

Government of West Bengal
Health & family Welfare Department
Swasthya Bhawan, Block GN-29, Sector V
Salt Lake City, Kolkata – 91

Memo No: HPH/10P-03/2018/559

Dated: 21.07.2020

To

The Principal, Medical College and Hospital, Kolkata / Murshidabad Medical College and Hospital

The Chief Medical officer of Health (All District and Health District, West Bengal)

The Superintendents (All Covid Hospitals, West Bengal)

The Director / CEO / Medical superintendent (All Private COVID Hospitals, West Bengal)

Sub: Advisory on Case Management for COVID – 19 Patients

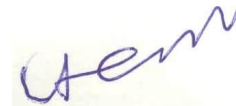
The experts from the Protocol Monitoring Team as deputed by the Dept. of H& FW, Government of West Bengal visited some COVID hospitals and noted certain lacunae in practice which need urgent rectification. On the basis of their observations, following recommendations are made:

1. Patients should be properly triaged at emergency department and later after admission.
2. Top sheet, provided by Govt of WB, should be maintained properly and time to time for all patients.
3. Oxygen prescription mentioning device, flow and target SpO₂ is mandatory.
4. Ventilation strategy should be displayed and properly followed.
5. The indication of mechanical ventilation along with ABG reports should be clearly mentioned in BHT. HFNC or NIV trial should be tried before invasive ventilation under close monitoring.
6. Judicious use of antibiotics is necessary as per hospital antibiotic policy and standard guideline.
7. Cultures needs to be done routinely and before initiation and change of antibiotics.
8. Newer drugs which are described in protocol can be used but it is institution's responsibility to arrange those medicine for patients. Those drugs should be prescribed which can be arranged by institution itself instead of giving the burden on the patient party.
9. If a patient needs to be referred to other hospital, he/ she must be stabilized before transferring and a case summary should be attached.
10. Fluid electrolyte balance should be monitored and recorded methodically as per guideline to avoid pre renal azotemia and AKI.
11. Quick response team should be formed to tackle any emergency situation.
12. Anticoagulation and steroid therapy should be started as per protocol and adjusted as needed.
13. Treatment protocol and guidelines should be displayed in the ward and ICU.

These recommendations, if properly practiced, will improve patient outcome. During subsequent visits teams will specifically check if these suggestions have been implemented.



Director of Medical Education
Government of West Bengal



Director of Health Services
Government of West Bengal

Copy forwarded for kind information and necessary action:

1. The Mission Director, NHM, Department of Health & Family Welfare, Govt of West Bengal
2. The MSVP (All Medical Colleges)
3. The DDHS (Admin), Department of Health & Family Welfare, Govt of West Bengal (He is requested to inform the Clinical establishments).
4. DDHS (PH), Department of Health & Family Welfare, Govt of West Bengal
5. The Dy Chief Medical Officer of Health – II (All Districts and Health Districts)
6. The Senior PA to the Secretary, Department of Health & Family Welfare, Govt of West Bengal
7. Office Copy



**Director of Medical Education
Government of West Bengal**



**Director of Health Services
Government of West Bengal**