AIG COVID GUIDE





10th May 2021





Chairman's Message

Dear All,

The COVID-19 Pandemic especially in its second wave has recked havoc across our country. This is a time where we as physicians are solely focused on fighting the virus with science as our guiding light. Although there is no dearth of information regarding COVID and its management on the internet, one of the key challenges is also to wade-off the series of misinformation flooding social media and the online space. We all need to be more aware and the information must be authentic, based purely on scientific evidence.

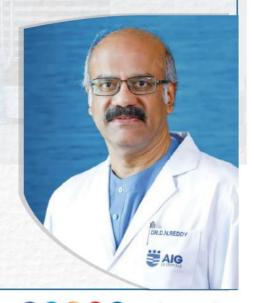
At AIG Hospitals, over the last one year, we have successfully treated more than 20,000 COVID patients with significantly lower mortality rate than the national average. It is our prime responsibility to use our experience and evidence-based approach to educate the public at large. This AIG COVID Guide has been very thoughtfully curated with multidisciplinary inputs from our internal medicine, pulmonology, and critical care teams. The objective is to give you all a simplified reference document to understand the current scenario while taking necessary precautions and timely actions.

Remember this is not a substitute for a medical advice. In case you are having any symptoms, do reach out to your doctor at the earliest.

While we are at the frontline in this fierce battle, please do play your part just by following the COVID-appropriate behavior. Together, we all must break the chain and win the war.

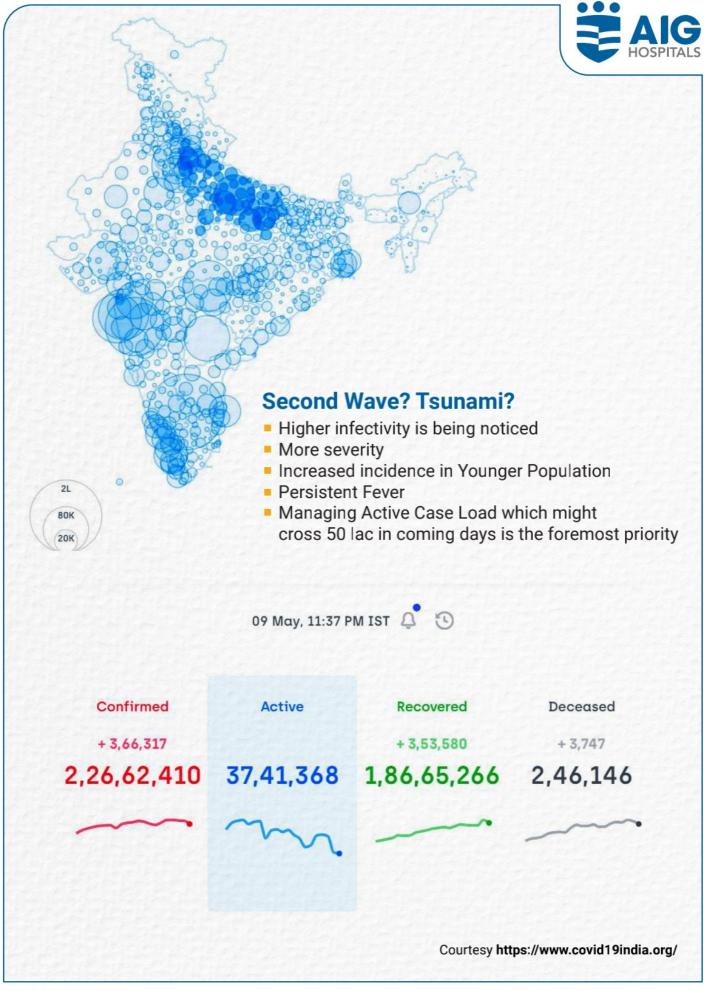
Dr. D Nageshwar Reddy

MD., DM., D.SC., FAMS., FRCP., FASGE., FACG., MWGO., FAAAS Chairman & Chief of Gastroenterology









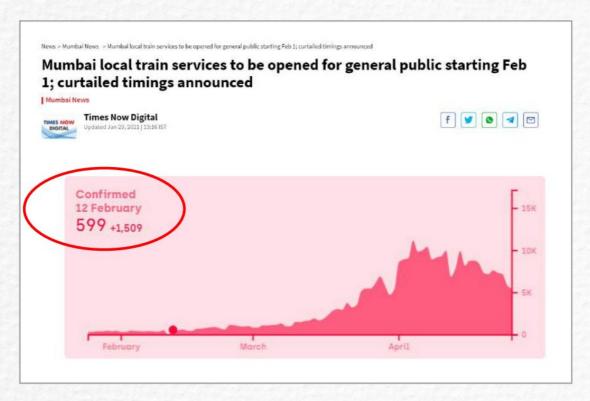






Possible Factors leading to this Tsunami

- Complacent behaviour among Public, state, and central government. We declared victory too early.
- As economy opened, it became difficult to maintain physical distancing.
 For ex., Mumbai Local train



- Mutation in the Virus: Naturally, the virus tends to mutate and, in this case, has become more infectious. For ex., the UK Strain is now known to be more infectious.
- Vaccine drive couldn't catch up with the rate of active infection



Curbing the current active case load

Test | Isolate | Treat

Managing Mild Cases at HOME

Do not delay Hospitalization

Self Imposed Lockdown

Get Vaccinated







Test, Isolate, and Treat

Let's revise the symptoms

Symptoms of COVID-19*



- Fever
- Cough
- · Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

*Individuals with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.

This list does not include all possible symptoms. If you develop any symptoms and think you have been exposed, call a healthcare professional immediately.

Learn more at: www.nfid.org/coronaviruses

One can have any one or a combination of these symptoms

Get yourself tested as soon as you experience any of these

Get yourself isolated (if possible) immediately





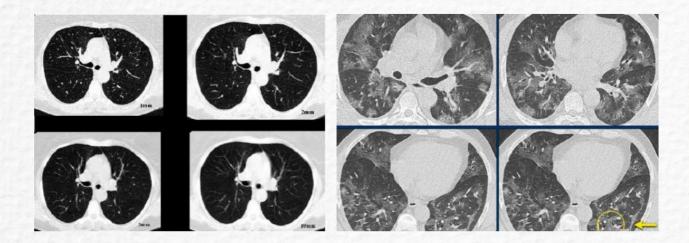
Options for getting tested

- RT PCR is the gold standard
- In case, RT PCR is not available, or the test results are taking time, consider CT Scan
- Rapid Antigen test has limited sensitivity. However, a positive Rapid Antigen test means positive. RT PCR should be followed

RT PCR

CT Scan

Rapid Antigen



CT Scan

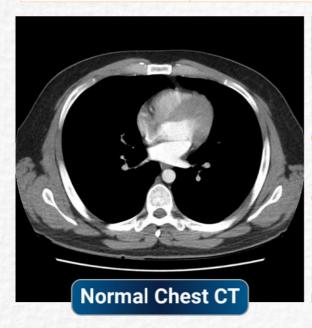
- Is a diagnostic tool
- Indicator of lung involvement

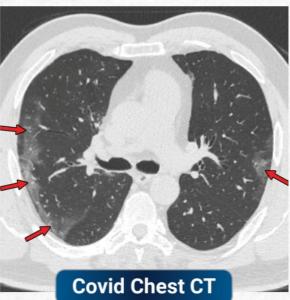


What does CO-RADS score mean?

The CO-RADS classification is a standardized reporting system for patients with suspected COVID-19 infection developed for a moderate to high prevalence setting

| | CO-RADS* | | |
|-----------|--------------------|--|--|
| | Chance of COVID-19 | CT findings | |
| CO-RADS 1 | Highly unlikely | normal or non-infectious abnormalities | |
| CO-RADS 2 | Unlikely | abnormalities consistent with infections other than COVID-19 | |
| CO-RADS 3 | Equivocal | unclear whether COVID-19 is present | |
| CO-RADS 4 | Probable | abnormalities suspicious for COVID-19 | |
| CO-RADS 5 | Highly likely | typical COVID-19 | |
| CO-RADS 6 | PCR proven | | |





Difference between CO-RADS Score and CT Severity Score

CO-RADS score indicates the possibillity of COVID infection, i.e., CO-RADS score of 5 or 6 can be considered confirmed COVID Positive; however, CT Severity score indicates the extent of infection spread in the lungs.







The most common confusion

I am RT PCR Negative but have symptoms. What to do/interpret?

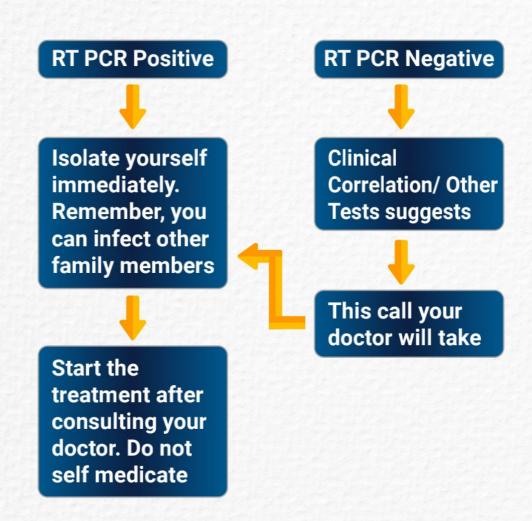
- "What to do" is in your hands, i.e., getting the test done
- "What to interpret" is in your Doctor's hands

So, what to do?

Simple. Based on your symptoms and history, **your doctor will advice** either CT Scan or other tests

What not to do?

Ignoring the symptoms thinking you're RT PCR Negative. Remember, **RT PCT Negative COVID** gets worse and more serious because of **diagnostic delay** or patients not consulting their doctor.











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Devices Required

- Thermometer
- Oximeter
- Blood Pressure Monitor (Optional)
- Blood Glucose Monitor (For those with Diabetes)











Monitoring

- Check Body Temperature every 8 hours
- Check Oxygen Saturation every 4 hours
- Check Blood Pressure every day
- Check Blood Glucose once in two days

Ask your doctor which Day of illness you might be.
This will help in further clinical decision making

| | Temp | Oxygen | \mathcal{BP} | Sugar |
|-------|------|--------|----------------|-------|
| 8 an | 98.5 | 97 | | |
| 12 pm | | 98 | | 113 |
| 4 pm | 99 | 96 | 138/85 | |
| 8 pm | | 97 | | |
| | | | | |

Monitoring plays a big part of COVID-19 Home Management. This should be done diligently. You can use this template.







Self Assessment of Overall Illness

- Helps in understanding the disease progression
- Will help the treating physician to take the right decision (even over teleconsultation)

Contact your doctor in case your condition is continuously deteriorate for 3 consecutive days

Please do the following clinical assessment everyday (1 being negligible, 5 being extreme)

| Day: | 05/5/21 |
|---------------|---------------------|
| Scare (1 - 5) | Clinical Condition |
| | Weakness |
| | Shortness of breath |
| | Body Pain |
| | Cough |
| Yes/No | Dizziness |
| YES/No | Diarrhea |
| YES/No | Skin Rashes |





Basic Medication

- Tab Paracetamol 650 mg
- Inhaled Budesonide
- Cap Uprise D3 60 k (Vitamin D)
- Tab Vitamin C 1gm

Exact Dosages and Additional Medications (if any) will be given by your treating Physician



Tab Paracetamol 650 mg
For Fever.
Can be taken every 6-8 hours



Inhaled Budesonide.

Depending on your symptoms,
your doctor may ask you

Basic Diagnostic Tests

RT PCR | CRP (Quantitative) | Haemogram | D Dimer | HR CT (Chest)

PLEASE DO NOT SELF MEDICATE. CONSULT YOUR PHYSICIAN BEFORE TAKING ANY NEW MEDICATION.

Schedule an RT PCR Test and seek a medical opinion. Mild cases might not require any of these routine tests

DO NOT GOOGLE AND SELF INTERPRET.

Consult with your doctor for further course of action

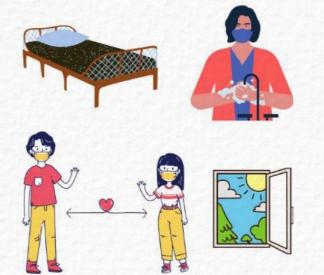






Isolation

- Stay in an isolated place
- Wear a mask and ask your Family members to wear one
- Use a separate bathroom
- Use separate dishes. Those who are cleaning your dishes should wear a Mask and wash hands thoroughly.
- Open Windows for Ventilation. Do not use common AC.



Diet & Nutrition

- Keep yourself hydrated
- Eat green leafy vegetables and citrus fruits
- Eat Paneer, low fat meat, e.g., Chicken, Fish
- Avoid using processed foods
- Avoid eating deep fried food
- Eat Lemon Pickle etc to stimulate your taste buds





The Red Flags: Indicators for Hospitalization

DROP IN Oxygen Saturation [NORMAL SATURATION IS ABOVE 94]

- The 6-min walk test: Check your SPO2 at rest and then walk around your room for 6 min and check again. If there's a drop of more than 4 points, contact your Doctor immediately.
- Do not panic if you see your SPO2 Level below 94 but not below 90 at any point, ie., between 90 – 94. Check again after 2 hours, again after 2 hours, if LEVELS are consistently dropping, call for Hospitalization. If not, you're doing FINE.

Extreme Fatigue or Weakness
Persistent FEVER and Breathing trouble for more than 72 hours
Sudden Drop in Blood Pressure





Do not delay Hospitalization

Importance of timely hospitalization

- Significantly improves patient outcome and reduces risk of mortality
- Can save the body from long term complications
- Reduced hospital stay; this will also free-up beds quickly for others to get access



Hospitalization: Breaking the myths

Remdesivir

NOT A LIFE SAVING DRUG

Only to be administered in a hospital setting within 8 days of symptom onset

A few select category of patients might need it. Your Doctor will be the best judge









Hospitalization: Breaking the myths

Dexamethasone

Should be given to patients with falling oxygen saturation, ideally from second week of symptom onset

Should be taken ONLY after consultation with your Doctor about the right dosage

Should be discontinued ONLY after consultation with your Doctor



Caution:

Steroids are to be used strictly under medical supervision.

Tocilizumab

ONLY meant for CRITICALLY-ILL COVID-19 Patients

Has a very short window period for administration.

Caution:

Incorrect administration can cause severe secondary infections.











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Self Imposed Lockdown: Stay at home

- Significantly reduces risk of getting infected
- Healthcare system is already overwhelmed;
 Staying at home will ensure lesser transmission
- This will greatly impact the management of active case load
- That is your contribution to the overall scheme of things

Best Practices

- Minimize the interaction with outside people apart from your family for at least 1-2 month from now on
- Keep distance and wear mask in case you need house helps to be around
- Sanitize your hands before and after taking food deliveries. Discard the containers and re-heat the food properly.













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Get Vaccinated

Get Vaccinated, Get Others Vaccinated

Vaccines are SAFE!

Vaccines will keep you SAFE!

Vaccines will keep your family SAFE!



Some Confusions...

Q. I got COVID. When can I take the Vaccine?

A. COVID Vaccine is recommended to be taken after at least 28 days of recovery from the disease.

Q. I got COVID after my first dose. Do I need to take the first dose again?

A. NO. You don't need to take your first dose again. Wait for 30 days in case of COVAXIN and 50 days for COVISHIELD after recovery to get your second dose.

Q. I got COVID after my first dose. Is it because of the vaccine?

A. NO. The available vaccines are based on either inactivated viral vector or adenovirus vector, both cannot give you active infection.



Some Confusions...



Q. How many days do I have to wait to get my second dose?

A. As per the common consensus, for COVAXIN, you can take the second dose after 28 days and for COVISHIELD, you can take the dose after 42 days.

Q. I heard people are getting fever etc after vaccination. Is it ok?

A. YES. It is absolutely ok to get fever/body pain within first 24-48 hours after vaccination. Take Paracetamol to reduce the fever.

Q. I got to know that people are getting COVID even after 2 doses of Vaccine. Does this mean Vaccines are not working?

A. NO. Vaccines have certain efficacy, i.e., it can prevent a significant amount of people getting infected (60 - 80%) but still those remaining people will get infected. Vaccination reduces the disease severity and thereby decreasing mortality significantly.

REMEMBER, Vaccination is our biggest weapon against this deadly disease. Vaccination will break the chain of active infections and bring in herd immunity.

BECOME A TRUE NATIONALIST. GET VACCINATED AND SPREAD

AWARENESS REGARDING VACCINATION.

Vaccination: Things to keep in mind DO NOT LET YOUR GUARD DOWN WHILE GOING FOR VACCINATION.



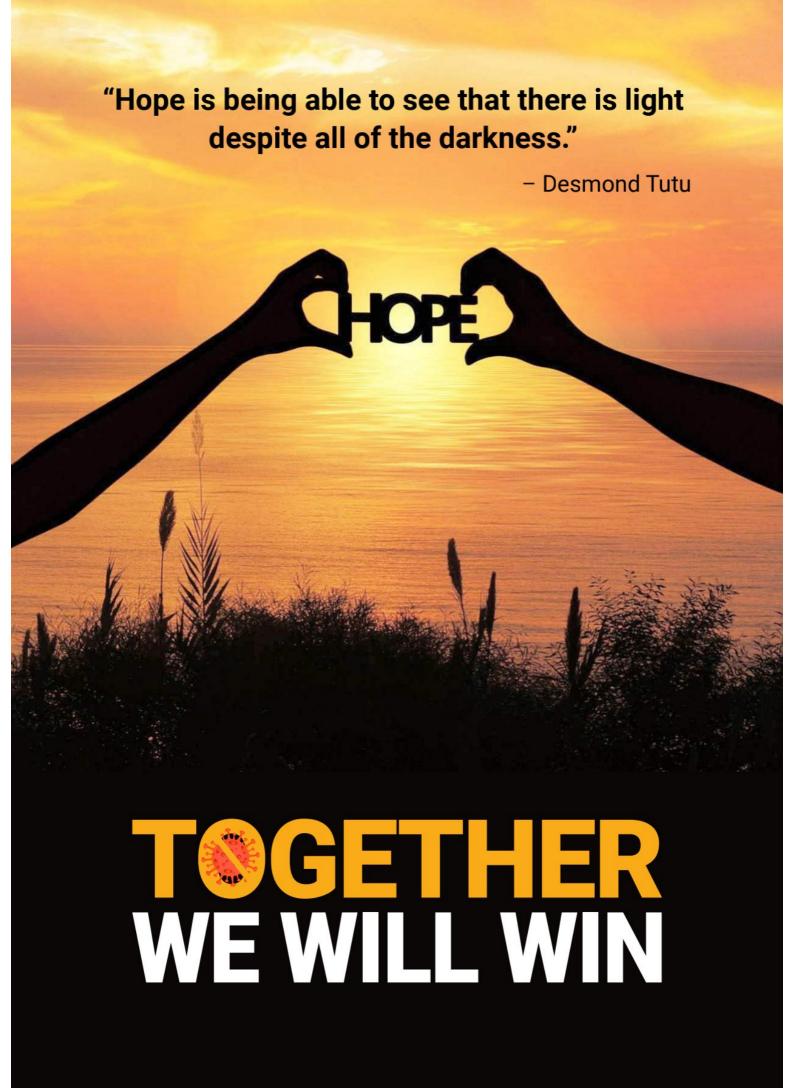




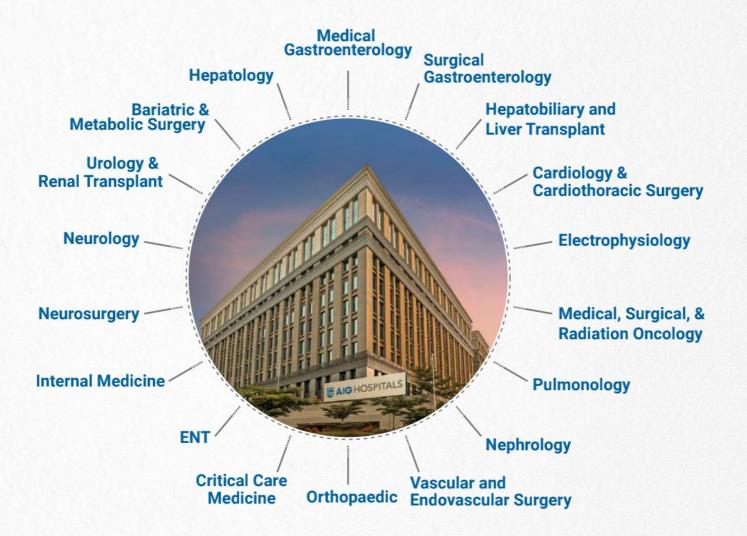
VACCINATION CENTER CAN BECOME A POTENTIAL SITE FOR INFECTION.
YOUR SAFETY IS IN YOUR HANDS







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