

Hospitalization indications in covid19

1. CXR: Alveolar infiltration

Patchy infiltration

2. Spo2<90%

3. Tachypnea, RR>24

Each of symptom and fever>37.3 or toxic general appearance

Patient's classification in hospital :

Group 1(mild):

Spo2: 80-90 %

RR: 24-30%

No respiratory distress

Treatment:

1. Supportive procedures

2. Vit C 1gr BD

3. Amp NAC 1gr TDS

4. Sy Dexeteromethorphan 50cc TDS

Diet: regular free

Group 2(moderate to severe)

1. Spo2: 80-60 %
2. RR \geq 24
3. Mild to moderate respiratory distrese

medical orders:

Condition: Critical

Position: CBR

Diet: soft liquid

1. High grade isolation control
2. CBC diff/ BUN/ Cr/ Na/k/Bs/ pT/ PTT/ INR/LDH/ daily
3. O2 with mask 6-8 L/min if Pao2 80-60
4. O2 with reserval mask 10 L/min if Pao2 < 60-40
5. Oseltamavir 75 mg BD
6. tab hydroxy chloroquine 500 mg BID
7. Cap Ritonavier 1200mg BID
8. Ritonaveer/lopinavir(CLATRA) 100/400 BD
9. Amp NAC 1gr TDS IV
10. Amp Vit C 1gr TDS IV
11. Amp Enoxaparin 40mg Daily SQ
12. Amp Neurobion Daily IM
13. Amp Hydrocortizon 50mg QID IV
14. Neb daolin BD
15. Neb pulmicurt BD
16. Neb Salbutamol QID

17. Amp Lasix 20mg TDS IV
18. Amp Meropenem 2gr TDS IV
19. Amp levofloxacin 750mg Daily IV
20. Amp vancomycin 1 gr BD IV
21. Infusion propofole 50-100 mc/kg/min
22. Infusion MS 3-5mg/hr
23. Cisatracurium 10mg stat. 4-8mg/hr
24. Serum D/S 1000 cc Daily + H/S 1500 cc Daily
25. Fully catheter fix
26. ABG Q 6 hr
27. Norepinephrin 10mc/min if MAP<60
28. Dobutamin 5mc/min if MAP<60
29. CXR portable Daily
30. Lung spiral CT
31. CVC fix
32. If patient will be worsen , IVIG 400mg/kg Daily for 5 days
33. Amp Apotel 500mg QID PRN if T≥38.5
34. Supp Diclofenac 100mg PRN BD if T≥39
35. ECG Daily
36. Echocardiography as needed
37. Amp pantaprazole 40mg Daily
38. Amp Selenaze 1mg stat, 500mc Daily

Group 3 (sever)

1. Spo₂<60%
2. Severe respiratory distress
3. Hemodynamic instability
4. Acid base disturbance

INTUBATE THIS PATIENT

Intubation indication in patients with suspected covid19

1. Severe hypoxemia: Pao₂<40
2. Severe respiratory distress (such as nasal flaring , air hunger, intercostal retraction)
3. Mod to Severe respiratory acidosis: PaCo₂≥60, PH≤7.25
4. RR≥36
5. Hemodynamic instability:
Hypotension (MAP<60) without response to fluid therapy
Relative Bradycardia
6. Altered mental status
7. Respiratory fatigue

Intubation procedure should be performed completely sterile. The person who performs intubation should be wearing an Anti-virus sheet, sterile gloves, mask N-95, glasses and hat.

Recommended medications :

1. Propofol 50-70mg stat
2. Fentanil 100mc stat
3. Succinylcholine 100mg if not contraindication
4. First ventilator setting:

Mod: AC

TV: 4-6cc/kg

RR: 12-18/min

PEEP: 8-10

Fio2: 60-100

Then anesthesist should adjust ventilator setting with ABG parameters.

Acceptable ABG for ARDS paitient is :

PaO2>60

PH: 7.25- 7.45

PaCO2:35-55

HCO3:20-26

Sedation in intubated patients:

The patient should not have respiratory distress for at least 12-24 hrs. To achieve this purpose patient should be fully sedated or paralyzed if

1. Propofol 50-100mc/kg/min
2. Morphine sulfate 3-5 mg/hr
3. Cisatracurium 8 mg/hr

Sedation must be discontinued daily and reassess the patient

In case of spontaneous breathing:

1. Cisatracurium D.C
2. Propofol D.C
3. Dexmedetomidine 1-5 mc/kg/min infusion
4. Morphine Sulfate 3-5 mg/hr

MEDICATIONS ORDERS:

Condition: Critical

Position: CBR

Diet: NPO

1. High grade isolation control
2. CBC diff/ BUN/ Cr/ Na/k/Bs/ pT/ PTT/ INR/LDH/ daily
3. ventilator setting as prescribed later
4. Oseltamivir 75 mg BD
5. tab hydroxy chloroquine 500 mg BID

6. Cap Ritonavir 1200mg BID
7. Ritonaveer/lopinavir(CLATRA) 100/400 BD
8. Amp NAC 1gr TDS IV
9. Amp Vit C 1gr TDS IV
10. Amp Enoxaparin 40mg Daily SQ
11. Amp Neurobion Daily IM
12. Amp Hydrocortizon 50mg QID IV
13. Neb daolin BD
14. Neb pulmicurt BD
15. Neb Salbutamol QID
16. Amp Lasix 20mg TDS IV
17. Amp Meropenem 2gr TDS IV
18. Amp levofloxacin 750mg Daily IV
19. Amp vancomycin 1 gr BD IV
20. Infusion propofole 50-100 mc/kg/min
21. Infusion MS 3-5mg/hr
22. Cisatracurium 10mg stat. 4-8mg/hr
23. Serum D/S 1000 cc Daily + H/S 1500 cc Daily
24. Fully catheter fix
25. ABG Q 2 hr(arterial line fix)
26. Norepinephrin 10mc/min if MAP<60
27. Dobutamin 5mc/min if MAP<60
28. CXR portable Daily
29. Lung spiral CT
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31. If patient will be worsen , IVIG 400mg/kg Daily for 5 days

32. Amp Apotel 500mg QID PRN if T \geq 38.5
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34. ECG Daily
35. Echocardiography as needed
36. Amp pantaprazole 40mg Daily
37. Amp Selenaze 1mg stat, 500mc Daily

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