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AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association)

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AHMEDABAD MEDICO NEWS

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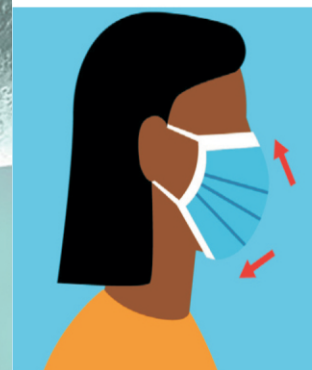
ISSUE-12

Article

1. Internet Addiction Disorder Dr. Himanshubhai Desai
2. COVID 19 Management protocol - Update



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Message From President's & Hon. Secretary's Desk



Dear Members,

“The happiest people I know are those who lose themselves in the service of others.” **Gordon Hinkley.**

“As we lose ourselves in the service of others, we discover our own lives and our own happiness.” **Dieter Uchtdorf.**

Both sentences written are almost same and exactly set for us in current situation of COVID Crisis. We all are witness of current situation since more than one year and there are plenty of examples where our friends have worked and still working very hard for the sake of society. Being doctors, it has become our responsibility to give the best to the society for the best health of society. Not only we doctors, but our whole paramedical staff including nurses, ward boys, and other staff of laboratories and hospitals are doing work day and night. No one of us have enjoyed vacation or any tour even since last year. Today when I am writing, it is RAM NAVAMI and we fill that God is taking our exams, exam of patience, exam of knowledge, exam of tolerance and so on. Today because of

surge in COVID infection, we see lots of patients everywhere having difficulty in getting beds in hospitals, oxygen and medicines also. But luckily, today our respected CM, Shri Rupani ji has allowed all hospitals and nursing homes to treat COVID patients. We really welcome this step by government.

We are also fighting for BU permission and Fire NoC certificate and petition is filed in Gujarat High Court. We hope for certain good and satisfactory decision in benefit of our friends.

Last month because of increased cases of COVID we have postponed our scientific program with College of General Practitioner and GSB IMA. And again, we are not in position to do any program till condition improves.

Today, on the day of RAM NAVAMI, let us pray almighty God to give us patience and tolerance like him and we wish the best of health of the people and society.

And we know very well that,

“It is not your job to save everyone. Some people are not even ready to be helped. Focus on being of service to those who are, and be wise and humble enough to know when the best service you can offer is to guide them toward help in another direction.” **Anna Taylor.**

Jay AMA

Jay IMA

Dr. Kiritkumar C. Gadhavi

President

Ahmedabad Medical Association

Dr. Dhiren R. Mehta

Hon. Secretary

Ahmedabad Medical Association

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White Paper by Professional Medical Societies, Task forces as well as leading professionals “Rational use of Remdesivir in COVID 19 and prevention of its misuse”

1. Remdesivir is an experimental investigational drug granted Emergency use authorisation for use in
2. Remdesivir is not a life-saving drug in COVID - 19; studies do not demonstrate mortality reduction with this drug
3. Evidence shows Remdesivir reduces the duration of hospital stay
4. Remdesivir is to be administered only, and only, in the hospital setting
5. Remdesivir is advised for hospitalized patients who are moderately sick and receiving oxygen. It is to be given for a total period of 5 days only, during the first 9-10 days of the illness
6. Remdesivir must never be administered in the home setting
7. Unnecessary / irrational use of Remdesivir is unethical.



રેમડેસિવીરના ઉપયોગ અંગે જરૂરી માર્ગદર્શન

વર્લ્ડ હેલ્થ ઓર્ગેનાઇઝેશન (WHO) કહે છે...

એવા કોઈ પ્રમાણ મળ્યા નથી કે, રેમડેસિવીરથી કોવિડના દર્દીઓનો મૃત્યુદર ઘટાડી શકાય છે, કે વેન્ટિલેટરની જરૂર ઓછી કરી શકાય છે, કે હોસ્પિટલમાં સારવારનો સમય ઓછો કરી શકાય છે. એટલું જ નહીં રેમડેસિવીરની વાયરલ ક્લિયરન્સ પર અસર થાય છે કે નહીં તે પણ અનિશ્ચિત છે...

AIIMS : ઓલ ઇન્ડિયા ઇન્સ્ટિટ્યૂટ ઓફ મેડિકલ સાયન્સિસ કહે છે...

કોરોનાના જે દર્દીઓને મધ્યમથી લઈને ગંભીર અસર હોય તેમના માટે જ રેમડેસિવીર વાપરી શકાય. સામાન્ય લક્ષણોમાં રેમડેસિવીર સલાહભર્યું નથી.

રેમડેસિવીરના ઉપયોગ અંગે તજજ્ઞ ડોક્ટર્સની શું સલાહ છે ?

કોરોનાના કોઈ જ લક્ષણો નહીં ધરાવતા કે સામાન્ય લક્ષણો ધરાવતા દર્દીઓને રેમડેસિવીર આપવું સલાહભર્યું નથી.

- જો દર્દીનું ઓક્સિજનનું પ્રમાણ ૯૪ ટકા થી ઓછું હોય ત્યારે...
- ત્રણ-ચાર દિવસની દવાઓ-સારવાર પછી પણ દર્દીને હાઈડ્રો ટાવ રહેતો હોય અને સી-રિએક્ટિવ પ્રોટીનનું પ્રમાણ (CRP) વધ્યું હોય ત્યારે...
- નળગાઈ સાથે સતત ઝાડા રહેતા હોય ત્યારે...
- સતત વાયરલ કફ રહેતો હોય ત્યારે...
- સામાન્ય પ્રવૃત્તિમાં પણ વધારે થાક લાગતો હોય કે શ્વાસ ચઢી જતો હોય ત્યારે...
- શ્વાસોચ્છ્વાસની ગતિ વધી જાય (પ્રતિ મિનિટ ૨૪ થી વધારે થાય તો) ત્યારે...
- ૫૦ વર્ષથી વધુ વય હોય અને કોરોનાને કારણે CRP, d-dimer, Ferritin વધ્યું હોય ત્યારે...
- પહેલાં x-ray નોર્મલ હોય પણ પછીથી ફેફસામાં Ground-glass opacity જણાય ત્યારે...
- લિમ્ફોપેનિયા સાથે NLR > ૩.૫ હોય ત્યારે...

ઉચિત ઔષિત્ય સાથે ખાસ કિસ્સાઓમાં ચેપીરોગોના નિષ્ણાત, શ્વાસન ચિકિત્સાના નિષ્ણાત, ફિઝિશિયન (ચિકિત્સક) કે બાળરોગોના નિષ્ણાતના અભિપ્રાય પછી જ રેમડેસિવીર આપી શકાય.

“ કોરોનાથી ભયભીત થઈને લોકો સામેથી રેમડેસિવીર લેવાનો આગ્રહ મહેરબાની કરીને ન રાખે ”
- ડૉ.તેજસ પટેલ, હૃદયરોગોના નિષ્ણાત

“ રેમડેસિવીર એ કોઈ જીવ બચાવે એવી દવા નથી, એટલે એ દવાની પાછળ દોડધામ કરવાની જરૂર નથી. ”
- ડૉ. અતુલ પટેલ, ચેપીરોગોના નિષ્ણાત

રેમડેસિવીર ઇન્જેક્શનનો સંગ્રહ કે કાળાબજાર કરનારા તત્વો સામે રાજ્ય સરકાર કડકમાં કડક પગલાં લેશે

આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ, ગુજરાત સરકાર

CONGRATULATION

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

Congratulations to following committee members selected for year 2021-22.

Dr. Jignesh Deliwala	President
Dr. Kamini Patel	President Elect
Dr. Mukesh Savaliya	Vice President
Dr. Munjal Pandya	Hon. Secretary
Dr. Snehal Kale	Hon. Treasurer
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Dr. Parth Shah	Managing Committee Member
Dr. Mehul Sukhadiya	Managing Committee Member
Dr. Bina Patel	Managing Committee Member
Dr. Hetal Patolia	Managing Committee Member
Dr. Praful Panagar	Managing Committee Member

CONGRATULATION

General Body Meeting of Ahmedabad Ophthalmological Society & Installation of New Committee Members was organised on Dt.14-03-2021.

AOS Committee Members

President	Dr. Pradip Gandhi
Vice President	Dr. Ashish Bhojak
Executive Secretary	Dr. Mohak Shah
Treasurer	Dr. Ashish Saxena
Executive Members	Dr. Gunjan Tank
	Dr. Parth Rana
	Dr. Vishal Thakkar

લેડીઝ-ક્લબ

"STRONG WOMEN EMPOWER EACH OTHER"

Hello Dear Friends,

તમે બધા સ્વસ્થ હશો મજામા હશો. કોરોનાના કપરા કાળમાંથી આપણે સર્વે New Normal Life માં જીવવાની શરૂઆત કરી દીધી હતી અને આપણે હોલમાં પ્રોગ્રામનું આયોજન કર્યું હતું. પરંતુ કુદરતે ફરી આપણા સર્વેની પરીક્ષા કરી. આપણે સૌ કપરા કાળમાંથી પસાર થઈ રહ્યા છીએ. અત્યારના સમય અને સંજોગો પ્રમાણે આપણે સૌ પ્રત્યક્ષ નથી મળી શકતા પરંતુ Virtually મળીશું.

તા. ૦૨-૦૪-૨૦૨૧ નો કિચનગાર્ડનનો પ્રોગ્રામ આપણે Postponed કર્યો હતો તે હવે તા. ૨૪-૦૪-૨૦૨૧ના દિવસે ૪.૦૦ થી ૫.૩૦ કલાક દરમિયાન Zoom પર કરીશું. તેની વિગતવાર માહિતી માટે આપ સૌ Whats app જોતા રહેશો.

તા. ૦૪-૦૫-૨૦૨૧ ના રોજ રાખેલ કુકીંગનો પ્રોગ્રામ પણ આપણે હાલના સમય અને સંજોગોના કારણે Postponed કર્યો છે. મે મહિનાના વર્ચ્યુઅલ પ્રોગ્રામ માટે આપ સૌ Whats app જોતા રહેશો. તેવી અપેક્ષા રાખું છું.

ભારતી પટેલ
પ્રમુખ - લેડીઝ ક્લબ
મો. 7874093093

પુષ્પાબેન બાવિષ્કર
માનદ્ મંત્રી - લેડીઝ ક્લબ
મો. 9227222088

ડૉ. કિરીટકુમાર સી. ગઢવી
પ્રમુખ

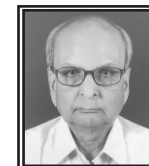
ડૉ. ધીરેન મહેતા
સેક્રેટરી

અમદાવાદ મેડિકલ એસોસિએશન

અમદાવાદ મેડિકલ એસોસિએશન

OBITUARY

We send our sympathy & condolence to the bereaved family.
May their soul rest in eternal peace.



DR. SUBODH CHANDULAL SHAH

M.No. L-1089 M.D., F.I.C.A. (U.S.A.)

Date of Birth : 21-07-1931

Date of Death : 15-03-2021

Internet Addiction Disorder

Internet addiction is seriously upcoming in India. We are seeing parents coming with their kids complaining of excessive internet use, spending time on social media, video games which affects to study, social relationships, negative self-image.

Case vignette: A parents brought their child who was in 10 thstd with the complaint of not taking interest in study. He was very bright till 7th grade. Gradually he started spending lots of time on video games. Now to make him study parents had to bargain for the time and has to allow him to play the games. Once father blocked the internet connection and on that day there was big fight up to physical level child had threaten the parents to harm himself. Parents were scared of his behavior.

Internet addiction disorder is categorized as an "impulse control disorder" and can be defined as "an individual's inability to control their Internet use/dependence, which in turn leads to feelings of distress and functional impairment of daily activities" [Shapira, N., Lessig, M., Goldsmith, T., Szabo, S., Lazoritz, M., Gold, M. et al. (2003). Problematic Internet use: Proposed classification and diagnostic criteria. *Depression and Anxiety*, 17(4), 207–216]

Possible basic criteria, with the underlying focus being on the fact that the addiction "significantly impairs everyday functionality":

- (1) the excessive use of the Internet beyond the time allotted and an irresistible urge to be preoccupied with the Internet;
- (2) an impairment, distress or poor functioning in social settings caused from a preoccupation with the Internet; and
- (3) the excessive use of the Internet is not associated exclusively with periods of hypomania or mania and cannot be entirely accounted for by Axis I clinical disorders

How can you identify having internet addiction?

1. Do you feel preoccupied with the Internet (think about previous on-line activity or anticipate next on-line session)?
2. Do you feel the need to use the Internet with increasing amounts of time in order to achieve satisfaction?

3. Have you repeatedly made unsuccessful attempts to control, cut back, or stop Internet use?
4. Do you feel restless, moody, depressed, or irritable when attempting to cut down or stop Internet use?
5. Do you stay on-line longer than originally intended?
6. Have you jeopardized or risked the loss of a significant relationship, job, educational, or career opportunity because of the Internet?
7. Have you lied to family members, a therapist, or others to conceal the extent of involvement with the Internet?
8. Do you use the Internet as a way of escaping from problems or relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, depression)?

Young (1998) suggests that those who scored over 5 or more can be considered Internet addicts.

Is Technology an Addictive Substance?

According to Griffiths (2000), technological addictions, including the Internet, are a branch of behavioral addictions which engage the six criteria for addiction:

1. **Salience:** refers to the importance and dominance that a particular activity has in one's life
2. **Mood modification:** the subjective experience one has when engaging in a particular activity, and is synonymous with a coping strategy
3. **Tolerance:** the process of increasing amounts of an activity for the purpose of remaining satisfied
4. **Withdrawal:** and the unpleasant feelings that occur when the activity is discontinued
5. **Conflict:** refers to interpersonal and intrapsychic issues an individual may experience,
6. **Relapse:** the repeated reversions that may occur after one has discontinued an activity

Griffiths found that, "as with most forms of behavioral addiction, Internet Addiction has a psycho-physiological affect on those afflicted with the condition. That is, disturbances in both mental processes, particularly thoughts, emotions, and

behaviors, and bodily actions especially in relation to withdrawal symptoms from the vice (for example, tremors) can be experienced."

Who are more prone to have internet addiction

Soule et al. (2003) identify several groups of individuals that were particularly vulnerable, such as

Singles, Young males, College students, Homosexuals, Middle-aged females, The less educated

Interestingly, the study found no statistical difference between the total number of online hours and recreational hours that males and females spent on the Internet

Prevalence & Consequences

South Korea

After 10 deaths in Internet cafes and a "game-related murder", the South Korean government declared Internet addiction "one of its most serious public health issues".

As of 2006 the SK government estimated that approx. 210,000 (2.1% of 6-19yr olds) suffered from internet addiction

China

Government estimates suggest 13.7% of adolescent Internet users meet the criteria for addiction; around 10 million teenagers

US

While reliable data is not available for the prevalent of internet addiction in the US, "Internet Gaming Disorder" is included under Section III of the DSM-V as a condition "warranting more clinical research and experience" before its official inclusion.

Internet addiction can lead to depression 2.5 times more than usual prevalence

The best-documented evidence of Internet addiction so far is time-disruption, which subsequently results in interference with regular social life, including academic, professional performance and daily routines. Some studies also reveal that IAD can lead to disruption of social relationships in Europe and Taiwan.

Physical symptoms

Physical symptoms include a weakened immune system due to lack of sleep, loss of exercise, and increased the risk for carpal

tunnel syndrome and eye and back strain.

Symptoms of withdrawal might include agitation, depression, anger and anxiety when the person is away from technology. These psychological symptoms might even turn into physical symptoms such as rapid heartbeat, tense shoulders and shortness of breath.

- Other related disorders are Online gambling addiction, video game addiction, cybersex, sexting

Treatment

Psychosocial treatment ,Cognitive behavior therapy

Several key aspects are embedded in this therapy:

- Learning time management strategies;
- Recognizing the benefits and potential harms of the Internet;
- Increasing self-awareness and awareness of others and one's surroundings;
- Identifying "triggers" of Internet "binge behavior", such as particular Internet applications, emotional states, maladaptive cognitions, and life events;
- Learning to manage emotions and control impulses related to accessing the Internet, such as muscles or breathing relaxation training;
- Improving interpersonal communication and interaction skills;
- Improving coping styles;
- Cultivating interests in alternative activities.

Motivational enhancement interview technique similar to technique used for alcohol deaddiction can be useful.

Medication:

SSRI can be used for co morbid Depression.

More research is awaiting for this newer disease.

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Psychiatrist



ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Standard Operating Procedure & Hand Book

For

COVID-19

MANAGEMENT

COVID 19 Management protocol - Update
(Version 4: 21st April 2021)



AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)

	Policy / Procedure:--		SOP Of COVID-19 Management (AIIMS Patna)	
	Version Date:-	No/ Issue		
		4.0 / 21/04/2021		

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This document is an interim draft on update of "AIIMS Patna COVID-19 management protocol version 3.0 dated 8th July 2020". Management protocol is updated based on current evidence, local context and resources.



AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)

COVID – 19: Mild Disease

- Upper respiratory tract symptoms and/or fever without shortness of breathing or hypoxia. *Same criteria for children and young adults.*

Admission category: **Home isolation** (advice on OPD, day-care and / or tele-consultations)

Management plan

Advice:

- Ensure adequate hydration and meal/nutrition intake.
- Continue to follow all personal protective measures. Children above 2 years of age can use face mask.
- Temperature monitoring 6 hourly in all (more frequent if having fever). Tepid sponging (tap water, not cold water) SOS.
- Baseline saturation (SPO₂) followed by repeat record after 6 minute walking. Consult if baseline saturation below 94% or fall in saturation of more than 5 % after 6 min walk. Monitor and record 6 hourly (or more frequent if having lower respiratory tract symptoms like fast breathing/indrawing of chest)
- Gargles with chlorhexidine mouth wash 6 hourly and steam inhalation as tolerates twice daily (under supervision of parents).

Medications:

- Tab paracetamol 500 mg SOS if temperature >100F (can take every 4-6 hourly, maximum 4 doses in 24 hours). *10-15 mg/kg/dose for children*
- Tab Vitamin C 500 mg once daily x 2 weeks
- Tab Zinc 50 mg once daily x 2 weeks (*20 mg once a day for children*)
- Tab levocetirizine 5 mg + montelukast 8 mg 1 tab once daily at night before sleep for 5 days if throat congestion (*levocetirizine 2.5 mg + montelukast 4 mg or weight and age appropriate for children*)
- Additional advise deemed appropriate for other associated symptoms such as
 - Tab pantoprazole (40mg) 1 tab once daily empty stomach for gastritis. (*20 mg for children*)
 - Probiotic sachet (1 twice a day for diarrhoeal manifestation) (*age appropriate for children*)
 - Throat soothing lozenges or syrup SOS
 - Oral steroid (dexamethasone 6 mg per day or equivalent dose of methylprednisolone) in cases with mild symptoms but laboratory markers suggestive of inflammatory changes. *Prednisolone 1 mg/kg/day or equivalent dose of methyl prednisolone or dexamethasone in children*

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AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)



AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)

Investigations:

Lab tests on day 3-5 of illness (Repeat if done earlier):

- CBC with peripheral smear
- CRP, Serum ferritin, Serum LDH
- PT, aPTT, INR, D-Dimer, Fibrinogen
- LFT, RFT
- Chest X Ray PA view if lower respiratory tract symptoms.

Awake-proning: Following positions may be adapted in series, each for 30 minute to 2 hours as tolerated

S No	Time duration	Position	
1	30 min to 2 hours	Lying on belly (Prone)	
2	30 min to 2 hours	Lying on right side (right lateral)	
3	30 min to 2 hours	Sitting up 60-90 degree (Fowler position) or Supine	
4	30 min to 2 hours	Lying on left side (left lateral)	
5	30 min to 2 hours	Back to position 1 (prone)	

Duration of home isolation: 10 days from symptom onset and no fever for 3 days (20 days in diagnosed immunocompromised states). RTPCR negative report is not needed either to finish home isolation or for discharge from hospital

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AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)



AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)

COVID – 19: Moderate disease







Any of following

- Respiratory rate more than 24 in adults; (*In pediatric age group: Pneumonia defined by respiratory rate >60/min in infants <2 months; >50/min in infants 2-12 months; >40/min in 1-5 year age; >30 in older than 5 years*)
- SpO₂ < 94% in room air

Admission category: COVID Ward; *Dedicated pediatric COVID ward for children***Management plan**

- Oxygen support to target SpO₂ > 92%
- Anti-inflammatory agent: Steroid (oral or IV dexamethasone 6 mg od or equivalent dose of methylprednisolone). *Prednisolone 1 mg/kg/day or equivalent doses of methyl prednisolone or dexamethasone in children.*
- Anticoagulation: Low molecular weight heparin 1 mg/kg per day subcutaneous in two divided doses. *In children use LMWH only if established thrombosis.*
- Serial laboratory and radiological investigations (HRCT may be considered if worsening, subject to feasibility)
- Investigations as suggested for mild disease plus additional specific tests such as blood gas, electrolytes (serial monitoring if persisting or worsening)
- Additional antibiotics in cases of suspected secondary bacterial infection
- Restrictive fluid therapy.

Awake-proning: Following positions may be adapted in series, each for 30 minute to 2 hours as tolerated

S No	Time duration	Position	
1	30 min to 2 hours	Lying on belly (Prone)	
2	30 min to 2 hours	Lying on right side (right lateral)	
3	30 min to 2 hours	Sitting up 60-90 degree (Fowler position) or Supine	 
4	30 min to 2 hours	Lying on left side (left lateral)	
5	30 min to 2 hours	Back to position 1 (prone)	

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AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)



AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)

COVID – 19: Severe disease

Any of following

- Respiratory rate more than 30 in adults (*In children: pneumonia as defined under moderate cases plus cyanosis, grunting, severe retractions, lethargy, somnolence or seizures*)
- Critical disease such as ARDS, sepsis, septic shock, MODS, acute thrombosis or MIS-C in children
- SpO₂ < 90% in room air

Admission category: COVID ICU

- Respiratory support:
Consider mechanical ventilation/ HFNC/ BiPAP. Prioritize invasive ventilation if high work of breathing or respiratory failure
- Prone ventilation as feasible and indicated
- Anti-inflammatory agent: Steroid (IV dexamethasone 6 mg od or equivalent dose of methylprednisolone), consider methylprednisolone pulse therapy in high cytokine storm.
- Additional antibiotics in cases of suspected secondary bacterial infection
- Immunomodulator: Have not been found effective in most of the trials. Tocilizumab may be considered on case to case basis.
- Anticoagulation: Low molecular weight heparin 1 mg/kg per day subcutaneous in two divided doses.
- Restrictive fluid therapy.
- Supportive measures: treat septic shock as per surviving sepsis or similar protocol, maintain euvoolemia, take care of pain and optimize sedation.
- Serial laboratory and radiological investigations (HRCT may be considered subject to feasibility and expected additional information)
- Consider HFOV / ECMO in refractory cases.

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AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)



AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)

Late complication of COVID-19 in Children**COVID-19 associated Multisystem Inflammatory Syndrome in Children (MIS-C) or Pediatric Multisystem Inflammatory Syndrome****WHO Case definition of Pediatric Multisystem Inflammatory Syndrome**Children and adolescents 0–19 years of age with fever ≥ 3 days and two of the following:

1. Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet).
2. Hypotension or shock.
3. Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated Troponin/NT-pro BNP),
4. Evidence of coagulopathy (by PT, PTT, elevated d-Dimers).
5. Acute gastrointestinal problems (diarrhoea, vomiting, or abdominal pain).

And

Elevated markers of inflammation such as ESR, C-reactive protein, or procalcitonin.

And

No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.

And

Evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely contact with patients with COVID-19.

Tier 1 investigations

Child is considered to have positive screen for MIS-C if both of these are present

1. CRP > 5 mg/dL and/or ESR > 40 mm/hr
2. At least one of the following:
 - Lymphopenia (absolute lymphocyte count < 1000 /micro L)
 - Thrombocytopenia (Platelets $< 150,000$ /micro L)
 - Hyponatremia (S. Sodium < 135 mEq/L)
 - Neutrophilia
 - Hypoalbuminemia

If screen is positive, child should further be evaluated with tier 2 investigations (do tier 1 and tier 2 investigation simultaneously if child presents with life threatening manifestations such as shock, respiratory failure, brain dysfunction, renal failure etc)

Tier 2 investigations

- Electrocardiogram (ECG)
- Echocardiogram: quantification of LV size and systolic function using end-diastolic volume (and z-score) and ejection fraction (EF), detailed evaluation of all coronary artery segments for coronary artery aneurism (CAA) and normalization of coronary artery measurements to body surface area using z-scores.
- BNP/NT-proBNP levels, Trop T
- Inflammatory markers: CRP, Serum ferritin, Serum LDH, PT, aPTT, INR, D-Dimer, Fibrinogen, Procalcitonin, triglyceride and cytokines such as IL-6, IL-10 and TNF if available
- SARS-CoV-2 Serology

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AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)



AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)

Treatment**If Life-threatening disease**

- Methyl prednisolone 1-2 mg/kg/day AND
- IVIG 2 gm/kg over 24-48 hours
- Anti-microbials and evaluate for tropical infections
- Consider anakinra/ tocilizumab

If not life-threatening disease

- Evaluate for tropical infections and consider anti-microbials
- Methyl prednisolone 1-2 mg/kg/day OR
- IVIG 1-2 gm/kg over 24-48 hours

Antiplatelet therapy is indicated if there is thrombocytosis or CAA (Z score > 2.5)

- Aspirin 3-5 mg/kg/day (max 81 mg/day)

Anticoagulation is indicated if there is CAA (Z score > 10), thrombosis or LVEF $< 35\%$

- Enoxaparin: 1-2 mg/kg/day subcutaneous, target factor Xa level 0.5-1

Serial monitoring with ECG (repeat 48 hrly), ECHO (7-14 days and 4-6 weeks). Cardiac MRI or CT scan should also be considered.

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AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)



Pediatric COVID-19 related frequently asked questions (FAQs) by parents and caregivers during coronavirus pandemic

Q1. What measures can I take to prevent my child from having COVID-19 infection?

It can be a confusing time and it is okay to be worried for your children. Continue to take all personal protective measures like frequent hand washing or hand sanitization, wear a face mask covering your nose, avoid crowded places, cover your mouth and nose while coughing and sneezing, and eat healthy. Children above 2 years of age can also wear a mask.

Q2. What should I do if a family member has come COVID-19 positive?

Do not panic. If a family member has tested coronavirus positive, then rest of the family members should also get themselves tested for COVID-19 and continue to take all personal protective measures for the next 14 days.

If the family member has been advised home isolation, then they can stay in a separate room (if possible) and wear a face mask at all times along with following other protective measures.

- Keep your children away from the COVID-19 positive patient. If your child is more than 2 years old and is cooperating, then they can also wear a mask.
- Make sure to wash their hands frequently, make them eat and drink well (home cooked food).
- Check their temperature frequently, watch for development of any symptoms, and visit a nearby doctor if required.

Q3. Do all children need to be tested for COVID-19?

If your child is not having any flu-like symptoms after coming in close direct contact with a COVID-19 positive patient, then you should remain watchful for symptoms till 14 days from contact.

At any point within 14 days of contact, if the child develops symptoms like fever, cough, runny nose, vomiting, loose stools, etc. (described in detail below), then you should get them tested for coronavirus.

Q4. What should I do if my child has symptoms of COVID-19?

Do not panic if your child is having flu-like symptoms (fever, cough, runny nose). It can be due to any other viral illness.

- If you have not already got your child tested for COVID-19, then get it done now.
- Continue to follow personal protective measures for yourself and your child. Give them home cooked food and keep them well hydrated.
- Measure their temperature frequently. If it is more than 100 degree F, then you can do tepid sponging with tap water and give them syrup or tablet paracetamol.



WEIGHT OF CHILD	PARACETAMOL DOSE FOR FEVER (per oral, can be repeated after every 4 hours)	
4-5 kg	Syrup Paracetamol (125 mg/5 mL)	2.5 mL
6-8 kg	Syrup Paracetamol (125 mg/5 mL)	3-5 mL
9-12 kg	Syrup Paracetamol (250 mg/5 mL)	3-4 mL
13-15 kg	Syrup Paracetamol (250 mg/5 mL)	4-5 mL
16-20 kg	Tablet Paracetamol (500 mg).	½ tablet
20-30 kg	Tablet Paracetamol (650 mg)	½ tablet
>30 kg	Tablet Paracetamol (500 mg)	1 tablet

- You can also give nutritional supplements to your child.

AGE OF CHILD	SYRUP ZINC (20 mg/5 mL)
<6 months	2.5 mL (10 mg) once daily for 14 days
>6 months	5 mL (20 mg) once daily for 14 days

- Other nutritional supplements like syrup multivitamin, drop vitamin D, calcium can be given as per their doctor's advice.
- Be watchful for danger signs (explained below). If present, seek urgent medical advice at your nearest hospital.

Q5. Do all children develop severe COVID-19 infection requiring admission in ICU?

Though we are still learning about coronavirus disease, most children are asymptomatic or develop mild flu-like symptoms which can be treated at home. But children who have been sick for a long time due to other illnesses (like lung diseases, cancer, heart disease, kidney disease etc.) have weak immunity and are at increased risk of developing severe COVID-19 infection that may require ICU care.


AIIMS Patna COVID 19 Management protocol (Version 4.0: 21/04/2021)

Q6. When should I admit my child to a hospital if he/she becomes COVID-19 positive?

SIGNS AND SYMPTOMS	ACTIONS	
If your child has: <ul style="list-style-type: none"> Fever Cough, runny nose Vomiting, loose stools, stomach pain Muscle or body pain Redness of eyes, rash over body, neck swelling 	CONTINUE PROVIDING HOME BASED CARE TO YOUR CHILD <ul style="list-style-type: none"> Do temperature charting Continue taking personal protective measures In case of fever, you can do tepid sponging and give syrup/tablet paracetamol Be watchful for danger signs 	GREEN
If your child has: <ul style="list-style-type: none"> Babies up to 1 year of age with temp >102-degree F Fever >100-degree F for more than 3 days Fast breathing 	VISIT YOUR NEARBY DOCTOR AS SOON AS POSSIBLE <ul style="list-style-type: none"> Continue to follow other suggestions as advised above. 	ORANGE
If your child has ANY of the following signs/symptoms: <ul style="list-style-type: none"> Indrawing of chest Looks pale or blue Peripheries feel cold Sunken eyeballs and dry mouth Not passed urine for more than 3-4 hours (for children less than 5 years of age) Refusing to feed Looks drowsy or lethargic Abnormal body movement 	YOUR CHILD NEEDS URGENT HELP, RUSH TO THE NEAREST HOSPITAL <ul style="list-style-type: none"> Keep the child warm. If the child is drowsy or is having abnormal body movements, keep them turned to their left side. 	RED

**adapted from Royal College of Paediatrics and Child Health (RCPCH) advice for parents/carers during coronavirus*


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Fight Covid: Contribute for your country!!