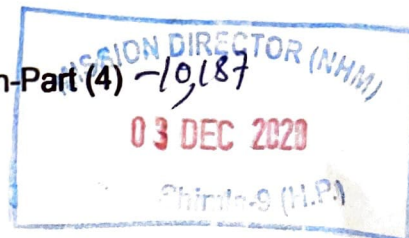




No. NHMHP-IDSP/1/2020-IDSP-Section-Part (4) -10187  
 National Health Mission  
 SDA Complex, Kasumpti, Shimla-9  
 Himachal Pradesh  
 Dated: Shimla-171009, the



Circular

As per the recommendations of State COVID Clinical Team, patients on home isolation whose oxygen saturation dips below 95% at rest or after 6-minute walk test should be advised hospital admission. Even if patients refuse hospital admission, steroids should be initiated timely even during transportation along with oxygen supplementation. (The patients whose baseline SPO2 status is known and if there is a dip in baseline SPO2 by more than 2%, such patients also qualify for steroid therapy and oxygen supplementation) (Copy enclosed).

All concerned to note and adhere to the same for the management of COVID 19 patients in the State of Himachal Pradesh.



Secretary (Health) to the  
 Government of Himachal Pradesh

Endst. No. As above.

Dated Shimla-9 the

Copy for information and necessary action to:

1. The Secretary (Health) to the Government of Himachal Pradesh.
2. All the Deputy Commissioners, Himachal Pradesh.
3. Director Medical Education & Research, Himachal Pradesh.
4. The Director, Health Services, Himachal Pradesh.
5. All Chief Medical Officers, Himachal Pradesh.
6. All the Medical Superintendents, Himachal Pradesh.
7. All Nodal Officers, CCC/DCHC/DCH in Himachal Pradesh.
8. All the District Surveillance Officers in Himachal Pradesh.
9. State COVID Clinical Team in Himachal Pradesh.
10. COVID Clinical Committee of all the Medical Colleges of Himachal Pradesh

Secretary (Health) to the  
 Government of Himachal Pradesh

## Use of Steroid in COVID-19

### Patients with COVID-19 who develops hypoxemia

Home isolated patients whose oxygen saturation dips **below 95% at rest or after 6-minutes walk test** should preferably be advised admission in DCHC. However, if patient refuses hospital admission, there should not be delay in initiating steroids in hypoxemic COVID-19 patients even during transportation along with oxygen supplementation. (In patients whose baseline SPO2 status is known and if there is a **dip in baseline SPO2** by more than **2%**, such patients also qualify for steroid therapy and oxygen supplementation).

The values should be reconfirmed at least **two times**. And the pulse oximeter should be applied to the **middle finger** only.

### Dosing schedule:

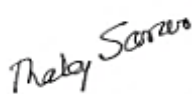
- Tablet Dexamethasone 0.1 mg to 0.2 mg/kg for 3-5 days. The duration of steroid therapy will depend upon severity of the disease.
- The preferable time for steroids administration is 06:00 A.M. to 07:00 AM in empty stomach.
- If Dexamethasone is not available, equivalent dose of Prednisolone or Methylprednisolone, can be used.
- **For these drugs, the total daily dose equivalencies to Dexamethasone 6 mg are:**
  - ✓ Prednisolone :40 mg once a day
  - ✓ Methylprednisolone :32 mg once a day
- **Long-acting corticosteroid:** Dexamethasone; half-life: 36 to 72 hours, administer once daily.
- **Intermediate-acting corticosteroids:** Prednisolone and Methylprednisolone; half-life: 12 to 36 hours, administer once daily or in two equivalent divided doses.
- In patients with underlying diabetes the institution of steroid therapy mandates the monitoring of Blood Glucose levels and appropriate dose adjustments of anti-glycemic therapy.

### FOR PATIENTS WITH COVID-19 WHO ARE NOT HYPOXEMIC OR WHO DO NOT REQUIRE SUPPLEMENTAL OXYGEN:

**Use of Dexamethasone or other corticosteroids for the treatment of COVID-19 SHOULD NOT BE PRESCRIBED** as steroids will delay the clearance of the virus from the body, **unless a patient has another clinical indication for corticosteroid therapy.**

#### References:

1. <https://www.nih.gov/coronavirus>
2. MOHFW, GOI Updated COVID guideline



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