

Kerala State COVID 19 guidelines Version 3. April 24, 2021

Treatment guidelines for COVID 19 patients		
Category A		
Symptomatic treatment Reassessment every 24-48 hours for change in category Monitor for dyspnoea, hypoxia (SpO2<94%), high grade fever, severe cough, altered sensorium and excessive fatigability		
Category B		
Tab Ivermectin 200mcg/kg/day (not exceeding 12mg) once a day for 3-5 days if #risk factors present PLUS MDI/DPI Budesonide 800mcg twice a day if symptoms (fever and/or cough) are persistent beyond 5 days of disease onset		
Category C		
Tab Favipiravir 1800mg BD x 1 day then 800mg BD x total 7days OR Tab Ivermectin 200mcg/kg/day (not exceeding 12mg) once a day for 3-5 days PLUS MDI/DPI Budesonide 800mcg twice a day if symptoms (fever and/or cough) are persistent beyond 5 days of disease onset		
<p>Moderate severity (respiratory rate 24-29/min, SpO2 91-94 on room air)</p> <p>Inj Methyl prednisolone 0.5-1 mg/kg/day for 5-10 days Or Inj Dexamethasone – 0.1-0.2 mg/kg/day for 5-10 days PLUS Anti coagulation as per state protocol *see EUA below</p>	<p>Severe (respiratory rate ≥30/min, SpO2 < 90 on room air)</p> <p>Inj Methyl prednisolone 1-2 mg/kg/day for 5-10 days Or Inj Dexamethasone – 0.2-0.4 mg/kg/day for 5-10 days PLUS Anticoagulation as per state protocol *See EUA below</p>	
*EUA/Off label use based on limited available evidence and ONLY in special circumstances		
<p>REMEDSIVIR</p> <ul style="list-style-type: none"> Only in category C – moderate and severe disease (ie requiring supplemental oxygen) AND Within 10 days of symptom onset No renal or hepatic dysfunction(egfr < 30ml/min/m², AST/ALT > 5 times ULN) – NOT an absolute contraindication Recommended dose is 200 mg IV on day 1 followed by 100 mg IV daily for next 4 days 		
<p>TOCILIZUMAB</p> <p>When all below categories are met</p> <ul style="list-style-type: none"> Severe disease (preferably within 24 – 48 hours of onset of severe disease / ICU admission) Significantly Raised inflammatory markers CRP &/or IL-6 (RECOVERY TRIAL cut off > 75mg/L) Not improving despite use of steroids No active bacterial / fungal / tubercular infection Recommended dose is 4-6ml/kg (usually a dose of 400mg in a 60Kg adult) in 100ml NS over 1 hour (Single Dose) 		
<p>CONVALESCENT PLASMA</p> <ul style="list-style-type: none"> Early MODERATE disease preferably within 7 days of disease onset Availability of high titre donor plasma (Signal to cut off ratio S/O ≥ 3.5 or equivalent based on the test used) Usual dose is 200ml given over a period of 2 or more hours 		
<p>IVERMECTIN</p> <ul style="list-style-type: none"> To give in high risk Age > 60yrs Cardiovascular disease including HTN, CAD Chronic lung/liver/kidney disease Cerebrovascular disease Obesity 	<ul style="list-style-type: none"> Pregnancy Category C – better to avoid Excreted in low concentration in human milk Metabolized in liver by Cytochrome p450 isoenzyme 3A4 Azithromycin co administration may increase serum level of Ivermectin Concomittent alcohol use can increase severity of adverse effects 	
FAVPIRAVIR can lead to teratogenicity, transaminitis, neutropenia and dose dependent hyperuricemia. Prior to using favipiravir or remdesivir, pregnancy has to be ruled out in all females in reproductive age group. Favipiravir should not be used in pregnant and lactating females. Favipiravir should be stopped if SGPT >5 times upper limit of normal or if creatinine clearance is <30ml/min/m ² or if there is doubling of creatinine from baseline without an alternative explanation.		
IVERMECTIN and FAVPIRAVIR are NOT recommended in children.		
Category A	Category B	Category C
Mild sore throat / cough / rhinitis /diarrhea	Fever and/or severe sore throat / cough OR Category-A with any one of the following #risk factors <ul style="list-style-type: none"> Lung/ heart / liver/ kidney / neurological disease/ Hypertension/haematological disorders/ uncontrolled diabetes/ cancer /HIV- AIDS On long term steroids Pregnant lady Age –more than 60 years. 	Breathlessness, chest pain, drowsiness, fall in blood pressure, haemoptysis, cyanosis [red flag signs] Children with ILI (influenza like illness) with red flag signs (Somnolence, high/persistent fever, inability to feed well, convulsions, dyspnoea /respiratory distress, etc). Worsening of underlying chronic conditions