Makeshift Hospital - Key interventions for COVID-19

Use safe Infection Prevention and Control measures

Monitor SpO2!

USING A PULSE OXIMETER

- · Remove nail polish
- Turn on the pulse oximeter
- · While sitting still, attach the probe to a finger or
- Wait 20-30 seconds for a consistent pulse signal
- If titrating oxygen up or down, recheck SpO2 in 2-3 minutes and again within 15 minutes and record on the monitoring chart



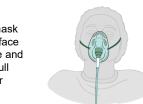
UNDERSTANDING SpO2 ('oxygen saturation')

- Make sure to read SpO2 and not pulse rate (PR)
- If SpO2 is < 90% (or < 94% if pregnant or ABCD emergency signs) then:

Give oxygen &

titrate

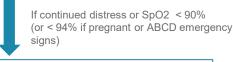
Place prongs inside the nostril Hook tubing behind ears. Flow rates higher than 5L will dry mucous membranes



Secure mask firmly on face over nose and mouth. Pull strap over head.

Make sure bag is full to deliver highest oxygen concentration.





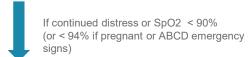
Continue to try to find a bed for higher level of care. Consider CPAP, BiPAP or HFNO if available and adequate O2 supply.

Titrating oxygen will save supply.

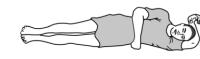
Start oxygen at 5L/min Use nasal cannula Assess response



Use face mask Increase oxygen to 6-10L/min Assess response



Use face mask with reservoir Start oxygen at 10-15 L/min & titrate to ensure bag inflates Assess response & call for help from clinician



Supportive care

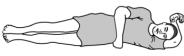
- Give dexamethasone: 6 mg daily oral or IV for 7-10 days (or 50 mg hydrocortisone every 8 hours, or 40 mg prednisone daily, or 16 mg methylprednisolone every 12 hours)
- Encourage adequate hydration & nutrition
- If wheezing, give salbutamol
- If fever, give paracetamol
- Encourage the patient to prone and rotate in bed, sit upright, and get out of bed where possible



Right Lateral Recumbent 30 minutes - 2 hours lying on your left side

Left Lateral Recumbent

30 minutes - 2 hours: lying on your right side



Reclining 45 degrees 30 minutes - 2 hours: sitting up

Based on WHO SEARO IMAI **District Clinician Manual**

