

COVID REGIMEN – Stable Patients : For In Patients in COVID CARE CENTER Or COVID Hospital

1 Time Medications on Admission :

- # 1) INJ . VITAMIN D3 6 L IU Intramuscular .
- # 2) INJ. MAGNISIUM 1 Gm IV if Elderly / above 50 Yrs .
- # 3) INJ. MethylCobalamin IV / IM for Vegetarians .

DAY 1 – 7 from 1st SYMPTOMS : 1st Week

CAT 1) DRUGS that has Role in Reducing Viral Load / Spread .

- 1) Tab. IVERMECTIN 12 Mg - 5 Days
On Empty Stomach
- 2) Tab. OSALTAMIVIR 75 Mg - 7 Days
Twice Daily after food
(Or)
Tab.LOPINAVIR – RITONAVIR 200-50
Twice Daily after food - 7 Days
- 3) SYP BROMHEXINE 5 ML - 14 Days
3 Times a day .
- 4) Tab LEVOCEZ 5 Mg - 14 Days (ANTI HISTAMINE)
Night before Sleep .
- 5) Tab N Acethyl Cystine 600 - 14 Days
11 AM & 5 PM .

CAT 2 : ANTIBIOTICS – Prophylactic & Atypical Coverage .

- 6) Tab DOXYCYCLINE 100 Mg - 7 Days
Morning after BreakFast – Night after food

CAT 3 : ANTI CLOT / BLOOD THINNER

- 7) Tab OROKINASE (Nattokinase) – 20 Days
Night after Food

NOTE : Instead of Orokinase – Tab.APIXABAN 2.5 Mg Twice a day for 10 days & Followed by Once a day for 20 more days can also be given for high risk groups . But anti platelets , if being used by patients should be stopped .

Tab. Ecosprin AV 150/20 can also be given for low risk groups , instead of Tab. Orokinase

CAT 4 : ANTI LIPIDIMIC - (For High Risk Group & High BMI / Altered Lipid Profile)

- 8) T FINOFIBRATE 145 - 10 Days
Night Before Sleep .

CAT 5 : SUPPLEMENTS .

- 9) Tab NEUROBION FORTE - 14 Days
Noon After Food
- 10) Tab OMEGA DHA - 14 Days
Noon after Food
- 11) Tab ZINC 50 Mg - 14 Days Noon after food .

CAT 6 : ANTACIDS

- 12) T FAMOTIDINE 20 Mg - 14 Days
Early Morning & Night – 30 Minutes before food / Empty Stomach .
If not available – T Omeprazole 20 Mg / T Esomeprazole 40 Mg can be chosen .

INHALER USE : If yet Inflammation goona be damaging aspect – certainly Inhaled steroids would be of beneficial role as like we mentioned in our Earlier protocol . But here as Infection may also be of predominant role – Inhaled steroid should be cautiously used .

We recommend Inhaled Bronchodilator + Glycopyrrolate combination .

If yet – the strain in the City / State been inflammation Predominant or if the pattern is indicating Viral Pneumonitis – Inhaled Budesonide / Fluticasone can be used .

DAY 8th to Day 14th of Symptoms : 2nd WEEK .

CAT 6 : SELECTIVE ADDITIONAL DRUGS :

NEED & Dose , if yet needed should be decided based on CBP CRP Values & CT Chest or Chest X Ray .

- 1) T METHYLPRED 16 Mg (or) T DEXAMETHASONE 4 Mg .
- 2) T COLCHICINE 0.5 Mg .

CONTINUATION DRUGS :

Except T Oseltamivir 75 Mg / T LOPI-RITO , T DOXYCLINE 100 M g BD & T Ivermectin 12 Mg OD – Rest 7 Drugs in the 1st week can be continued in the second week too .

INVESTIGATIONS & MANAGEMENT OUTLINE :

On Admission :

Blood Investigations :

- 1) Complete Blood Picture (CBP) .
- 2) C Reactive Protein (CRP) .
- 3) Liver Function Tests (LFT) .
- 4) Sr Creatinine & Sr Urea (RFT) .
- 5) Hb A1 C for all above 25 Years & Just Random Blood Sugar (RBS) for below 25 Yrs.
- 6) Lipid Profile .

Chest X Ray on Admission :

If Clear – Treatment can be continued as routine .

If Infiltrates Present – CT Chest / After taking history and co relating with CRP Value – Steroid , Colchicine , or other anti biotics can be considered .

Blood Investigations on Day 5 , 7 , 9 from 1st Covid Symptom :

- 1) Complete Blood Picture .
- 2) C Reactive Protein .

If CRP is Elevated – D Dimer should also be performed .

NOTE : CRP may be elevated during the 1st 5 days too ; that might be due to INFECTION / HIGH VIRAL LOAD . Steroid is not at all recommended / to be used at that time . Prefer ANTI VIRAL , If available Remdesivir or atleast OSALTAMIVIR 75 Mg BD or LOPINAVIR – RITONAVIR Combination (Only effective if treatment started very early from 3rd / 4th day of symptom)

REPEAT CHEST X RAY on DAY 8th / Even before that if Fever is PERSISTANT . Once the Patient is DESATURATED – below 95 % - Get CT Scan Chest to know the PATTERN OF DISEASE – Viral Pneumonia (or) Viral Pneumonitis .

VIRAL PNEMONITIS (Inflammation Predominant) : STEROID should be Base of Treatment .

VIRAL PNEMONIA (Infection Predominant) : Anti Viral & High end Prophylactic Antibiotics should be Base of Treatment without / with low dose steroid based on CRP Value .

HIGH DOSE STEROID CAUTION : In 1st wave , Viral load is low and the main problem been the Hyper Immune Reaction of the Body , rather than the virus . But now , we are seeing clear Viral Pneumonia Pattern , for which the treatment approach has to be changed and role of steroid in Pneumonia's may be limited and **rather than Methylpred , low dose Dexamethasone** can be chosen if yet in Viral Pneumonia cases .

Its PECSI Guidelines released in August 2020 , that advocated use of High dose MethylPrednisolone rather than Dexamethasone , targeting the Covid Cytokine storm . Following that guidelines , using high dose Methylprednisolone been very popular and infact it saved lakhs of lives . But now , as there are multiple strains behaving differently been rampant and there are also patients in whom there are 2 and 3 different strains of Corona Virus . So , treatment should be customised after the 2nd week base don the CRP Values and CT / Xray Chest Observations and symptoms of the patient .

PATIENT SHOULD BE ASSESSED FOR SYMPTOMS of COVID CYTOKINE STORM :

- 1) Loss of Appetite .
- 2) Second episode of fever after a gap of few afebrile days .
- 3) Sense of Fear / Irritability .
- 4) Loose Stools / Feeling Uneasiness after loose stools .
- 5) Sudden Weakness / Discomfort in Respiration .

Usually Symptoms of Cytokine Storm are elicited from Day 7-11th from 1st Symptom . But sometimes may even be from 12th-14th .

If two or More Symptoms been present - **IL 6 Blood test** should be conducted to Rule Out Cytokine Storm .

Get CT Chest and Confirm VIRAL PNEMONITIS before giving High Dose or Pulse Dose Steroids . If not , at least have a Chest X Ray . If not – Try to assess based on 5 Symptoms mentioned above to Identify Cytokine storm . Or – Give Inj MethylPred 125 & Inj Pheneramine Maleate (AVIL) 25 – If yet there is good response and patients says that he is feeling well with confidence – You Can Consider it as Covid Cytokine Storm & Opt High dose Methylprednisolone .

RISK GROUP SEGREGATION :

- **Low CT Value in RT PCR (High Viral Load)**
Early Anti Virals , if available atleast even 3 Vials of Remdesivir Indicated .
- **UnControlled Fevers / High Grade Fevers , Particularly along with exhaustion & body pains .**
(Indicates High Infection / Inflammation)
Early Anti Virals , If available Remdesivir & Daily Monitoring of CBP CRP .
- **High Blood Sugars & Non Diabetics – Yet High Sugars (Indicates Multi Organ Involvement)**
3 Times GRBS Monitoring & Insulin therapy
- **Low / Lowering Trend Lymphocyte Counts ; Sometime even High Lymphocyte Count .**
6-7 Cloves of Garlic to be chewed slowly for 1 hour , bearing the odd sensation . Ellucin in Garlic helps Interferon Beta regulation .
- **High Eosinophil Count .**
Double or twice daily Anti Histamine should be used .
- **Raised Liver enzymes on Admission .**
LFT should be monitored after 5 days & patient should be considered high Risk .
- **Low Platelets .**
Blood thinner (Not Anti Platelet) like Enoxaparin / Nattokinase be given along with Hydration .
Even 2 Tablets of Colchicine 0.5 Mg may be given as Stat dose . Platelets raises the very next day ,
indicating that the raised platelets suggests . Dengue serology test to be done .

All the above groups of high risk groups should be observed with special caution . Similarly those patients with AUTOIMMUNE DISEASES , Chronic Inflammatory Diseases like Psoriasis , Arthritis should be started on REMDESIVIR on Diagnosis& Continued upon their regular medications too . If Remdesivir not available , other available Anti Virals be started and regular monitoring of CBP CRP should be done . Obese Patients , those with Hypertension , Diabetes , Hormonal disorders , Psychological problems should be paid special attention .

Men who look muscular / Predominant masculine look / bald head / Obese with pot belly are having more chances of landing into Cytokine Storm , particularly if they have any other co morbidities .

BLOOD CANCERS / CANCER Patients should be kept in separate rooms and they should be discharged only after 2 successful RT PCR Negatives , as there is more chance of MUTATIONS among them .

Cancer Patients , Post Organ Transplant Patients / those on Immunosuppression / HIV Patients with low CD4 Counts should be started on Anti Viral Remdesivir in 1st week itself / upon diagnosis .

Convalescent Plasma Transfusion can be considered in HIV with Low CD4 Count , Cancer patients early in the 1st week of infection , if yet fevers are continuous and Pneumonia onset been observed before 5 days of 1st symptom . It yet – such patient is vaccinated and having antibodies – No Role of Early Convalescent Plasma too .

The above Guidelines are for management of Stable patients when admitted to hospital / Covid Care center early . If the above mentioned treatment been started within 3-4 days of onset of 1st Symptom – the results can be promising and there may be very fractional chances of patient being desaturated or landing up in complication . Even if there been slight desaturation , it can be managed mostly with simple intervention , without life risk . There are many plant products / flavonoids with Anti Viral properties , similarly if we follow certain diet that detoxifies the body and

prevents inflammation and gives strength to fight infection – the results can be very significant . We would have detailed protocol on diet and other aspects .