Triage Protocol During Corona Pandemic For High Suspect Cases Of Covid-19 Infection In QMH

- If a Gynae/Obs patient reports in emergency or OPD with
  - H/O Acute onset Fever ($>100^0$ F) with Cough &/ or Breathlessness, diarrhea
  - H/O Foreign Travel $<14$ days
  - H/O direct contact with +ve cases or close contact with someone with H/O travel
  - Health care workers with above symptoms
  - R/R $>30$/min
- QMH registration ticket to be made, UHID to be generated and details noted on the ticket.
- History to be taken from a distance of 1 meter and no P/A or P/V to be done.
- If above history positive and patient does not need any Obs/Gynae intervention but appears high risk for Corona infection, talk to SR on duty/ Consultant (first on call).
- Send patient to Gandhi ward I for triaging.
- If patient is sick, ask PRO QMH to arrange ambulance to shift patient.
- If required, patient may be given oxygen till ambulance arrives.
- There should be no delay in any of the above procedures.
- If above history negative, treat the patient as normal and manage as per routine protocol.
King George’s Medical University
Department of Obstetrics & Gynaecology
Management Protocol of Obstetric patients During Corona Pandemic
For High Suspect Cases Of Covid-19 Infection InQmh

- Patient to be shifted to designated COVID Ward/LR/OT
- Emergency consultant to talk to COVID specialists to coordinate testing & treatment of these cases

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- Minimum SR/JR/Nurse to enter Ward/ LR/ OT after donning in designated Donning room
- Take history & examine patient
- Connect Pulse oximeter in all cases- take SPO2 hourly, aim to keep O2 saturation >94%, titrate O2 therapy accordingly
- Connect monitor if indicated
- Inform anesthetist & neonatologist about this patient
- Minimum contact of LR residents with patient – initial 12 hrs monitoring by SR/JR3 in 3 shifts
- While on duty, if wearing PPE to remain inside Corona ward (PPOT).
- Doffing to be done in the designated Doffing area. Once doffed resident to wait in Donning room (must give phone number to patient).
- Monitor labour as per routine
- **FHS to be monitored by Doppler** which is to be kept in the labour room only
- Hourly input-output chart to be monitored, aim to achieve neutral fluid balance in labour
- **If patient in active labour (delivery expected in 4-5 hrs) to be delivered vaginally. If pt in early labour, has respiratory distress or needs intubation, take up for LSCS. LSCS also to be done for any obstetric indication.**
- If patient requires intubation, to be taken for LSCS
- Anesthesia SR to be called, Spinal/ Epidural anesthesia to be preferred if patient’s condition permits
- Cut short 2nd stage if patient exhausted/ hypoxic
- **Early cord clamping, AMTSL to be performed**
- All babies to be tested for COVID 19
- **Post-delivery baby to be handed over to attendants.** **Expressed breast milk to be given to baby.**
- NO attendants allowed in room, but permitted to talk on phone
- Post-delivery/ LSCS shift confirmed cases to designated Corona ward in IDH
- If pt intubated shift to CORONA ward/ ventilatory unit
- DO **NOT GIVE NSAID** to patient
- Once Off duty, all residents to go to individual rooms in RCH through the back door.
King George’s Medical University
Department of Obstetrics & Gynaecology
Management Protocol of Gynaecologic patients During Corona Pandemic For High Suspect Cases Of Covid-19 Infection InQmh

- Patient to be shifted to designated COVID Ward
- Emergency consultant to talk to COVID specialists to coordinate testing & treatment of these cases

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- Resident/ nurse/ class 4 team to wear PPE, 3 masks & 3 gloves in Donning room
- Take history & examine patient
- Connect Pulse oximeter in all cases- take SPO2 hourly, aim to keep O2 saturation >94%, titrate O2 therapy accordingly
- Connect monitor if indicated
- Emergency management to be given to patient as per need to manage gynaecological emergency
- Then patient to be shifted to designated Corona ward in IDH
- If pt intubated shift to CORONA ward/ ventilatory unit
- DO NOT GIVE NSAID to patient
King George’s Medical University
Department of Obstetrics & Gynaecology

Admission Protocol of Obstetric patients During Corona Pandemic
For High Suspect Cases Of Covid-19 Infection InQMH

- If patient has a positive history of
  - Acute onset Fever (>100°F) with Cough &/or Breathlessness, diarrhea
  - Foreign Travel <14 days
  - Direct contact with +ve cases or close contact with someone with H/O travel
  - Health care workers with above symptoms
  - R/R > 30/min
- History to be taken from a distance of 1 meter and no P/A or P/V to be done.
- Following groups of Obstetric patients to be admitted
  - Pregnant women in Labour
  - Incomplete abortion with active bleeding PV
  - Pregnant women with eclampsia
  - Ectopic pregnancy???
- If patients Booked at QMH- admission ticket to be made
- If patients Unbooked - QMH registration ticket to be made, UHID to be generated and details noted on the ticket.
- Patient to be shifted to designated COVID Ward/LR/OT
- Emergency consultant to talk to COVID specialists to coordinate testing & treatment of these cases

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- SR/ JR to collect swab in designated COVID ward after donning PPE and make arrangements to transfer the swab in the designated box to Deptt of microbiology for testing.
- Management of patient to be started as per need and protocol.
King George’s Medical University
Department of Obstetrics & Gynaecology
Admission Protocol of Gynaecological patients During Corona Pandemic For High Suspect Cases Of Covid-19 Infection In QMH

- If patient has a positive history of
  - Acute onset Fever (>100°F) with Cough &/ or Breathlessness, diarrhea
  - Foreign Travel <14 days
  - Direct contact with +ve cases or close contact with someone with H/O travel
  - Health care workers with above symptoms
  - R/R > 30/min

- History to be taken from a distance of 1 meter and no P/A or P/V to be done.

- Following groups of Gynaecological patients to be admitted
  - Non pregnant patient with Profuse abnormal vaginal bleeding needing urgent intervention
  - Hemodynamically unstable patient with Gynaecological malignancy having vaginal bleeding

- QMH registration ticket to be made, UHID to be generated and details noted on the ticket.

- Patient to be shifted to designated COVID Ward/LR/OT

- Emergency consultant to talk to COVID specialists to coordinate testing & treatment of these cases

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