



# Teleconsultation Guideline for COVID -19 (August 2021)



## Suspected COVID -19 patients

1. Acute onset of anosmia
2. Acute onset of fever and cough
3. Close contact within past 2 weeks
4. Acute onset of unexplained breathlessness or respiratory distress or RR > 25 \*
5. Acute onset of reduced SpO2 level\*

## Confirmed COVID -19 patients

Antigen test +  
Or  
Nucleic acid amplification test +

## Severe COVID \*

4<sup>th</sup> or 5<sup>th</sup> criteria in suspected COVID patients

- Check severity (non-severe or severe)
- Ask for vital sign (PR , SpO2 , BP , temperature, RR, pulse volume)
- Ask for comorbid diseases especially diabetes, hypertension, IHD and CKD
- Investigation for severe cases (optional ) Haemogram, CRP, U &E, Creatinine, LFT, D dimer,CXR (PA), ECG (Optional)

## Reduced SpO2 level

- SpO2 < 95 % on air in Non-COPD patients
- SpO2 <88-92 % on air in COPD patients

## Management of Non- severe COVID

1. Management of fever – paracetamol 500 mg prn and tepid sponging
2. Management of cough – give advice not to supine because it can make cough less effective, consider honey 1 teaspoonful per night except in hyperglycemia and dextromethorphan 10 or 15 mg tds or qid
3. No specific treatment for anosmia within 2 weeks, start olfactory training after 2 weeks and consider nasal steroid drop or spray after 2 weeks with persistent additional nasal symptoms
4. Management of diarrhea - ORS
5. Consider antibiotic in suspected bacterial infection
6. Suggest NSAIDs for intolerable headache and myalgia after one day of paracetamol

## Management of Severe COVID

### 1. Refer to Hospital

### 2. If patient cannot be referred to hospital, the followings are suggested:

- Start dexamethasone 6 mg IV or oral or equivalent steroid OD for 7-10 days (check daily FBS and 2HPP lunch, and manage hyperglycemia if raised).
- Suggest for prone position
- Give oxygen therapy to reach target level
- Consider prophylactic intensity of anticoagulation at least 14 days or until recovery, if not contraindicated
- Manage septic shock if present – intravenous fluid 30ml/kg within 30 minutes and intravenous antibiotic

## Indications for Oxygen therapy

1. SpO<sub>2</sub> ≤ 94%
2. Severe Pneumonia
3. Patients with respiratory distress

## Target oxygen

**94 -96 %**

## Oxygen titration

Step 1. Nasal Canula 2-5L/min



Step 2. Facemask 6-10L/min



Step 3. FMRB 10-15L/min

## Prevention

- Personal distancing – 6 feet away
- Hand washing
- Wear mask
- Vaccination
- Cough etiquette

## Home quarantine

14 days after recovery

## Hyperglycemia management

- For known diabetes, change to insulin therapy if severe COVID
- For known diabetes, continue oral anti-diabetic agents if non-severe-COVID
- For recently known diabetes, start insulin therapy if severe COVID
- For recently known diabetes, start oral antidiabetic agent if non-severe COVID
- For steroid /stress induced hyperglycemia, treat as recently known diabetes

### Notes

- Use sitagliptin, gliclazide or metformin as oral anti-diabetic agents; start monotherapy if blood sugar ≤ 250mg/dl, start dual therapy if blood sugar ≥ 250 mg/dl
- Start insulin and check blood ketone or osmolarity if blood sugar ≥ 300 mg/dl
- Do not use metformin in high fever, severe COVID, vomiting or diarrhea
- Omit SGLT2 inhibitor and aware hypoglycemia on starting gliclazide
- Start isophane insulin 10 IU once daily for insulin therapy and then refer to physician
- Aware hyperglycemic emergencies ( DKA and HHS )

### Take action

- Diabetes
- FBS ≥130mg/dl
- RBS ≥200 mg/dl
- 2HPP ≥200 mg/dl

### Target blood glucose

140 -180 mg/dl