



Triage of Acute Respiratory Disease (As of 7 Feb 2020)

Attendance of patients in hospital, OPD, Community Clinics

A History of travel to China within past 14 days OR History of close contact with a person known to have 2019- nCoV illness within past 14 days

AND

B Presenting fever or symptoms of acute respiratory disease (eg. cough, shortness of breath)

Either A or B

A and B

If A only

If B only

Home or hospital quarantine for contact person

Further investigation for diagnosis and treatment

- Isolate the patient in a separate room (eg. Fever room)
- Take strict IPC measures depending on severity
- Take complete and detailed history and physical examination
- Inform immediately to DoMS, CEU, State and Regional Health Department

Person Under Investigation (PUI) for suspected pneumonia

- Isolate the patient
- Take specimen and send to NHL (To follow specimen collection guidelines)
- Follow “**Clinical Management Guidelines for 2019 Novel Coronavirus (2019-nCoV) infection**”

Uncomplicated illness PUI

Symptomatic treatment

Mild pneumonia PUI

Symptomatic treatment oral antibiotics

Severe pneumonia (suspected)
(Any of one)

- 1) Respiratory rate > 20 breaths/min
- 2) Severe respiratory distress
- 3) SpO₂ < 90% on room air
- 4) Systolic blood pressure ≤ 100 mmHg
- 5) Altered mental status (GCS < 15)

Assess for ventilator & specialist care

Result (-)

Result (-)

Result (+)

Result (+)

Result (+)

Confirmed case

- High flow O₂ 5L/min
- Supportive treatment including fluid therapy
- IV antibiotics/ antiviral
- Treatment of complications
- 14 days isolation

Discharge message

Death - proper disposal of the dead person

Note: If the patient's condition becomes severe, refer to tertiary hospital where ventilator facilities and specialists services are available. inform focal regional and national hotline before referral.