Management of Mild Symptomatic Patient

Slide 2-

we will discussing about the case definition as per WHO.

How do we assess severity of illness and management of mild symptomatic cases

Slide 3-

It is as per WHO interim guidelines 29 may 20.

Giving both definition. 1 may be deleted

Will say all the contents of slide.

Slide 4-

It is as per WHO interim guidelines 29 may 20.

Giving both definition. 1 may be deleted

Will say all the contents of slide.

Slide 5,6- As suggested by module team. I can write WHO in place of MOHFW.

Giving both definition. 1 may be deleted

Will say all the contents of slide.

Slide 7-

Most persons experience fever (83–99%), cough (59–82%), fatigue (44–70%), anorexia (40–84%), shortness of breath (31–40%), myalgias (11–35%). Other non-specific symptoms, such as sore throat, nasal congestion, headache, diarrhoea, nausea and vomiting, have also been reported. Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms has also been reported

Older people and immunosuppressed patients in particular may present with atypical symptoms such as fatigue, reduced alertness, reduced mobility, diarrhoea, loss of appetite, delirium, and absence of fever.

In MILD cases children may present with influenza like illness, not having respiratory difficulty (chest indrawing or rapid respiratory rates) and not hypoxic

Cut off for rapid respiratory rates (fast breathing):

< 2 months: 60 breaths/min

3-11 months: 50 breaths/min

12-60 months: 40 breaths/min

> 60 months: 30 breaths/min

Lower chest indrawing

Oxygen saturation >94 % in room air

Some cases may have no fever or have only GI symptoms, such as nausea, vomiting, abdominal pain, and diarrhea

Physical examination shows congestion of the pharynx and no auscultatory abnormalities

Slide 8-

IN MILD cases child is usually cared at home But sometimes admitted in covid care facility.

Thorouh education of parent/caregiver need to be done if child is cared at home which we learn in subsequent slides.

There is no established therapy as of now so supportive care is the mainstay

Infection prevention and control (IPC) measures should be followed at all steps for all suspected and confirmed cases

Slide 9-

The child with mild COVID symptoms can be taken care either at home or COVID care center. The Doctor should assess the feasibility that the child can be cared at home. The child should fulfil the following criteria.

- Mild disease as assessed by doctor
- Have the requisite facility at their residence for self-isolation and also for quarantining the family contacts.
- A care giver should be available to provide care on 24 x7 basis
- A communication link between the caregiver and hospital
- Download Arogya Setu App on mobile
- Attendant agree to monitor the child regularly inform child's health status to the District Surveillance Officer/ doctor
- Parents/ attendant to fill in an undertaking on self-isolation

Slide 10

Aim is to keep the high risk patient under medical supervision. All the medical and social issues should be taken into consideration before sending the child to home quarantine.

In the event that the patient tests positive for COVID-19, he/she may be eligible for home isolation only if the responses to 1A-C and 2A-E are all YES

1. .	**Eligibility criteria for home isolation (Please tick the response)**
A.	Is respiratory rate < age specific cutoff
B.	Is room air SpO_2 > 94%
C.	Absence of **ALL** of the following high-risk features • Infants • Cardiovascular disease including hypertension • Diabetes • Immunocompromised states • Chronic lung disease • Chronic kidney disease • Chronic liver disease • Cerebrovascular disease • **Obesity (BMI> 2SD)**

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Slide 11-
Child should be cared in COVID care facility

- If home isolation is not feasible
    - Small house
    - Over crowding at home
    - High risk patients staying at home and inadequate facility
    - Regular monitoring not possible due to any reasons
- If child has high risk factors: immunosuppressed, chronic disease etc: should be admitted in Hospital for monitoring and care
- All children at home isolations/ covid care facilities or hospital: should be cared in child friendly environment and parents/ attendant may be allowed to take care with proper PPE kits and precautions

Slide 12-
treatment is mainly symptomatic. Like For Fever: Paracetamol 10-15 mg/kg/dose may repeat every 4-6 hours
NSAID should be avoided, Though no evidence against these as of now. There is no role of cough suppressant. If throat irritation is there then warm saline gargling may be done thrice a day. Honey is a throat soother. Antibiotics are not indicated.

Slide 13-
Emphasis should be given on proper Nutrition. Citrus fruits should be taken. Junk, spicy and fried food should be avoided. Plenty of warm fluids should be taken. Hydration should be maintained all the time. Rest and deep breathing exercises should be done especially pranayams. Room temperature should be ambient.

Slide 14-
though there is lot of literature on various medication having benefit in covid treatment but as of now no single drug cures the disease.
Various drugs studied are.
Chloroquine and hydroxychloroquine
Ivermectin
Antiviral agents
Lopinavir/ritonovir
Remdisavir
Umifenovir
Favipiravir
Immunomodulators including
Tocilizumab
Interferon B 1 a
Plasma infusion

Slide 15-

Monitoring by parents at home
Parents/ caregivers should be trained to monitor child at home by explaining
Counting of respiratory rates at least twice a day when child is not crying
Look for chest indrawing
Look for nasal flare
Look for bluish discolouration of body
Keeping monitoring chart
Oxygen saturation monitoring (hand held pulse oximeter)
Cold extremities, urine output
Communication to doctor
Whom to contact in case of emergency
DANGER SIGNS should be explained. They should be told When to bring to hospital or seek help
Develops Breathing difficulty
Rapid respiratory rate
Chest indrawing
Nasal flare
Bluish discoloration
Reduced activity/Lethargy
Poor feeding
Altered sensorium
Seizure
Hypoxia if monitored: SaO_2 <94%

Slide 16- if sent to home parent/caregiver should maintain a monitoring chart as follows OR some simpler format can be used

Monitoring Chart

	Day1- date _____			Day 2- date _____	
	8am	2pm	8pm	8am	2pm
Pulse					
Resp rate					
Spo2					

Nasal flare/ chest retraction					
Temp					
G.I symptoms					
Others					

Slide 17-
And when the child is in COVID care facility there should be Monitoring by doctor or trained nurse at least twice a day
Vital monitoring HR, RR, Temp, Oxygen saturation
Development of chest indrawing
Intake output specifically reduced or difficulty in feeding and reduced urine output
Lethargy, seizures, general activity

Slide 18-
child should be transferred to hospital if-
Respiratory distress
Spo2 <94 % on room air
Shock/poor peripheral perfusion

- Poor oral intake, esp in infants and young children
- Lethargy, esp. in infants and young children
- Seizures/ encephalopathy

Slide 19
Frequently asked questions

- **How many days to isolate the child?**
  - To keep child isolated for at least 10 days of symptom onset and at least three days of afebrile period.
  - Further home isolation for next 7 days with health monitoring at home is also recommended.
  - For e.g- for a patient with symptoms for 14 days, the patient can be discharged (14 days + 3 days =) 17 days after date of symptom onset
- **Whether to do repeat test for covid?**
  - If no high risk factor, there is no need to repeat test to document recovery
- **What is risk of transmission of illness from child to other family members?**
  - As there may be some risk of transmission, precautions including mask, physical distancing, hand hygiene, isolation should be maintained

SLIDE 20

- **Does the child needs vaccination after infection?**
  - As of now vaccines are not available, its unclear whether infection provides lifelong immunity or child will be at risk of repeat infection

- **Will the child have long term complications?**
    - As this is new condition, long term complications are difficult to predict. With more studies, guidelines may be developed
- **When can child be sent to school or play with other children**:?
    - After 14 days of onset of symptoms child becomes non infectious, can be sent to school or play-in group provided at both places physical distancing norms are followed if the schools have been allowed to open up

SLIDE 21
SUMMARY

- Majority of children with Covid infection have mild illness characterized by cold, cough but no difficulty in respiration (RR less than age specific cut off)
- Moderate cases may mimic Non severe Pneumonia
- These patients can be managed at home with home isolation after assessment
- There is no evidence to suggest beneficial role of antiviral, HCQ, TCZ or plasma infusion