



GOVERNMENT OF KARNATAKA

No. HFW 170 ACS 2021

Karnataka Government Secretariat

Vikasa Soudha

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Bengaluru, Dated:22.05.2021

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CIRCULAR

Sub: Protocol to be followed in CCC for hypoxic patients

Ref: Proceedings of the clinical expert committee meeting of
RGUHS, conducted through circulation (dated.
12/05/2021)

The protocol to be followed in CCC for hypoxic patients prepared by the
Clinical Protocol Committee is attached as annexure.

All concerned are directed to comply with the protocol for the clinical
management to be followed in CCC for hypoxic patients.

(JAWAID AKHTAR)

Additional Chief Secretary to Government
Health and Family Welfare Department

Copy to:

1. The Chief Commissioner, BBMP
2. The Commissioner, Department of Health and Family Welfare, Bangalore.
3. The Mission Director, NHM Bangalore
4. The Special Commissioner, BBMP.
5. All the Deputy Commissioners in the State of Karnataka.
6. The Director, Department of Health and Family Welfare, Bangalore.

7. The Director, Department of Medical Education, Bangalore.
8. All Divisional / Joint Directors, Health and Family Welfare Department.
9. The Chief Health Officer, BBMP.
10. All the District Health Officers / District Surgeons / Administrative Medical Officers and Taluk Medical Officers and Medical Superintendents of all General Hospitals in Karnataka.

Copy for Kind Information to;

1. Chief Secretary, Government of Karnataka, Vidhan Soudha, Bengaluru.
2. PS to Health and Medical Education Minister, Vidhan Soudha, Bengaluru.
3. Principal Secretary Department of Medical Education, Bengaluru.

ANNEXURE

PROTOCOL TO BE FOLLOWED IN CCC FOR HYPOXIC PATIENTS(Dated:13.05.2021)

If any of the patients who are admitted in CCC are breathless and are hypoxic with Oxygen Saturation 88-94%, and hence requiring oxygen support:

- Start on Oxygen Support immediately as appropriate.
- Give a nebulization with Budesonide respule, immediately.
- Advise the patient for awake proning.
- Secure an IV line immediately.
- Inj. Dexamethasone 6mg IV or Inj. Methylprednisolone 40 mg IV to be given.
- Monitor his/her vitals: SpO₂, PR, BP, RR and Temperature. Every 15mins.
- Enquire on any other symptoms like fever, chest pain and cough with sputum production.
- Look for any abnormal signs and symptoms such as Worsening of Clinical Symptoms,
- Increased Work of Breathing Increased Respiratory Rate, etc.

If the patient has clinical improvement in 30 minutes, with regard to signs and symptoms, then the patient can be continued to be managed at CCC.

Blood Investigations: CBC, RFT, S/E, LFT can be done AND sent to the attached Hospital as soon as possible.

The Patient should be shifted once stabilized to the DCH and further management to be continued there.

Management of a severely Hypoxic Patient in a CCC until an alternate arrangement is done for escalation to DCH

Any patient who is hypoxic with Oxygen Saturation <88%, and breathless, and doesn't improve clinically or has a worsening of clinical condition, needs to be escalated from CCC to a Designated COVID Hospital. However, due to Manpower and resource limitations, it is foreseeable that a significant time-lag is bound to happen until the patient reaches a DCH. Hence the management of such a patient who is for escalation, during this time-lag period is very valuable and critical.

- Put the patient on highest available Oxygen Support at the facility, namely Non-Re-breathing Mask at 15 L/min through Oxygen Concentrator. (Two 10L Concentrators can be connected together to use Flow at 15-18L/min for use with Non-Re-Breathing Masks)
- *[The CCCs should have 10 Concentrators Reserved for patients requiring Non-Re-Breathing Masks]
- Proning should be done for the patient.
- Monitor his / her vitals frequently, every 15mins and watch for any red flag signs such as Altered Mental Status or Loss of Consciousness, increased breathlessness and tiredness.

of patient from CCC

Escalation of patient from CCC

Whenever a hypoxic patient, who is breathless, doesn't improve clinically or has a worsening of clinical signs and symptoms, immediately should be considered for escalation from the CCC to a Designated COVID Hospital.

- Concerned authority must be informed regarding the worsening status of the patient and hence the requirement for immediate shifting of the patient from CCC to DCH.
- Arrangement should be made meanwhile for shifting; including an ambulance with Oxygen support and all staffs to be on standby to receive the patients and the response is expedited.
- Before shifting the patient, make sure the patient has received a dose of Neb. Budesonide and a Corticosteroid Injection (Inj.Dexamethasone/ Inj.Methylprednisolone).
- Inform the receiving hospital regarding the clinical condition of the patient in prior so that the arrangements can be made at the place in order to efficiently manage the patient as soon as here aches there.
- The Medical officer must prepare a brief but informative Referral Note for such patient, which includes the patients' demographic details as well as Clinical details.
- The attenders of the patient must be counseled regarding the present clinical condition of the patient.

Management of Patient with Saturation 70-80% in a facility without High Flow Oxygen/HDU/ICU

Those patients who have oxygen saturation between 70-80%, who is in a Hospital, but doesn't have a HDU facility or facility to provide High Flow Oxygen:

- Steps must be taken to arrange for shifting the patient to an appropriate centre with the required facilities, as a priority.
- The patient should be put on Non-Re-breathing Mask at 15L/min (through two Oxygen Concentrators Connected together via a connector) until the shifting is arranged.
- Proning should be done for the patient so as to allow for improvement in oxygen saturation.
- There should be more careful and frequent monitoring of such a patient every 15 minutes.
