



**Management of suspected case of COVID-19 at initial point of entry:
Refer to detailed Guidelines in the COVID-19 2020 National Guidelines**

NB Infection Prevention Control measures to be adhered to throughout interacting with the patient.

- Provide face-mask to the patient
- Health care workers to put on full **Personal Protective Equipment as per IPC Guidelines** *
- Take a full history so that you can exclude other diagnoses e.g. travel history PCP, bacterial pneumonia, pulmonary embolism, cardiac failure
- Assess symptoms/signs -? Fever $\geq 38^{\circ}\text{C}$? Cough ? shortness of breath ? nausea, vomiting, diarrhoea?
- Measure respiratory rate
- Oxygen saturation? $<90\%$ - **will need admission**
- Collect nasopharyngeal sample to test for COVID-19 infection.

MILD CASE: Room Air Oxygen $\geq 90\%$, Respiratory rate <25 breaths /minute, Pulse <120 beats/minute, Temperature $<38^{\circ}\text{C}$, Normal Mental State.

If symptoms are mild, patient can be advised on how to take care of themselves at home- practice cough etiquette, social distancing etc

MODERATE TO SEVERE CASE: Room air saturation $<90\%$ at rest, respiratory rate >26 breaths/ minute Temperature 38.1°C , Abnormal mental state

If symptoms are moderate, severe and patient is in the high risk category i.e. elderly >60 years, has chronic conditions like HIV, diabetes, heart disease, cancers prepare for admission

In preparation for admission:

- Give patient Oxygen via nasal prongs
- Do the following tests: blood cultures, FBC, U &Es, LFTS, CXR?

Medicines:

- Give **Ceftriaxone 2gm IV stat** and then Ceftriaxone 1gm twice a day for 7 days plus **Azithromycin 500mg orally stat** and then Azithromycin 250mg daily for 4 days (adults/adolescents)
- Give **Ceftriaxone (50-80mg/kg) plus Azithromycin (10mg/kg)** as above (children)

Refer for admission to the appropriate ward