

COVID-19 triage/management algorithm for PHC

Objective: The purpose of this guideline is to help health care professionals in primary health care centers/setting, during the COVID-19 pandemic surge, to:

1. Triage suspected or proven COVID cases,
2. Manage moderate COVID cases in their centers
3. Recognize severe cases and refer appropriately after initial stabilization
4. Comply with appropriate infection control measures when managing COVID -19 cases

Target group: Physicians, nurses, other healthcare providers involved in management of COVID-19 infection in the Primary Health Care Centers of Nepal.



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Ensure all patients/visitors are wearing mask
 HCW to wear PPE (N95 mask, gloves, gown, visor/goggles)
 Maintain 2 m distance when possible and perform hand hygiene regularly.

Patient received at triage desk

- Suspected case:**
 Acute onset of fever, cough, general weakness, fatigue, headache, myalgia, sore throat, coryza, loss of taste or smell, dyspnea, diarrhea or altered mental status, OR clinical suspicion
- Confirmed case:** COVID-19 test positive

NO → Regular care as per clinical severity

MILD/ MODERATE Case
Home or Institutional isolation

- Antigen test or Swab collection for PCR test (if not an already confirmed case)
- NO antibiotics
- Inhaled steroid if SpO₂ 93-94%¹
- Start Oral steroid if SpO₂ <93% (See doses below) [Request for follow up after 2-3 days].
- Instruct on SpO₂ monitoring, treatment of symptoms and when to return (provide explanatory leaflet)

YES →

- SpO₂ ≥ 90% (May check SpO₂ after ambulation in room air for 2 mins)
- RR < 30 / min

YES to BOTH →

NO to ANY →

- Altered mental state
- ≥ 5L O₂ needed to maintain SpO₂ ≥ 90%?
- Systolic BP < 90 mm Hg

NO to ALL →

SEVERE Case
Admit in COVID ward of PHC

- O₂ titration target ≥ 90%, ≥ 94% if pregnant and ≥ 88% if COPD)
- **Corticosteroid** [NOT more than 10 days]
 - Dexamethasone 6mg OD IV/PO, OR
 - Prednisolone 40mg OD PO, OR
 - Methylprednisolone 32 mg OD PO)
- **Awake proning protocol (fig 2)**
- **DVT prophylaxis** with subcutaneous unfractionated heparin or LMW heparin or alternative² (if available)
- **Metered Dose Inhaler or Dry Powder Inhaler** (Fig 1a and 1b, Table 1)
- Wear mask over O₂ interfaces
- Judicious fluid management³
- Monitor⁴-record-respond
- Antibiotics generally NOT required
- Encourage ambulation

CRITICAL Case
Refer after initial resuscitation and first dose steroid

NOT improved →

¹ Budesonide Inhaler 800 mcg BD
² Alternative anticoagulants: Rivaroxaban 10 mg po or Dabigatran 110 mg po OD.
³ Adequate hydration just to maintain BP and urine output, but not to overload.
⁴ Monitor RR, PR, BP, SpO₂ and glucose in all patients. Check labs (CBC, RFT, LFT) and Chest X-ray in hypoxemic patients, if available.
Note: These are only guidelines; the final decision may vary from case-to- case and judgment of the treating health care personnel and scenario. Appropriate consultation is encouraged.

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Fig 1a. Metered dose inhaler with a clean bottle/ spacer

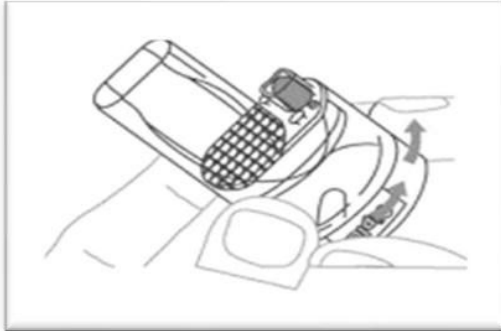


Fig 1b. Dry powder Inhaler

Table 1: DRY Nebulization

1. Select spacer (or may use a clean plastic bottle) (fig 1)
2. Prime with 10 puffs salbutamol if new
3. Shake the MDI, open the cap and insert into spacer or hole made in the bottle.
4. Put mouthpiece of the spacer or opening of the bottle in mouth between teeth and close lips around it. Ensure maximal seal.
5. Instruct the patient to breathe in and out slowly
6. Press the canister once at the beginning of a slow inhalation. Instruct patient to take in 5 slow breaths
7. Give: **Salbutamol** (100mcg) 4 puff+ **Ipratropium** (20mcg) 4 puff (if available, if not available then use salbutamol only)

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

१. ३० मिनेट देखि २ घन्टा: घोप्टो परेर सुत्ने वा घोप्टो परेर कुइनो, 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)

Fig 2. Awake Proning