

King George's Medical University
Department of Obstetrics & Gynaecology

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 ($>100^{\circ}$ 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

-

1. Dr D Himanshu	9839266822
2. Dr K K Gupta	9415815093
3. Dr Sudhir Verma	9450300700, 9140948873

- 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 InQmh

- Patient to be shifted to designated COVID Ward
- Emergency consultant to talk to COVID specialists to coordinate testing & treatment of these cases
- | | | |
|----|-----------------|------------------------|
| 1. | Dr D Himanshu | 9839266822 |
| 2. | Dr K K Gupta | 9415815093 |
| 3. | Dr Sudhir Verma | 9450300700, 9140948873 |

- 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 In QMH

- If patient has a positive history of
 - Acute onset Fever ($>100^0$ 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
- | | | |
|----|-----------------|------------------------|
| 4. | Dr D Himanshu | 9839266822 |
| 5. | Dr K K Gupta | 9415815093 |
| 6. | Dr Sudhir Verma | 9450300700, 9140948873 |
- 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 ($>100^0$ 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
- | | | |
|----|-----------------|------------------------|
| 7. | Dr D Himanshu | 9839266822 |
| 8. | Dr K K Gupta | 9415815093 |
| 9. | Dr Sudhir Verma | 9450300700, 9140948873 |
- 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.