**Some general information to help manage COVID-19 patients at home.**

It is intended to serve as an outline to help emphasize what is important and what is not.

It is based on available evidence. For some recommendations evidence is strong and in others weak. As this disease is new and information is evolving, recommendations may change over time.

Compiled after consulting experts treating COVID to serve as a general guideline. Personal biases of contributing physicians are likely to be there.

For specific patient management take direct advice from treating physician.

**The Disease**

Mostly mild or asymptomatic in the majority. Can be managed at home. No need to panic.  
Only few patients will need hospitalization / oxygen / escalation of treatment. People with comorbidities (other medical conditions) / elderly are at higher risk for this.

**Symptoms**

Fever / malaise (feeling weak) / body aches / sore throat / stuff nose / headache / loss of smell or taste / cough / loose stool are the common symptoms

**Isolation**

* Isolate patients who are positive in a separate area. Preferably ventilated to the outside. Separate washroom if available  
  Isolate patients who have suspicious symptoms till reports available. Some patients will have falsely negative reports as well. Best to presume COVID in current scenario if symptoms match
* Multiple household members who are positive can be kept in the same area
* Minimal / no contact with infected patients. Use mask (double mask, one being N-95 preferably) and keep distance whenever entering room of patient. Spend minimum time there. Patient should be masked during this time as well. Do hand hygiene after this.
* Separate set of utensils for the patient is preferable but not essential. For cleaning, the patient can do an initial clean (with soap) in their washroom followed by a repeat cleaning (with soap) in the household kitchen. As soap neutralizes the virus, this method should be safe enough. Family member after touching the patients utensils, must not touch their face or nose before completing hand hygiene. Currently, fomites are not felt to play a very important role in transmission, hence basic precautions should suffice.

**Monitoring**

1. Check temperature every 6 hours
2. Check respiratory rate (how many breaths per minute) every 6 hours
3. Check Oxygen saturation with pulse oximeter (if available) every 6 hours. Check on middle finger (no nail polish). Ensure reading is taken for one minute and do not move the finger while reading is being taken.
4. Check oxygen saturation after 6 minutes of walking around the room. May indicate falling lung function earlier than the readings taken at rest.

**General Care**

* Ensure adequate fluid intake. Dehydration predisposes to kidney injury
* Get as much exercise as possible. Walk around the room / pranayama etc
* Get adequate rest
* Ways to improve oxygenation – Sit in a chair as much as possible. Trying lying on belly while awake or asleep (16 hours a day), If cannot lie on belly due to any reason then lie midway between on-belly and sideways.
* Steam inhalation for blocked nose. Be careful not to burn oneself
* Warm saline gargles for sore throat
* Kaadha / other nutritious warm fluids.
* Eat well and eat healthy. Your body needs the nutrition to fight the disease

**Medications**

1. Paracetamol (eg Crocin) 500mg for fever and malaise. Can be repeated every 6 hours.
2. Ibuprofen 400mg for symptoms not responding to paracetamol. Can be repeated every 8 hours. Can be taken in addition to paracetamol
3. Zinc / Multivitamins / Vit D – Can consider but strong evidence favouring their benefit is limited. Generally have no downside, so can be given. Vit D is 60000 units once a month (Other family members can also take as preventive)
4. Ivermectin / Favipiravir / Chloroquine / Doxycycline – not much role
5. Convalescent Plasma therapy – No role
6. Remdesivir – Not essential. Role in *admitted patients* with limited benefit. Helps shorten duration of illness / hospitalization. Does not affect meaningful outcomes like need for ventilation / risk of dying from disease. (only use under medical supervision)
7. Aspirin / Anticoagulants – Role in *selected patients* with specific risk factors (only use under medical supervision)
8. Steroids – Role in *selected patients*. Generally between 7-10 after onset of symptoms, when indicated. Not given for early disease. Most patients needing steroids are already on oxygen (only use under medical supervision)
9. Tocilizumab – Role in *very selected patients* (under medical supervision)

**What to watch for (Needs treating physician to be informed. May need escalation of treatment or admission)**

1. High fever that doesn’t go away in 4-5 days
2. High respiratory rate (>24/min)
3. Shortness of breath
4. Oxygen Saturation < 94% (if pulse oximeter available)
5. Recurrence of fever after being without fever for 1-2 days
6. Patient looking very sick / unresponsive / confused

**Tests**

Patients with mild disease do no need any tests.   
If you have comorbidities / other clinical indications / progression of disease you doctor will advice specific tests.

**Vaccination**

Helps reduce chance of catching infection. Does not eliminate the risk entirely. Still need all precautions like social distancing and masks

Strong evidence to suggest helps prevent escalation to severe disease or death

Not much to choose between available vaccines. Get whichever is conveniently accessible

**Special consideration for children**

In children COVID is predominantly a *very* mild disease

All age groups from babies to adolescents are affected

Give only antipyretics (fever medicines) as allowed and as per weight

Do not self-medicate and Stay in touch with your Pediatrician

If either of the parents are positive please do not send the child to the grand parents. They are most vulnerable to the effects of the disease

Talk with children about the virus and Keep them away from the cacophony of media

***And remember…… the disease is mild in the vast majority and will pass just like any other viral***

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