SAHF INFOGRAPHIC:

HOSPITAL AND ICU MANAGEMENT OF COVID-19

UK-INDIA COVID-19 RESPONSE

WHAT ARE THE KEY POINTS?

SATURATIONS **<93% ON ROOM AIR AND/OR A RESPIRATORY RATE >24** INDICATES MODERATE DISEASE AND REQUIRES ADMISSION

VENOUS THROMBOEMBOLISM PROPHYLAXIS IS AN IMPORTANT ASPECT OF MANAGEMENT

HYPERGLYCAEMIA IS COMMON IN THOSE HOSPITALISED WITH COVID-19, AND IS ASSOCIATED WITH POORER OUTCOMES.

DEXAMETHASONE, TOCILIZUMAB AND BARICITINIB HAVE AN EVIDENCE BASE TO SUPPORT THEIR USE IN SOME SETTINGS

HOW CAN THIS WORK ON THE GROUND?

LOW-DOSE CORTICOSTEROIDS SHOULD BE GIVEN TO PATIENTS WITH AN OXYGEN REQUIREMENT, AND HAS BEEN PROVEN TO REDUCE MORTALITY

ALL PATIENTS SHOULD BE SCREENED FOR **HYPERGLYCAEMIA** SO IT CAN BE IDENTIFIED AND TREATED. PATIENTS WITH KNOWN DIABETES NEED BOTH GLUCOSE AND KETONE LEVELS MONITORING.

DISEASE SEVERITY AFFECTS THE ANTICOAGULATION DOSE RECOMMENDED

CHOICE OF VENTILATORY SUPPORT OFFERED CAN BE DEPENDENT ON STAFFING, AVAILABILITY OF EQUIPMENT AND OXYGEN SUPPLY

OTHER CONSIDERATIONS

PATIENTS WITH **HYPERGLYCAEMIA DURING ADMISSION** THAT ARE NOT KNOWN TO BE DIABETIC SHOULD HAVE A REPEAT HBA1C TWO TO THREE MONTHS AFTER DISCHARGE.

RENAL FAILURE IS ASSOCIATED WITH POOR PROGNOSIS. INSENSIBLE LOSSES AND AMBIENT TEMPERATURE SHOULD BE TAKEN INTO CONSIDERATION TO AVOID DEHYDRATION

THE **EVIDENCE BASE** FOR TREATMENT OF COVID-19 IS **CONSTANTLY EVOLVING**, AND SO USE OF LIVE GUIDELINES MAY HELP CLINICIANS KEEP UP TO DATE.

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