GOVERNMENT OF ODISHA

HEALTH & FAMILY WELFARE DEPARTMENT

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No. HFW-MEII-MISC-0102-2020/ 12859 /H&F.W., Bhubaneswar,Dated 28.04.2021

From:

Shri P.K. Mohapatra, IAS

Additional Chief Secretary to Government

To

All Collectors & DM,

All Municipal Commissioners,

All Dean & Principals of Medical Colleges,

All CDM & PHOs

Sub: Admission policy in ICU, HDU and use of ventilators for COVID-19 patients in Covid facilities.

Sir/Madam,

It is noticed that the number of Covid cases is increasing day by day due to Covid-19 pandemic resurgence and Government is keen in setting up of sufficient Covid facilities with General beds, HDU beds and ICU beds. But without rational use of the beds created in the Covid facilities there will always be a shortage of appropriate beds for such patients which may increase the morbidity as well as mortality.

In view of the above the following guidelines at Annexure-A shall be followed scrupulously for rational use of beds in the Covid facilities. This shall be followed in true letter and spirit in all Government and Private Covid-19 hospitals.

Expert teams shall visit periodically for strict observation of such guidelines. Any deviation to the rational use shall be viewed seriously.

This may be treated as most urgent.

28/04/2021

Encl- Admission Policy

Additional Chief Secretary to Government

Memo No. 12860/H Dtd. 28-04-2021

Copy forwarded to all Directors of H &FW Department / Addl. DMET, Odisha cum Chairman Technical Committee for information and necessary action.

28/04/2021

Deputy Secretary to Government

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Annexure -A

GUIDELINES FOR ADMISSION TO ICU/HDU/ GENERAL BEDS IN COVID HOSPITALS

In view of the Covid-19 pandemic resurgence the following admission policy shall be followed in the Covid- 19 facilities. This will facilitate rational use of the ICU / HDU / General Beds so that a needy patient is not deprived of an appropriate bed for treatment.

The Covid positive patient shall be admitted to appropriate bed as per their symptomatology and severity of the disease like pre-symptomatic, asymptomatic, mild symptomatic, moderate or severe. The patients must be admitted to a bed as per their need according to the condition. The ideal criteria shall be as follows:

1. **General Beds**: All moderate patients shall be admitted to General Beds with oxygen support facility.

2. **HDU (High Dependency Unit)** : A patient in General Bed shall be shifted to a HDU Bed when the following symptoms or parameters are observed:

    a. The respiratory rate becomes less than 14 per min or more than 30 per min.
    b. The Oxygen saturation SPO2 becomes less than 93%
    c. Oxygen consumption becomes more than 6 liters per min.
    d. Patient suddenly develops acute respiratory distress.
    e. When clinically the patient requires support for a single failing organ system excluding the need for advanced respiratory support.
    f. Patients who can be benefited by more detailed observation or monitoring than in a general bed.
    g. Patients no longer need intensive care but are not well enough to return to General Bed.

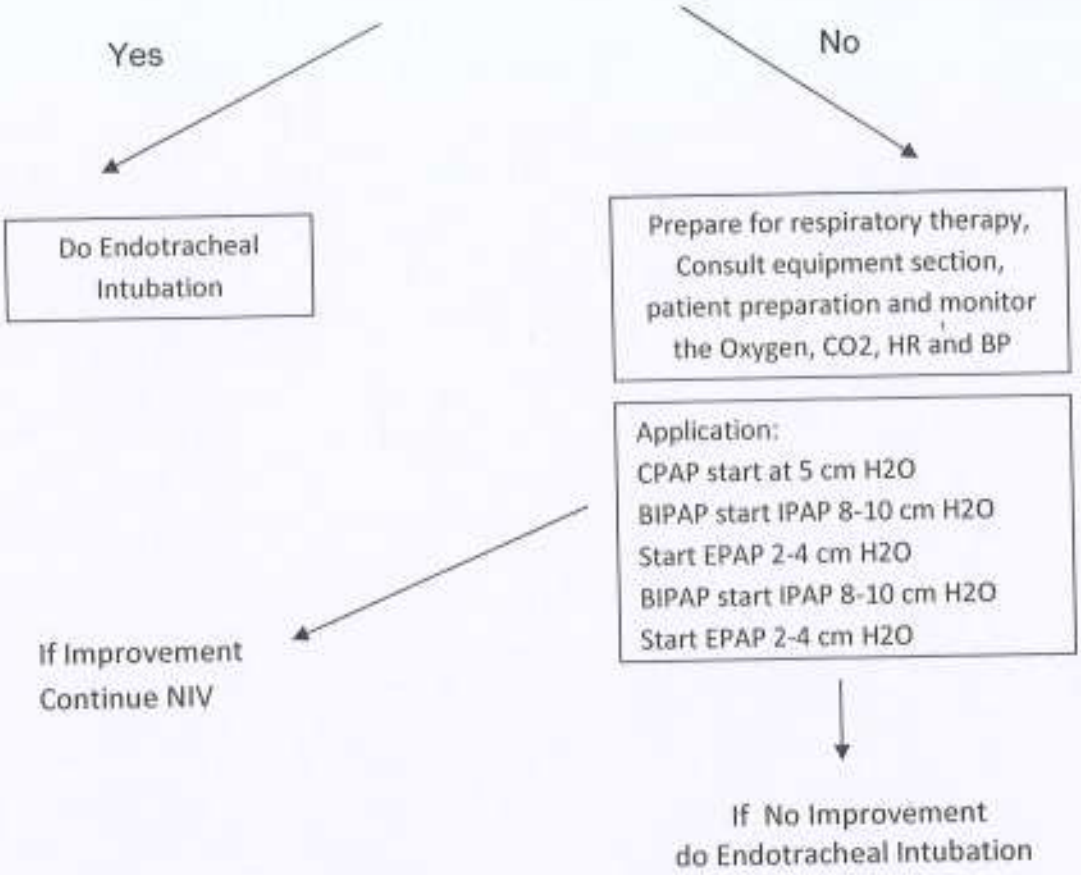
3. **ICU (Intensive Care Unit)**: A patient admitted in HDU shall be considered for shifting to ICU if the following parameters are observed:

    All the parameters in the HDU bed worsens in-spite of high flow oxygen therapy like;

    i. The SPO2 remains less than 90
    ii. The respiration rate becomes more than 40 per min.
    iii. Severe sweating
    iv. Development of Muscle fatigue

4. **Use of ventilators**: The ventilation shall be assisted as under if the following criteria are fulfilled:

If there is Apnea, Altered Mental Status – agitated, uncooperative, hemodynamic instability, excess oral secretions, vomiting, upper GI bleeding, inability to protect the airway, recent surgery of larynx, oesophagus or larynx.



5. **Indications for Non Invasive Ventilation** – Failure to maintain oxygen saturation at level of 92% even after giving high flow oxygen or when HFNC is not available.

6. **Indication of Intermittent Mandatory Ventilation** – Respiratory distress (not only tachypnea), Severe hypoxia PaO2 < 60 or SPO2 <88% with > 10-12 ltr of Oxygen., Increased CO2 retention, low breathing rate, poor cough, drowsy, hemodynamic instability with moderate hypoxia.

NB: All the records shall be maintained hourly including the ABG and ICU chart and must be made available to the inspecting expert team as and when required.

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