विधि:

Please try to not spend a lot of time lying flat on your back! Laying on your stomach and in different positions will help your body to get air into all areas of your lung

कृपया उत्तानो परेर सकेसम्म कम समय सुत्नु होला। घोप्टो पर्दा वा दाहिने वा देब्रे कोल्टो फेर्दा फोक्सोको सबै भागमा हावा पुग्न सजिलो हुन्छ।

Your healthcare team recommends trying to change your position every 30 minutes to 2 hours and even sitting up is better than laying on your back. If you are able, to please try this

कृपया हरेक ३० मिनेट देखि २ घन्टापछि आफ्नो आसन फेर्ने प्रयास गर्नुहोला। उत्तानो सुत्नु भन्दा बरु ठाडो बस्नु फाइदाजनक हुन्छ।

कृपया सकेसम्म तल सिकाइएअनुसार गर्ने कोशिश गर्नुहोला।

1. 30 minutes-2 hours: lying on your belly
 १. ३० मिनेट देखि २ घन्टा: घोप्टो परेर सुत्ने वा घोप्टो परेर कुड्नो, घुँडा र टाउकोले टेकेर बस्ने
2. 30 minutes-2 hours: lying on your right side
 २. ३० मिनेट देखि २ घन्टा: दाहिने कोल्टो फर्केर सुत्ने
3. 30 minutes-2 hours: sitting up
 ३. ३० मिनेट देखि २ घन्टा: ठाडो बस्ने
4. 30 minutes-2 hours: lying on your left side, then back to position #1
 ४. ३० मिनेट देखि २ घन्टा: देब्रे कोल्टो फर्केर सुत्ने अनि फेरि शुरुको (घोप्टो) आसनमा फर्कने

PHOTOS BELOW TO DEMONSTRATE THIS

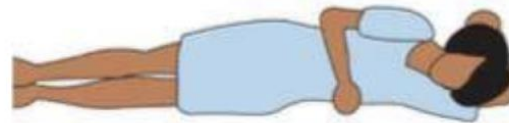
1. 30 minutes-2 hours: lying on your belly

१. ३० मिनेट देखि २ घन्टा: घोप्टो परेर सुत्ने वा घोप्टो परेर कुड्नो, घुँडा र टाउकोले टेकेर बस्ने



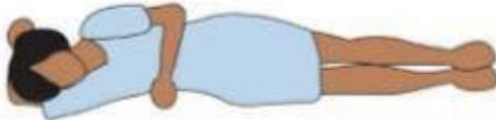
4. 30 minutes-2 hours: lying on your left side

४. ३० मिनेट देखि २ घन्टा: देब्रे कोल्टो फर्कने



2. 30 minutes-2 hours: lying on your right side

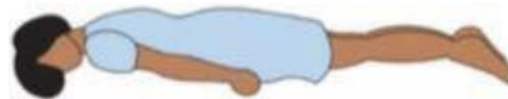
२. ३० मिनेट देखि २ घन्टा: दाहिने कोल्टो फर्कने



Then back to position #1. Lying on your belly
अनि फेरि शुरुको (घोप्टो) आसनमा फर्कने

3. 30 minutes-2 hours: sitting up

३. ३० मिनेट देखि २ घन्टा: ठाडो बस्ने



Self Positioning Guide. Elmhurst Hospital SB
आफै आसन बदल्ने निर्देशिका (एल्महर्स्ट अस्पताल, अमेरिका)

3. Adequate nutrition and plenty of fluids orally

4. Provide drug supply for symptomatic management

- Paracetamol 15mg/kg or 500-1000mg for fever and body aches/headaches
- Antihistamine if needed for symptomatic management
- Cough syrup as needed
- Antibiotics are usually NOT required.
- Vitamins are not harmful but not proven to be beneficial.

5. Follow up

- **Mild Cases:** Every day or every 2 days by phone depending on need

For enrollment in reward system

- Call at 9808084824 hotline number for enrollment
- For other information visit our website:

<https://sites.google.com/kusms.edu.np/dhcovidtmpblic/home>