

Home Isolation Monitoring/Treatment Protocol			
1	Criteria to be eligible for home isolation	Proven COVID: RNA/Radiology/Antigen High index of suspicion – like contact with a COVID positive patients ; isolate and treat as only for viral fever.	
2	Home monitoring equipment list	Pulse oximeter Thermometer Gloves (for care giver) Masks (for all persons in the house) Garbage disposal bags Hand sanitizer Keep windows open and fans switched on Separate toilet	<i>Remember to wipe the thermometer and pulse oximeter between use</i>
3	<p>Monitoring</p> <ul style="list-style-type: none"> * Maintain simple table to record (Temp/Pulse/O2 sat) *Check oxygen saturation every 6 hours Please check while sitting and after exercise (sit and stand for 1 min) *If saturation > 94%, reassure *Continue to monitor *No need for hospitalization *No need for chest CT * If saturation between 92 to 94% Continue to monitor oxygen saturation every 4 hours at rest only *If saturation < 92%, at rest please go to 4. 	<p>Treatment</p> <ul style="list-style-type: none"> Check temperature every 6 hours or if having fever Paracetamol as needed for fever Inhaled steroids (budesonide) – Dose 800mcg twice daily through the spacer Adequate hydration 	<p><i>Paracetamol dose 1gm every eight to six hours can be advised if fever persistent</i></p>
4	<p>If Oxygen Saturation Dips <92% At rest or after exercise</p> <p>Continue to monitor oxygen saturation every 4 hours</p> <p>If hospital bed is available can be moved</p> <p><i>Indication of improvement: Respiratory rate <24 / min Saturation >92 to 96 % Patient does not feel breathless</i></p>	<p>Treatment</p> <ul style="list-style-type: none"> Supplemental oxygen at home Dexamethasone 6 mg/day or equivalent steroid (prednisone 40 mg, methylprednisolone 30 mg; hydrocortisone 150 mg) Steroid preparation/route does not make a difference Prone positioning (sleeping on stomach) Paracetamol as needed for fever Adequate hydration Passive leg movements 	<p><i>Oxygen flow rate</i></p> <ul style="list-style-type: none"> Low flow devices Examples include nasal cannula, simple face mask Start low (2-4 lit/min) and scale up to 6 lit/min if required. To maintain Saturation >92%

5	<p>If Oxygen Saturation Dips <90% If hospital bed is available should be moved Continue to monitor every 2 hours If bed not available continue same treatment at home</p> <p><i>Indication of improvement:</i> <i>Respiratory rate <24/ min</i> <i>Saturation >92 to 96 %</i> <i>Patient does not feel breathless</i></p>	<p>Supplemental oxygen at home</p> <p>Dexamethasone 6 mg/day or equivalent steroid (prednisone 40 mg, methylprednisolone 30 mg; hydrocortisone 150 mg Steroid preparation/route does not make a difference</p> <p>Prone positioning (sleeping on stomach)</p> <p>Paracetamol as needed for fever</p>	<p><i>Oxygen flow rate</i> To be scaled upto 6 lit/min to 10 lit/min</p>
5	<p>If Oxygen Saturation remains below 90% Respiratory rate >24/min The patient feels breathless</p>	<p>Will require to be admitted</p> <p>Continue Steroids and prone positioning</p>	
5	<p>These drugs are NOT useful. DO NOT USE ROUTINELY</p> <ul style="list-style-type: none"> -Azithromycin -Doxycycline -Ivermectin -Hydroxychloroquine -Favipravir 	<p>Remdesivir may be helpful in shortening duration of illness when used early. No real benefit in reducing mortality.</p>	
6	<p>Continue to promote vaccination, masking, physical distancing, handwash/sanitizing.</p> <p>Don't give up prevention !!!!</p>		
7	<p>Desirable: Home isolation should be done through a hospital/health care provider oversight One initial assessment of the patient in the hospital/clinic before initiating home monitoring program (Doctor) Twice daily phone calls (nurse/paramedic) Admission based on situation</p>		

Please note that this guideline (from point 4) is for use only if hospital facilities are unavailable