Triage Protocol

1st Step: Triage
Case definition + severity assessment

Suspect Case Definition

A) Clinical **AND** epidemiological criteria:

-Acute onset of fever and cough **OR**
-≥ 3 of the followings: **fever, cough, sore throat, coryza, general weakness/fatigue, headache, myalgia, dyspnea, anorexia/nausea/ vomiting, diarrhea, altered mental status**

And 1 of the followings within 14 days of symptom onset:

- **Residing or working in an area with high risk of transmission***
- **Working in a healthcare setting**
- **Residing or travel to an area with community transmission**

OR: **B**

Patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever ≥ 38°C and a cough; onset within last 10 days; requires hospitalization)

***Closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons.**

NB: Minimal role for the epidemiological criteria during the period of community spread

Probable Case

A patient who meets clinical criteria AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster with at least one confirmed case.

OR

Suspect case with chest imaging showing findings suggestive of COVID-19 disease*

OR

Recent onset of loss of smell or taste in the absence of any other identified cause

OR

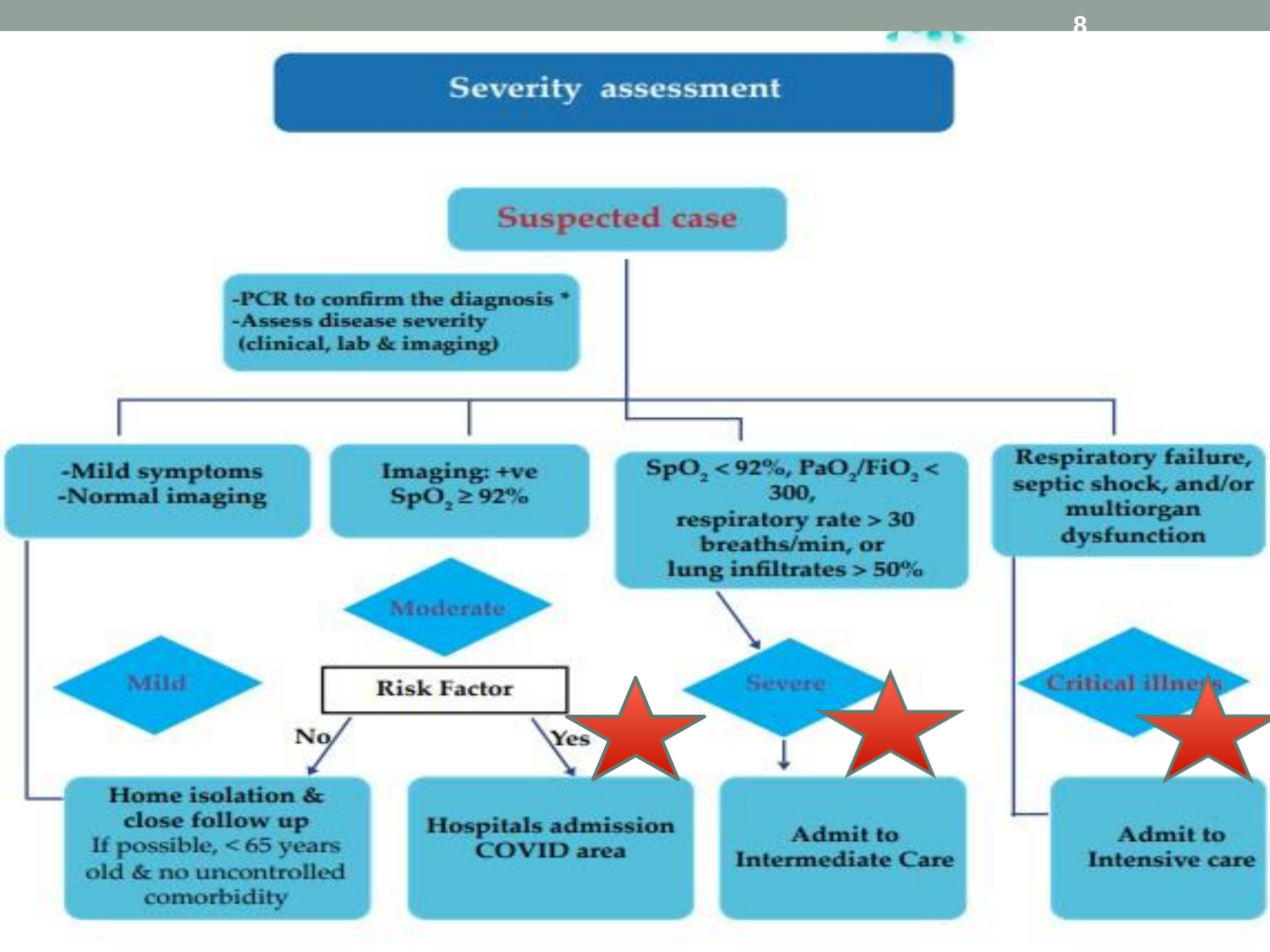
Unexplained death in an adult with respiratory distress who was a contact of a probable or confirmed case or epidemiologically linked to a cluster with at least 1 confirmed case

*Hazy opacities with peripheral and lower lung distribution on chest radiography; multiple bilateral ground glass opacities with peripheral and lower lung distribution on chest CT; or thickened pleural lines, B lines, or consolidative patterns on lung ultrasound.

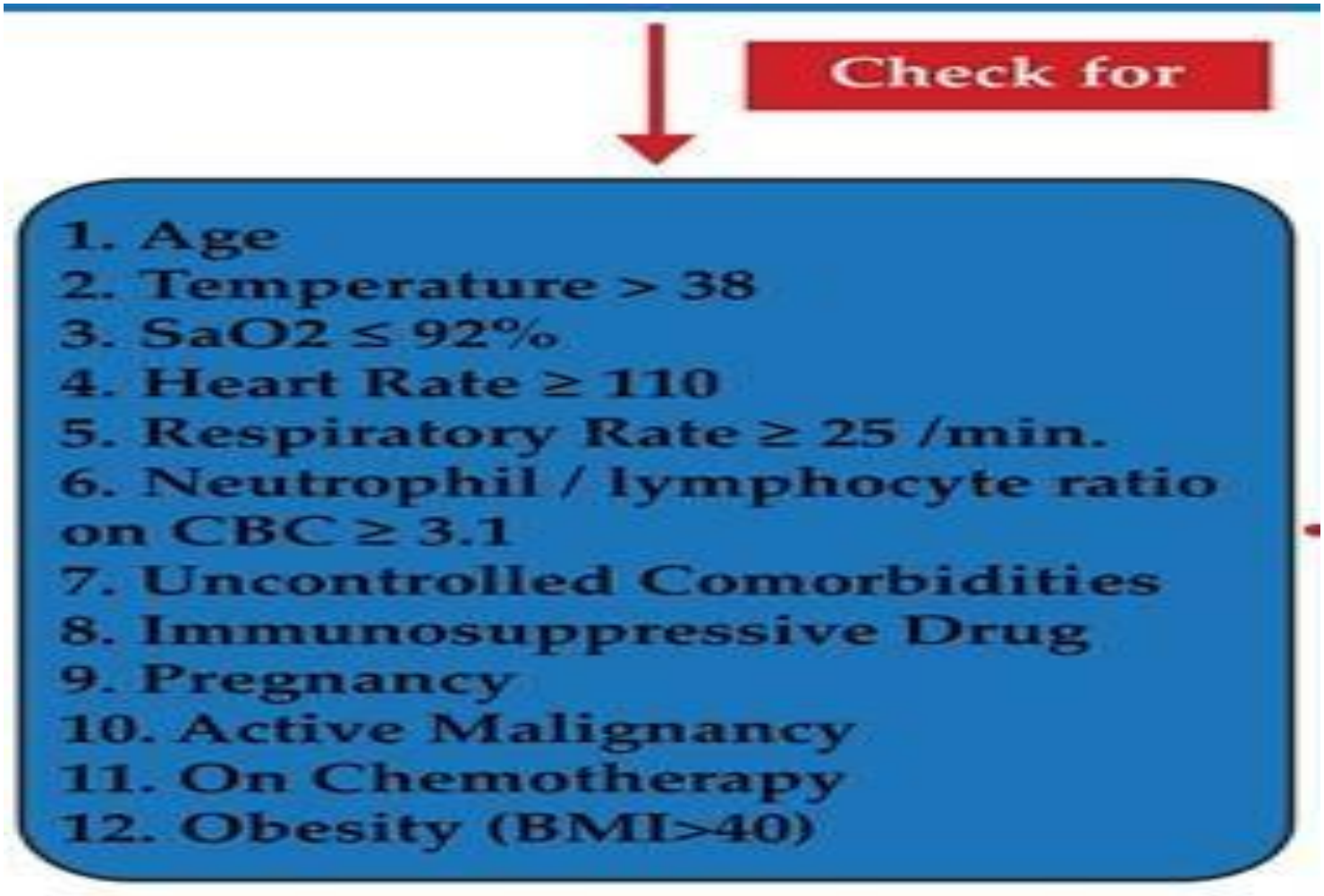
Confirmed Case

A person with laboratory confirmation* of COVID-19 infection, irrespective of clinical signs and symptoms

*Molecular testing(PCR) with deep nasal swab is the current test of choice for the diagnosis of acute COVID-19 infection


Severity assessment
Suspected case
-PCR to confirm the diagnosis *
-Assess disease severity
(clinical, lab & imaging)
-Mild symptoms
-Normal imaging
Imaging: +ve
SpO2 ≥ 92%
SpO2 < 92%, PaO2/FiO2 < 300,
respiratory rate > 30 breaths/min, or
lung infiltrates > 50%
Respiratory failure, septic shock, and/or multiorgan dysfunction
Moderate
Mild
Risk Factor
Severe
Critical illness
No
Yes
Home isolation & close follow up
If possible, < 65 years old & no uncontrolled comorbidity
Hospitals admission COVID area
Admit to Intermediate Care
Admit to Intensive care

Risk factors in covid 19 patients



Mild Case

Symptomatic case with lymphopenia or leucopenia with no radiological signs for pneumonia

Check for

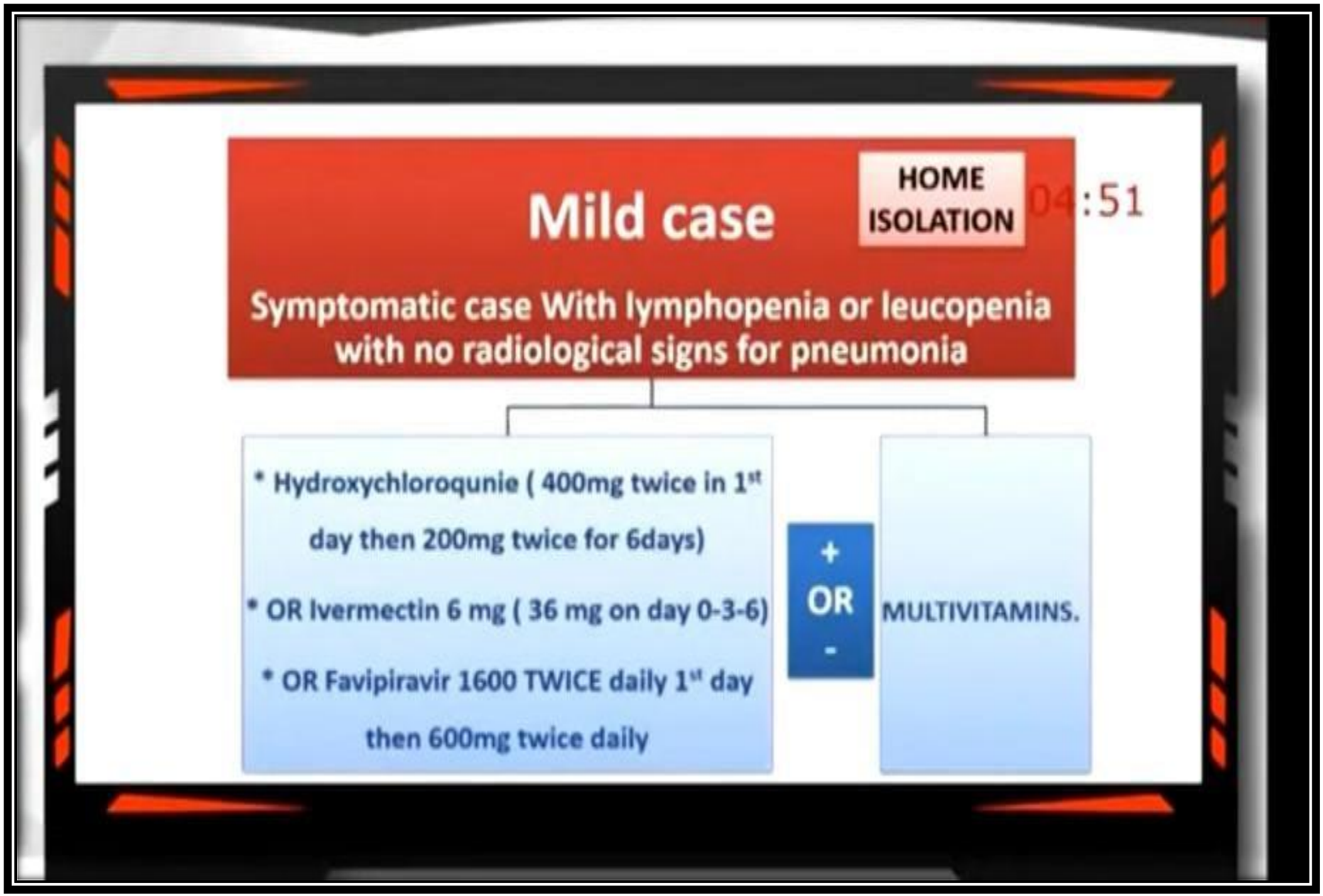
1. Age 65
2. Temperature > 38
3. $SaO_2 \leq 92\%$
4. Heart Rate ≥ 110
5. Respiratory Rate ≥ 25 /min.
6. Neutrophil / lymphocyte ratio on CBC ≥ 3.1
7. Uncontrolled Comorbidities
8. Immunosuppressive Drug
9. Pregnancy
10. Active Malignancy
11. On Chemotherapy
12. Obesity (BMI>40)

All No → **AND** → **Age < 65**

- Strict Home Isolation (Symptomatic Treatment)
- Follow and use personal protective guide equipment
- If any deterioration occurs, back to hospital

Any YES → **OR** → **Age ≥ 65**

If more than 3 symptoms admit


Mild case
HOME ISOLATION
04:51
Symptomatic case With lymphopenia or leucopenia with no radiological signs for pneumonia
* Hydroxychloroqunie (400mg twice in 1st day then 200mg twice for 6days)
* OR Ivermectin 6 mg (36 mg on day 0-3-6)
* OR Favipiravir 1600 TWICE daily 1st day then 600mg twice daily
+
OR
-
MULTIVITAMINS.

Moderate case

Patient has pneumonia manifestations on radiology associated with symptoms &/or leucopenia or lymphopenia

antivirals	Immune-modulators Anto-i-inflammatory	Anti-coagulation	Immune-modulators
Hydroxychloroquine + Ivermectin or **Favipiravir + Ivermectin** **Remdesivir for high risk population with SaO2<92**	Steroids **(if patients has severe dyspnea) RR >24 Or CT scan showing rapid deterioration**	• Prophylactic	• **Colchicine: (If CT shows GGO) 500µg / 12 hours for 1 month** • **Monoclonal antibody therapy:** **may be used if available in patients with > 3 risk factors* of progression to severe form.**

Severe case

RR>30, SO2<92 at room air , PaO2/FiO2 ratio<300, chest radiology showing more than 50% lesion or progressive lesion within 24 to 48 hrs

Anti virals	Anti-coagulant	Anti-inflammatory	Convalescent plasma
Remdesivir Or Lopinavir/ Ritonavir	**Prophylactic**	**Steriods** (Dexamethasone 6 mg or Methyl prednisolone (1mg /kg/24hrs) **Tocilizumab 4-8 mg/kg/day for 2 doses 12 to 24 hrs** apart after failure of steriod therapy to improve the case for 24 hrs	**Before day 12** (under clinical trial) **(after scientific committee aproval**

Admit to interm-ediate care

Critically ill patients

02:41

if SaO2< 92,.or RR>30 or PaO2/FiO2 <200 despite Oxygen therapy

Admit to ICU

Anti virals	Anti-coagulant	Anti-inflammatory
Remdesivir **Or** **Lopinavir/Ritonavir**	**Prophylactic** EXCEPT **Therapeutic** **In proved VTE**	**Steriods** (Dexamethasone 6 mg or Methyl prednisolone (1mg /kg/24hrs) **Tocilizumab** **4-8 mg/kg/day for 2 doses 12 to 24 hrs** apart after failure of steriod therapy to improve the case for 24 hrs

Bamlanivimab - Indication

"HIGH RISK" criteria for progressing to severe COVID-19 and/or hospitalization.

High risk is defined as patients who meet at least ONE of the following criteria:

1. Age ≥ 65 years 2. Body mass index (BMI) ≥ 35 3. Have diabetes	4. Have chronic kidney disease 5. Have immunosuppressive disease or are currently receiving immunosuppressive treatment
6. Are ≥ 55 years of age **AND** have one of the following:	• cardiovascular disease • hypertension • chronic obstructive pulmonary disease/other chronic respiratory disease
7. Are 12 to 17 years of age **AND** have one of the following:	• BMI ≥85th percentile for their age and gender based on CDC growth charts (*refer to link below*), sickle cell disease • congenital or acquired heart disease • neurodevelopmental disorders, for example, cerebral palsy • a medical-related technological dependence, e.g. tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID) • asthma, reactive airway or other chronic respiratory disease that requires daily medication for control.

https://www.cdc.gov/growthcharts/clinical_charts.htm

Bamlanivimab - Indication

Limitations of Authorized Use

Bamlanivimab is **NOT** authorized for use in patients:

- who are hospitalized due to COVID-19, OR
- who require oxygen therapy due to COVID-19, OR
- who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying NON-COVID-19 related comorbidity.

- Benefit of treatment with bamlanivimab has not been observed in patients hospitalized due to COVID-19.

(Sotrovimab)

03:12

A single monoclonal antibody have been shown to reduce the risk of hospitalization and death in the outpatient setting in those with mild to moderate COVID-19 symptoms and certain risk factors for disease progression.

Sotrovimab
injection
500 mg/8 mL
(62.5 mg/mL)

For intravenous infusion after further dilution.
Contains One 8-mL Single-Dose Vial.
Discard Unused Portion.

For Use Under Emergency Use Authorization (EUA)

- Used in mild to moderate cases with risk of developing severe disease (3 risk factors or more) within first 10 day, not having hypoxia & not hospitalized.
- Reduced viral load & symptoms and Reduced the risk of hospitalizations, death by 70% .