

WHO COVID-19 CLINICAL CARE BUNDLE

This is a derivative product related to the WHO COVID-19 Living Clinical Management Guidance and WHO Living Guidelines for Therapeutics and COVID-19. To be used by health workers caring for patients with suspected or confirmed COVID-19.

To be performed, as soon as possible:



Isolate the patient. Wear medical mask, gown, gloves and eye protection. If performing an aerosol generating procedure, wear a particulate respirator.



Perform triage and clinical assessment. Check vital signs: temperature, respiratory rate, pulse, blood pressure, mental status (AVPU) and pulse oximetry.



If any signs of severe or critical COVID-19, manage airway and give oxygen therapy immediately.



Administer corticosteroids if patient has severe or critical COVID-19: 6 mg daily of dexamethasone or equivalent 150 mg of hydrocortisone (50 mg every 8 hours), 40 mg of prednisone, or 32 mg of methylprednisolone (8 mg every 6 hours or 16 mg every 12 hours).



Administer standard thromboprophylaxis dosing of anticoagulation, if no established indication for higher dose anticoagulation, and no contraindications. Enoxaparin 40 mg by subcutaneous injection every 24h or unfractionated heparin (UFH) 5000 units by subcutaneous injection every 8 or 12h. Adjust for low body weight and high BMI.



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*** EMERGENCY SIGN:**
Obstructed or absent breathing, severe respiratory distress, central cyanosis, shock, coma and/or convulsions.

SEVERE DISEASE:

Adolescent or adult with clinical signs of pneumonia (fever, cough, dyspnoea) plus one of the following: respiratory rate > 30 breaths/min; severe respiratory distress; or $SpO_2 < 90\%$ on room air.

Child with clinical signs of pneumonia (cough or difficulty in breathing) + at least one of the following:

- Central cyanosis or $SpO_2 < 90\%$; severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); general danger sign: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions.
- Fast breathing (in breaths/min): < 2 months: ≥ 60 ; 2–11 months: ≥ 50 ; 1–5 years: ≥ 40 .

CRITICAL COVID-19:

Patient presenting with acute respiratory distress syndrome, sepsis, septic shock, acute thrombosis or other conditions that normally require life-sustaining therapies.

Caution: The oxygen saturation threshold of 90% to define severe COVID-19 and should be interpreted cautiously. For example, clinicians must use their judgment to determine whether a low oxygen saturation is a sign of severity or is normal for a given patient with chronic lung disease. Similarly, a saturation > 90 –94% on room air is abnormal (in patient with normal lungs) and can be an early sign of severe disease, if patient is on a downward trend. Generally, if there is any doubt, err on the side of considering the illness as severe.

While the diagnosis can be made on clinical grounds; chest imaging (radiograph, CT scan, ultrasound) may assist in diagnosis and identify or exclude pulmonary complications.



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<https://www.who.int/publications/i/item/clinical-management-of-covid-19>

<https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19>

