CRITWEL
A DIVISION OF ANG HEALTHCARE

COVID-19 patient

Moderate disease

Any one of:
1. Respiratory rate ≥ 24/min, breathlessness
2. SpO2: 90% to ≤ 93% on room air

ADMIT IN WARD

Oxygen Support:
- Target SpO_2: 92-96% (88-92% in patients with COPD).
- Preferred devices for oxygenation: non-rebreathing face mask.
- Awake proning encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours).

Anti-inflammatory or immunomodulatory therapy
- Inj. Methylprednisolone 0.5 to 1 mg/kg in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration of 5 to 10 days.
- Patients may be initiated or switched to oral route if stable and/or improving.

Anticoagulation
- Conventional dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (weight based e.g., **Enoxaparin** 0.5mg/kg per day SC) . There should be no contraindication or high risk of bleeding.

Monitoring
- Clinical Monitoring: Work of breathing, Hemodynamic instability, Change in oxygen requirement.
- Serial CXR; HRCT chest to be done ONLY If there is worsening.
- Lab monitoring: CRP and D-dimer 48 to 72 hrly; CBC, KFT, LFT 24 to 48 hrly; IL-6 levels to be done if deteriorating (subject to availability).

Severe disease

Any one of:
1. Respiratory rate >30/min, breathlessness
2. SpO2 < 90% on room air

ADMIT IN ICU

Respiratory support
- Consider use of NIV (Helmet or face mask interface depending on availability) in patients with increasing oxygen requirement, if work of breathing is LOW.
- Consider use of HFNC in patients with increasing oxygen requirement.
- Intubation should be prioritized in patients with high work of breathing /if NIV is not tolerated.
- Use conventional ARDSnet protocol for ventilatory management.

Anti-inflammatory or immunomodulatory therapy
- Inj Methylprednisolone 1 to 2mg/kg IV in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration 5 to 10 days.

Anticoagulation
- Weight based intermediate dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (e.g., **Enoxaparin** 0.5mg/kg per dose SC BD.) There should be no contra indication or high risk of bleeding.

Supportive measures
- Maintain euvolemia (if available, use dynamic measures for assessing fluid responsiveness).
- If sepsis/septic shock: manage as per existing protocol and local antibiogram.

Monitoring
- Serial CXR; HRCT chest to be done ONLY if there is worsening.
- Lab monitoring: CRP and D-dimer 24-48 hourly; CBC, KFT, LFT daily; IL-6 to be done if deteriorating (subject to availability).

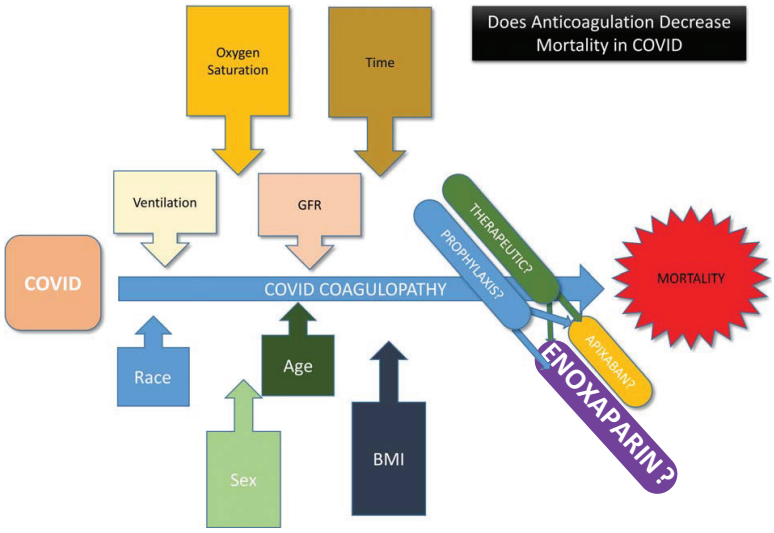
After clinical improvement, discharge as per revised discharge criteria.

Ref.:
AIIMS/ ICMR-COVID-19 National Task Force/Joint Monitoring Group (Dte.GHS)
Ministry of Health & Family Welfare, Government of India. Dated 22nd April 2021
CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS

In Moderate to Severe Covid 19 Disease

ENOXIN 40 mg/60 mg

(Enoxaparin Sodium)



Anticoagulation in COVID-19: Effect of Enoxaparin and Heparin on Mortality

Thromb Haemost 2020;120:1691-1699.

Potential effects of enoxaparin in the COVID-19 infection setting.

- Prevention of infection by decreasing virus cell entry and hence viral load
- Reduction of IL-6 release associated with cytokine storm
- Prevention of activation of coagulation cascade
- Prevention of venous thromboembolism
- Prevention and treatment of thrombosis of small and middle size vessels leading to lung failure

The Choice Thromboprophylaxis

Drago F, Gozzo L, LIL, Stella A and Cosmi B (2020) Use of Enoxaparin to Counteract COVID-19 Infection and Reduce Thromboembolic Venous Complications: A Review of the Current Evidence.
Front. Pharmacol. 11:579886.
doi: 10.3389/fphar.2020.579886

Also available:

NGHEP

(Heparin 25000 IU/5000 IU liq. inj)

For Use of a Registered Medical Practitioner

ANG/PMT/062021/LBC2

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Corporate Office:
ANG Healthcare India Pvt. Ltd., 14; Industrial Area, Tilak Nagar, New Delhi-18, Near Subash Nagar Metro Station- 110018.

Head Office:
ANG Healthcare India Pvt. Ltd., Sco 113, 1st Floor, Darbara Complex, Ranjit Avenue, B-Block, Amritsar-143001

Contact us:
sales.admin@anghealthcare.in / hrho.officer@anglifesciences.com
Web: http://www.anghealthcare.in/