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Covid-19 patients need oxygen support, when shortness of breath progresses to a more acute condition. Most patients with Covid-19 have a respiratory tract infection, and in the most severe cases their symptoms can include shortness of breath. In a small proportion of such cases, this can progress to a more severe and systemic disease characterised by Acute Respiratory Distress Syndrome.

According to the clinical management protocol, a person is suffering from moderate disease when he or she is diagnosed with pneumonia with no signs of severe disease; with the presence of clinical features of dyspnoea (shortness of breath) and/or hypoxia (when the body is deprived of adequate oxygen supply at the tissue level); fever, cough, including SpO2 (oxygen saturation level) less than 94% (range 90-94%) in room air.

In moderate cases, oxygen therapy is the primary form of treatment. Severe cases are defined in three categories: severe pneumonia, acute respiratory distress syndrome, and sepsis. The clinical management protocol recommends oxygen therapy at 5 litres/ min. When respiratory

distress and/or hypoxemia of the patient cannot be alleviated after receiving standard oxygen therapy, the protocol recommends that high-flow nasal cannula oxygen therapy or non-invasive ventilation can be considered. Compared to standard oxygen therapy, High Flow Nasal Cannula Oxygenation (HFNO) reduces the need for intubation.

In silent hypoxia, patients have extremely low blood oxygen levels, yet do not show signs of breathlessness. Silent hypoxia is not usually an early symptom to occur in Covid-19 patients. They frequently arrive at the emergency room for other reasons, such as muscle aches, fatigue, fever and cough. Typically, when a patient begins to demonstrate silent hypoxia, they already have other Covid-19 symptoms and may be in critical condition.

So immediate treatment with O2 & other medications is important for the COVID patient.