

4 TIER MANAGEMENT

for COVID19 RESPONSE in NEPAL

*Drafted by medical and non-medical volunteers who are part of the **Covid Alliance for Nepal**, a civil society effort to support each other through this medical and public health crisis.*

GOAL

Reduce load on health system . Ensure only critically ill reach hospitals

80%

COVID19 cases can be managed with HOME or INSTITUTIONAL Isolation. However, there are serious considerations that need to be taken in each of these tiers, and a combination of public awareness, procedures and robust management is critical to make it work

1 HOME / SELF ISOLATION

MILD CASES.

Have a separate room to self-isolate and is supported by family. If need be, the local community / ward office can support, specially with procurement of supplies

If facility does not allow self isolation, move to Tier 2



INDICATORS

FEVER less than 6 days
No shortness of Breath
RR<30
SpO2 (Oxygen Level) > 93%



OXYGEN



2 INSTITUTIONAL ISOLATION

MILD CASES.

Hotels, party palaces, open spaces set up to accomodate patients who cannot self isolate at home. Supported by local community but monitored by a connected medical team, on site or remotely.

Move to Surge Management Center if case turns Moderate

FEVER less than 6 days
No shortness of Breath
RR<30
SpO2 (Oxygen Level) > 93%



3 SURGE MANAGEMENT CENTER

MODERATE CASES.

Specially prepared facility that has a clear medical support and is used as an annex to a hospital, fully supported by a trained team, and with clear upward and downward linkages to hospitals and expert medical help

Move to Hospitals when case turns Critical upon recommendation.

Low SpO2 (Oxygen Level)
< 93% consistently
Difficulty breathing



4 COVID DEDICATED HOSPITALS

CRITICAL / SEVERE CASES.

If at any point there is deterioration in condition while admission or isolation in the surge center and for cases with severe clinical findings

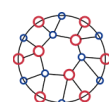
Severe Tachypnea with RR > 30
Requirement >10L/m Supplemental O2 to maintain SpO2>=90%*
Altered Mental State
Systolic BP<=90mmHg
Clinically deteriorating
Concern for other clinical syndromes

*Severe COVID if >5l/min O2 required to maintain SpO2>90%



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NEED HELP? – Reach out to our team. Specialists, Doctors and volunteers are on standby to help guide you through the process.



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BLUEPRINT SELF / HOME ISOLATION for COVID19 RESPONSE in NEPAL

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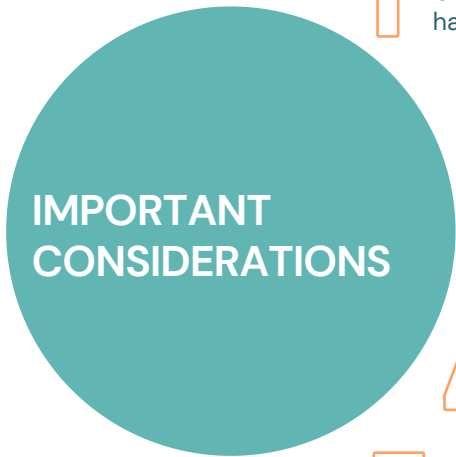


GOAL

Reduce load on health system . Ensure only critically ill reach hospitals

80%

COVID19 cases can be managed with HOME Isolation. However, there are serious considerations that need to be taken.



IMPORTANT
CONSIDERATIONS

- 1 CASE IS MILD** – You do not have Shortness of Breath. Fever has not gone over 6 days and Spo2 (oxygen) is over 93%
- 2 SEPARATE ROOM** – You have a possibility to self – isolate and can do it in a separate room
- 3 SUPPORT** – You have support from family, staff at hotel, or friends for supplies – food, toiletries, medicine
- 4 EQUIPMENT & MEDICATION** – Ideally, you have a thermometer, a pulse oxymeter, fever medication and painkillers.
- 5 COMMUNICATION** – you have access to communication. A phone with charge and credit, or can reach out easily!

BEST PRACTICES



MONITOR

Check if you are short of breath, and if you have an oxymeter, measure and record twice a day. Check if you have fever, and if you do, monitor it. Take readings twice a day and record it.



HYDRATE AND FUEL

Drink lots of fluids and eat well. You will need the strength to fight off the infection.



EXCERCISE

Do some light stretching or small excercises. Helps in blood flow and to kill boredom.



DO NOT STRESS

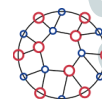
Stress eats on your oxygen. Instead do some reading or catch up with friends online. Learn a new skill that does not involve you going out of your room.

SUPPORT



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BLUEPRINT

INSTITUTIONAL ISOLATION for COVID19 RESPONSE in NEPAL

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IMPORTANT CONSIDERATIONS

- 1 CASE IS MILD** – Cases do not have Shortness of Breath. Fever has not gone over 6 days and Spo2 (oxygen) is over 93%
- 2 SEPARATE ROOM** – Ideal to have separate room and toilet, so isolation is effective. Hotels might work in this case.
- 3 SUPPORT & STAFFING** – Support mechanism are critical through volunteers, ward office etc. – food, toiletries, medicine
- 4 EQUIPMENT & MEDICATION** – Need to be able to check fever and Oxygen levels, and have access to basic medication and painkillers.
- 5 LINKAGES** – needs linkage to SURGE CENTERS, and possibility to quickly transfer cases when it turns moderate. Ideally also connection with medical professionals on tele Consultation

IMPORTANT

WHO IS THIS FOR? This option is good if a large family at home, high risk individuals living in the family, or lack of physical space to self-isolate makes it necessary to get people to this facility.

NO OXYGEN There will be no oxygen provided at these facilities. Only supportive medication, food and space for isolation will be available.

TELECONSULTATION is critical unless medical teams are on standby, so cases who turn from mild to moderate are moved out immediately to the surge center or to the hospital, as recommended

LINKAGES to surge centers and hospitals and means to move the patients there critical.

FINANCE required to feed, clean, take care of staff and volunteers.

Next Steps



<http://bit.ly/IsolationCenterGuide>

GUIDING WORKSHEET –

Download a BLUEPRINT worksheet that lists out all the requirements based on these considerations. Go through them with your team, and work out each element.



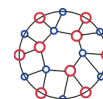
CONFIRM YOU CAN FULFIL REQUIREMENTS –

Once you have gone through this Blueprint and are convinced you can fulfill the criteria and requirements, please download the excel sheet that will guide you to make projections based on the size you envision your local center to be.

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BLUEPRINT

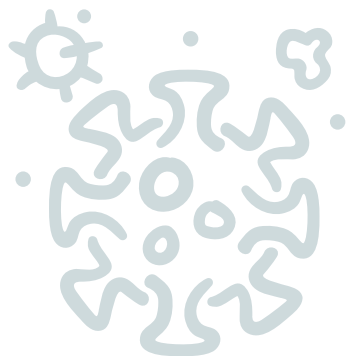
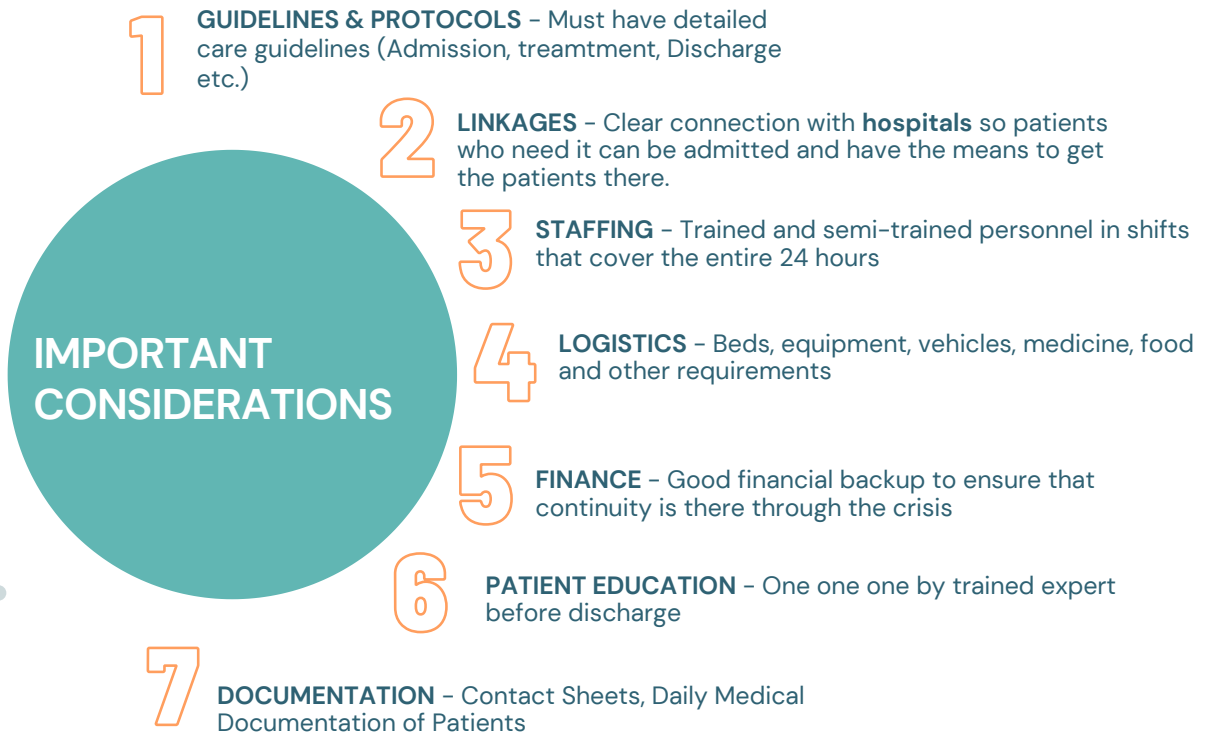
SURGE MANAGEMENT CENTERS for COVID19 RESPONSE in NEPAL

*Drafted by medical and non-medical volunteers who are part of the **Covid Alliance for Nepal**, a civil society effort to support each other through this medical and public health crisis.*

*This is meant to be a **starting point** so that you can work with your team and advocate for isolation centers/surge management centers in your local area, with a **solid sense of the materials and infrastructure** would be, at base, necessary for the set-up and maintenance of the center.*

While Isolation Centers or Surge Management Centers are not fully-fledged hospitals, certain criteria has to be fulfilled for effective management.

They are important for patient management and follow-up, and require consistency.



NEXT STEPS



<http://bit.ly/SurgeCenterGuide>

GUIDING WORKSHEET - Download a BLUEPRINT worksheet that lists out all the requirements based on these considerations. Go through them with your team, and work out each element.



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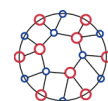
PROJECTION & BUDGETS - make a clear projection based on this BLUEPRINT that will help make budget and requirements projections based on the size you envision your local center to be.

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BLUEPRINT SURGE MANAGEMENT CENTERS for COVID19 RESPONSE in NEPAL

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GUIDELINES & PROTOCOLS

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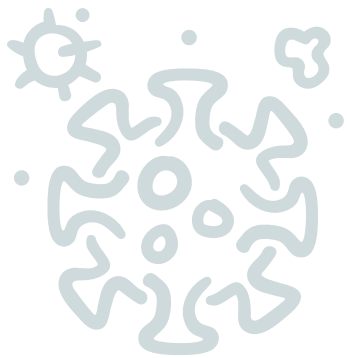
ADMISSION EXCLUSION CRITERIA

- O2 requirement: > 5L NC
- High risk patients as per clinical judgment by medical officer in triage
- Pregnant in the 2nd or 3rd trimester



ADMISSION INCLUSION CRITERIA

- O2 requirement: <5L/m NC (80% of max allowed)
- Other emergent conditions ruled out clinically (on-site vs. teletriage)
- Ability to procure and administer their own home medication
- Signed consent form by admitting party and family



COVID 19 SURGE MANAGEMENT CENTER

TRANSFER CRITERIA to COVID HOSPITAL

Persistent clinical/respiratory deterioration as defined by the following:

1. Requiring > 5L/m of supplemental O2*
2. Increment in O2 requirement by more than 3 L/m every hour
3. Respiratory distress with fatigue (persistent tachypnea with fatigue)
4. Not tolerating PO nutrition after 2 treatments of anti-nausea medication
5. Clinical concern for other conditions including PE, acute chest syndrome, stroke, sepsis, shock (defined by persistent BP <90 sbp after fluid resuscitation), and other conditions based on clinical judgment
6. Deterioration in mental status

*Severe COVID if >=5l/min O2 needed to maintain SpO2>=90% (NMC Guideline)

DISCHARGE CRITERIA

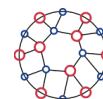
- Not requiring any supplemental O2 for > 24 hours with O2 saturation > 93%
- Able to ambulate without oxygen support, and O2 saturation > 93%
- Improvement based on clinical judgment and physical exam
- No negative RT-PCR test required to meet discharge criteria
- Discharge planning and education completed one on one by medical officer and nurse

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SURGE MANAGEMENT CENTERS

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MEDICATION PROTOCOL

All Patients:

- Zinc, 40 mg daily
- Vitamin D3 1000 IU daily
- Vitamin C, 1 tab daily
- Ibuprofen/Paracetamol q6 hrs PRN for fever and pain
- Anticoagulation (Enoxaparin, Unfractionated Heparin, etc) unless contraindicated
- Inhaled steroid if SpO2 93-94% (Budesonide 800mcg BD, stop once symptoms resolve)

Patients needing supplemental oxygen

Add:

Dexamethasone Oral/IV 6 mg once a day for 10 days (if 6 not available, give 8 mg)

If Dexamethasone is not available, below are equivalent treatment (daily):

- Prednisone 40 mg (Oral)
- Methylprednisolone 32 mg (IV)

TRANSFER PROTOCOL

- As soon as transfer necessity is noted, please contact focal person from the hotline (Viber)
- Keep patient on reservoir mask at 15L while awaiting ambulance transport
- Prone deteoring patient while awaiting transfer
- If airway deterioration is severe, maintain oxygenation with BVM (with all staff in appropriate PPE). Intubation and advanced airway management will not be done in the isolation center.

TREATING FEVER

First line:

- -Paracetamol Oral 500 mg q6 hours SOS (max 4000 mg daily)

Second line:

- -Ibuprofen Oral 800 mg q6hr SOS
- If unable to control fever, then consider following regimen:
- Paracetamol 500 mg, 4 hours later, Ibuprofen 600 mg, 4 hours later, Paracetamol 500 mg, etc.

Do not exceed 4000mg of Paracetamol per 24 hours

REQUIRED SUPPORTIVE TREATMENT

- Respiratory therapy 2 times a day, and Incentive Spirometry every 2 hours (nursing-led)
- Daily proning of patients
- Physical therapy prior to discharge (tele vs. in-person)
- Mental health counseling to be done once during the admission (telehealth) -Discharge planning and education to be done before discharge
- Daily updates to family members to be provided by medical officer

DAILY DOCUMENTATION REQUIREMENT

- Medical Officer to write a admission H&P of patient
- Medical Officer to document daily progress note (SOAP)
- Nursing to document daily vitals
- Transfer/Discharge sheet to be filled by MO and Nursing to send with the patient with information on treatment, assessment, and plan.

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