



End to End Home Care Process of Mild/Asymptomatic Covid-19 Patients

Note: The guidelines are in supersession to the guidelines issued on the subject on 2nd July 2020, Ministry of Health and Family Welfare, Government of India, 2020. As per the guidelines, the patients who are clinically assigned to be mild/asymptomatic are recommended for home isolation.

Date:- June, 2021



Objective of the Content:

- This content will help an individual to understand the end to end process of home care of those who are diagnosed with novel coronavirus infection (COVID-19) but have mild or moderate illness and asymptomatic.
- The patient with mild symptoms or asymptomatic will be able to understand what instruction they have to follow.
- The care givers during this homecare process will help to understand what protocols should they follow while taking care of a patient

What do we mean by Asymptomatic/ Mild Symptoms of Covid-19?



The asymptomatic cases are laboratory confirmed cases not experience any symptoms and have oxygen saturation at room air of more than 94%



Clinically diagnosed mild cases are patients with upper respiratory tract symptoms (or fever) without shortness of breath and having oxygen saturation at room air of more than 94%

What instruction do a patient should follow during home care phase?



Patient must isolate himself/herself from other members of the family, stay in the identified room and away from other people in home especially elderly and those with co-morbid condition like hypertension, cardiovascular disease, renal disease etc.



Patient should at all times use triple layer mask. Discard mask after 8 hours of use or earlier if they become wet or visibly soiled. In the event of care giver entering the room, both care giver and patient may consider using N95 mask



The patient should be kept in a well-ventilated room with cross ventilation and windows should be kept open to allow fresh air to come in



Mask should be discarded only after disinfecting it with 1% Sodium Hypochlorite

Whom can we keep under home care?



- The patient should be clinically diagnosed with mild/asymptomatic case by the treating Medical Officer.



- Such cases should have the requisite facility at their residence for self-isolation and for quarantining the family contacts



- A care giver should be available to provide care on 24x7 basis. A communication link between the caregiver and hospital is a prerequisite for the entire duration of home care.

Whom can we keep under home care?



- Elderly patients aged more than 60 years and those with co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc shall only be allowed home isolation after proper evaluation by the treating medical officer.



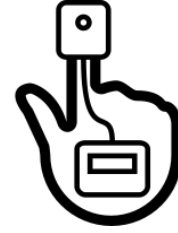
- Patients suffering from immune compromised status (HIV, Transplant recipients, Cancer therapy etc.) are not recommended for home isolation and shall only be allowed home isolation after proper evaluation by the treating medical officer.

Note: In addition, the guidelines on home-quarantine for other members available at : <https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf>, shall be also followed.

What instruction do a patient should follow during home care phase?



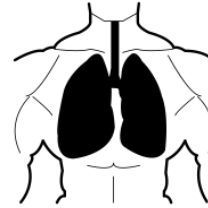
Patient must take rest and drink a lot of fluids to maintain adequate hydration .



Self-monitoring of blood oxygen saturation with a pulse oximeter is strongly advised



The patient should not share personal items with other people like- towel, eating utensils, bedding etc.



Follow the respiratory etiquettes all the time



Frequent handwashing with soap and water for at least 40 seconds or clean with alcohol based sanitizer



Ensure cleaning of surfaces in the room that are touched often (table, doorknob, handles etc with 1% hypochlorite solution

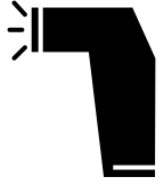
What should a patient keep in mind during Oximeter recording?

Self-monitoring of blood oxygen saturation with a pulse oximeter is strongly advised



- Turn on the Pulse Oximeter. Ensure digits are visible in the screen
- Insert middle finger correctly within the Oximeter. Allow few seconds for the Pulse Oximeter to detect the pulse and display the oxygen saturation (SpO₂)
- Take the reading and fill in the Form-1
 - i. Normal: SpO₂ should be 95% or above
 - ii. If SpO₂ below 95 %, then person should be immediately referred to the supervisor/medical officer
- Clean finger with sanitizer or alcohol-based wipe for every person before use.
- To avoid wrong reading, do not test on fingers with nail polish

What should a patient keep in mind during 'Thermal Screening'?



- Turn on the Thermal Gun and ensure it records correct temperature



- Keep the THERMAL GUN at the palm's distance (6 inches) from the forehead and press the button to record the temperature Read the "Number on the Screen" and fill the reading in FORM-1. Repeat this exercise for all family members



- FEVER: Any temperature of 100.4 F (38° Celsius) or greater is considered as fever



- Clean THERMAL GUN with sanitizer or alcohol-based wipe when the GUN is handed over to someone else

Monitoring Chart

The Patient will self monitor his/her health with daily temperature monitoring and report promptly if any deterioration of symptom as given below is noticed.

Day of symptoms and time (Every 4 hourly)	Temp	Heart rate (from pulse oximeter)	SpO2% (from pulse oximeter)	Feeling (better/same/ worse)	Breathing (better/same/ worse)

Note: the patient should monitor his/her health for 10 days using this chart

What protocols should a care giver follow while taking care of any patients regarding ‘Mask’?



- The caregiver should wear a triple layer medical mask.



- N95 mask may be considered when in the same room with the ill person.



- Front portion of the mask should not be touched or handled during use.



- If the mask gets wet or dirty with secretions, it must be changed immediately.



- Discard the mask after use and perform hand hygiene after disposal of the mask.
- He/she should avoid touching own face, nose or mouth.

What protocols should a care giver follow while taking care of any patients regarding 'Hand Hygiene'?



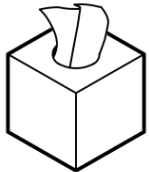
- Hand hygiene must be ensured following contact with patient or his/her immediate environment.



- Hand hygiene should also be practiced before and after preparing food, before eating after using toilet and whenever hands look dirty



- Use soap and water for hand washing at least 40 seconds. Alcohol based hand run can be used if hands are not visibly soiled.



- After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.



- Perform hand hygiene before and after removing gloves.

What protocols should a care giver follow while taking care of any patients regarding ‘Exposure to Patient/ Patient’s Environment’?



- Avoid direct contact with body fluids of the patient, particularly oral or respiratory secretions.



- Use disposable gloves while handling the patient.



- Food must be provided to the patient in his room. Utensils and dishes used by the patient should be cleaned with soap/detergent and water wearing gloves. The utensils and dishes may be re-used.



- Clean hands after taking off gloves or handling used items. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.



- Effective waste disposal shall be ensured so as to prevent further spread of infection within household. The waste (masks, disposable items, food packets etc.) should be disposed of as per CPCB guidelines available at http://cpcbenvi.nic.in/pdf/1595918059_mediaphoto2009.pdf)

What will be the treatment for patients with Mild/ Asymptomatic symptoms during home care?



- Patients must be in communication with a treating physician and promptly report in case of any deterioration.



- Continue the medications for other co-morbid illness after consulting the treating physician.



- Patients to follow symptomatic management for fever, running nose and cough, as warranted.



- Patients may perform warm water gargles.

What will be the treatment for patients with Mild/ Asymptomatic symptoms during home care?



- Inhalational Budesonide (given via inhalers with spacer at a dose of 800 mcg twice daily for 5 to 7 days) to be given if symptoms (fever and/or cough) are persistent beyond 5 days of disease onset.



- The decision to administer Remdesivir or any other investigational therapy must be taken by a medical professional and administered only in a hospital setting. Do not attempt to procure or administer Remdesivir at home



- Systemic oral steroids not indicated in mild disease. If symptoms persist beyond 7 days (persistent fever, worsening cough etc.) consult the treating doctor for treatment with low dose oral steroids.



- In case of falling oxygen saturation or shortness of breath, the person should require hospital admission and seek immediate consultation of their treating physician/surveillance team

When to seek medical attention?

Patient / Care giver will keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop.

These could include-



- Difficulty in breathing



- Dip in oxygen saturation ($SpO_2 < 94\%$ on room air)



- Persistent pain pressure in the chest,



- Mental confusion or inability to arouse

When to discontinue home care?

- Patient under home isolation will stand discharged and end isolation after at least 10 days have passed from onset of symptoms (or from date of sampling for asymptomatic cases) and no fever for 3 days. There is no need for testing after the home isolation period is over.



How should other family members of the patient behave?

- Do not panic. Do not stigmatise.
- Keep the patient cheerful and boost their morale .
- Ensure that the person is in strict home isolation
- Maintain a physical distance of at least 2 metres/ 6 feet
- Visitors should not be allowed until the patient has completely recovered and has no signs or symptoms of COVID-19



Note: Remember, the fight is against the disease and not the person

What role should a State/ District health authorities play?

- States/ Districts should monitor all cases under home isolation.
- The health status of those under home isolation should be monitored by the field staff/surveillance teams through personal visit along with a dedicated call centre to follow up the patients on daily basis.
- The clinical status of each case shall be recorded by the field staff/call centre (body temperature, pulse rate and oxygen saturation). The field staff will guide the patient on measuring these parameters and provide the instructions (for patients and their care givers). This mechanism to daily monitor those under home isolation shall be strictly adhered to.
- Details about patients under home isolation should also be updated on COVID-19 portal and facility app (with DSO as user). Senior State and District officials should monitor the records updation.
- A mechanism to shift patient in case of violation or need for treatment has to be established and implemented. Sufficient dedicated ambulances for the same shall be organised. Wide publicity for the same shall also be given to the community.
- All family members and close contacts shall be monitored and tested as per protocol by the field staff.
- Patient on home isolation will be discharged from treatment as indicated above. These discharge guidelines shall be strictly adhered to.



Thank You