

respiratory infection (SARI) and respiratory distress, shock or hypoxaemia. Patients with SARI can be given conservative fluid therapy only when there is no evidence of shock. Empiric antimicrobial therapy must be started to manage SARI. For patients with sepsis, antimicrobials must be administered within 1 hour of initial assessments. The WHO and CDC recommend that glucocorticoids not be used in patients with COVID-19 pneumonia except where there are other indications (exacerbation of chronic obstructive pulmonary disease).⁵⁹

Patients' clinical deterioration is closely observed with SARI; however, rapidly progressive respiratory failure and sepsis require immediate supportive care interventions comprising quick use of neuromuscular blockade and sedatives, hemodynamic management, nutritional support, maintenance of blood glucose levels, prompt assessment and treatment of nosocomial pneumonia, and prophylaxis against deep venous thrombosis (DVT) and gastrointestinal (GI) bleeding.⁶⁰ Generally, such patients give way to their primary illness to secondary complications like sepsis or multiorgan system failure.⁴⁸