

Annexure 1: Institutional protocol for diagnosing and treating mild, moderate and severe disease

Parameters	Severe			Moderate		Mild
SpO ₂ *	<90% in RA requiring O ₂			<94% in room air requiring O ₂		94%-97% in RA
RR	>30			24-30		<24
NLR	>7			>5		>3.13
CRP (mg/l)	>100			50-100		10-50
Ferritin (ng/ml)	>1500 (F->1000)			600-1500 (F-500-1000)		400-600 (F-150-500)
LDH (IU/L)	>500			300-500		220-300
D DIMER (mic/ml)	>1.0			0.5-1.0		<0.5
IL6 (pg/ml)	>100			20-100		8-20
CT chest (%)	75-100			25-75		<25

Drugs	Severe			Moderate		Mild
Medicine	Dose	Frequency	Days	Medicine	Dose	Medicine (oral)
Enoxaparin**	40 mg	BD	7-10	Enoxaparin**	40 mg	Paracetamol
Dexamethasone	8 mg	OD	7	Dexamethasone	8 mg (3-5 days)	Azithromycin
Ceftriaxone	2 gm	OD	5-7	Ceftriaxone	2 g	Vitamin C
Vitamin C	1 g	OD	5	Pantaprazole	40 mg	Zinc (elemental)
Thiamine	200 mg	OD	5			Pantaprazole
Pantaprazole	40 mg	OD	5	Remdesivir**** *		Adequate hydration orally encouraged
Tozolicimab	400 mg	2 doses 12 h apart		Tozolicimab****	400 mg (1dose)	
Remdesivir					2 nd dose±	

*For COPD, SpO₂ of 2-4% lower values are acceptable, **Enoxaparin to be given once daily in patients with renal failure, ***Tozolicimab 1. 400 mg diluted in 100 ml ns given over 1 h 2. Repeat dose after 12 h CI: Immunosuppressive states, PLHA, active bacterial fungal infections (Start if 3 out of five markers present), ****REMEDSIVIR: (better, if started early in the course of illness) 1. 200 mg in 250 normal saline over 4 h on first day 2. 100 mg in 100 ml NS infusion from 2nd day onwards for 5 days 3. If on ventilatory support continue for another 5 days 4. To monitor RLE every 48-72 h: Contraindications 1. ALT>5 times 2. Pregnancy, Lactation 3. Caution in Sr. Creatinine clearance <30 ml/m. RA: Room air, NLR: Neutrophil lymphocyte ratio, CRP: C-reactive protein, LDH: Lactate deshydrogenase, CT: Computed tomography, BD: Bis in die (twice a day), OD: Omni die (once a day), RR: Respiratory rate, CI: Contra-indications, PLHA: People living with HIV/AIDS, ALT: Alanine transaminase