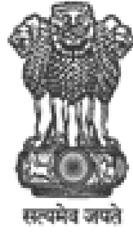


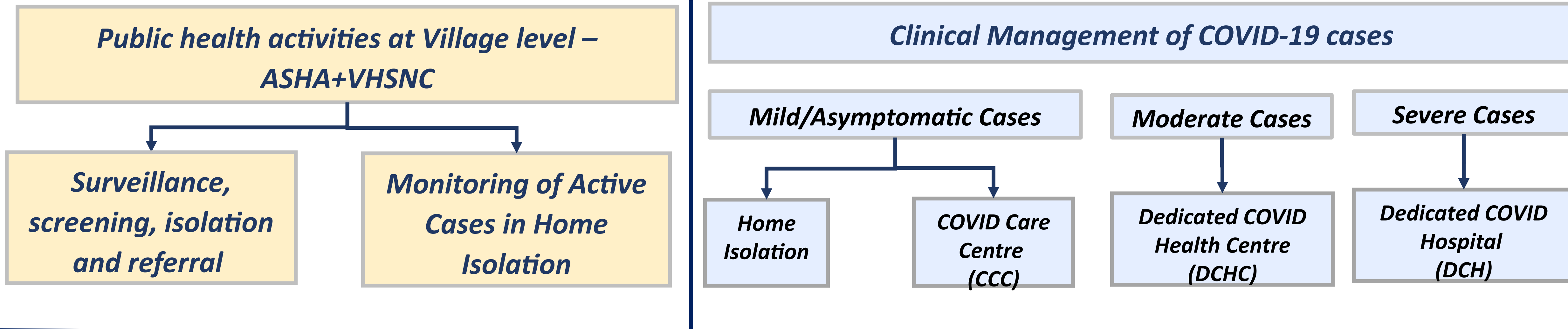
Ministry of Health & Family Welfare
Government of India

COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas

16th May

SoP to contain Covid-19 in Peri-urban, Rural & Tribal areas

- **Gradual ingress of Covid-19 infection** is now being seen in peri-urban, rural and tribal areas as well
- It is important to ensure that community-based services and primary level health infrastructure in these areas are well-equipped to manage the situation



There is a need to ensure continuity of Non-COVID essential healthcare delivery services

It is crucial to facilitate Community Mobilization & Behavior Change Communication

It is important to make provision for Mental Health Support at Community level

There is an urgent need to focus on tribal areas

Surveillance, screening, isolation and referral

- **Surveillance of ILI/SARI by ASHA** with help of **Village Health Sanitation & Nutrition Committee (VHSNC)**
- Every **sub-centre** to run an ILI/SARI OPD for a **dedicated slots/days**
- **Symptomatic cases to be triaged at village level** by **teleconsultation** with **Community Health Officer (CHO)**
- Cases with **comorbidity/low oxygen saturation to be sent to higher centres**
- Samples of **identified suspected COVID cases to be tested** through **Rapid Antigen Test (RAT)** or to be **referred to nearest COVID-19 testing lab** (ICMR guidelines)
- **CHOs and ANMs to be trained** in performing RAT
- **RAT to be made available at all public health facilities** including Sub-centres (SCs)/ Health & Wellness Centres (HWCs) and Primary Health Centres (PHCs)
- Asymptomatic having history of **high-risk exposure** to COVID patients to be **quarantined and tested**
- **Contact tracing** as per IDSP's guidelines for contact tracing of cases in community settings

Monitoring in Home Isolation

Asymptomatic/mildly symptomatic can be managed at home isolation as per the MoHFW guidelines or in Covid Care Centres.

- **Each village to have adequate number of pulse oximeters and thermometers**
  - VHSNC through local PRI and administration to make provisions for these equipments.
  - Provision to provide these on loan to families with confirmed cases through ASHA/Anganwadi workers and volunteers
  - Oximeters/thermometers to be sanitized after use
- **Follow-ups for patients** through visits by a **frontline worker/ volunteers/ teacher duly following IPC practices**
- **Provision of home Isolation kit** including required **medicines (as prescribed by treating doctor) and detailed pamphlet**
- **Immediate medical attention** if there is **difficulty in breathing, SpO2 < 94%, chest pain, mental confusion**
- If **SpO2 <94%,** patient to be **referred** to **DCHC or DCH** depending on the SpO2 level
- Patients under home isolation will **end isolation after at least 10 days have passed** from onset of symptoms and with no fever in last 3 days

Clinical Management of COVID-19 cases

COVID Care Centre (CCC)

- **CCCs to offer care for asymptomatic cases with comorbidities or mild cases**
- **Symptoms may include: Upper Respiratory Tract symptoms, without breathlessness, with oxygen saturation of more than 94%**

Infrastructure

Peri-urban and rural areas may plan a minimum of 30-bedded CCC

- These **makeshift facilities** can be set under **supervision of PHC/CHC** in **school, community hall, marriage hall, panchayat building**
- **Confirmed cases and suspect cases** to be admitted in areas with **separate entry and exit**
- **Well ventilated rooms** with **exhaust fans** to vent out air, **provision for drinking water and toilets**
- **Referral process** to at least one DCHC and one DCH to be established
- **Basic Life Support Ambulance network** with **sufficient oxygen support** to be ensured to safely transfer patients on 24x7 basis

Human Resource

Overall guidance of the Medical Officer of the local, supported by CHO of the SHC-HWC.

- **Nodal person** to be the **Community Health Officer** or the **ANM/Multipurpose Health Worker**
- **ASHA/Anganwadi workers' services** to be leveraged as support staff
- Upkeep of the facilities to be done by **Gram Panchayat** with support from **VHNSC in rural** and **MAS in urban areas**
- Human resource can comprise of people from Volunteers selected by **VHNSCs, Qualifies AYUSH Doctors, Final year AYUSH students and Final year BSc nurses**
- Panchayats may have to hire **additional staff for sanitation.**

COVID Care Centre (CCC)

Training

Training on identification of early warning signs and referral

- **Human resource training** to include **training of the nodal officers & volunteers**
- Volunteers selected by VHNSC to be trained on
  - Basics of COVID
  - Infection prevention control
  - Use of PPE
  - Medical waste management
  - Use of infrared thermo-meter
- Training material available on **website of MoHFW or iGOT Diksha portal** to be leveraged

Logistics

- **Required equipment and consumables as mentioned in SoP to be made available (list of equipment)**

Clinical Management

- People at **CCC** to be **given symptomatic management** of **fever, cough and running nose**
- **Warm gargle** and **steam inhalation** advised **twice a day**
- Consult **PHC doctor** for treatment with **low dose oral steroid** if symptoms persist beyond 7 days
- In case of **oxygen saturation level** less than 94% or shortness of breath, patient to be put on **oxygen support immediately** and **arrange for referral transport**
- **2 oxygen cylinder/concentrator** may be dedicated at each CCC

Risk Communication

- **Posters, standees and AV media** to be displayed throughout the facilities to create awareness
- **Adequate signage and information notices (in local language)** to be displayed throughout facilities

Dedicated COVID Health Center (DCHC)

DCHCs to offer care for cases clinically assigned as moderate

Symptoms may include: Patient breathless; Respiratory Rate >24 per minute; Saturation between 90 to <94% on room air

Infrastructure

Plan a minimum of 30-bedded DCHC and be prepared to increase beds as per surge

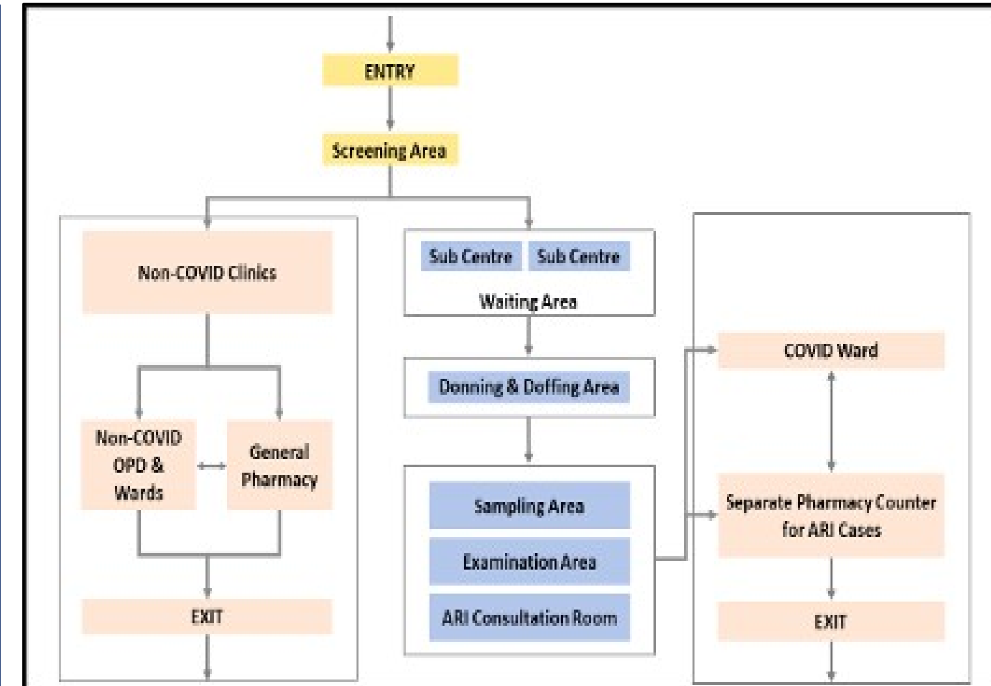
- **Redesign Primary Health Centre/Community Health Centre/Sub-District Hospital/Private hospitals as DCHC**
- **Admit both confirmed and suspect cases** and **avoid mixing of the two**
- Assured **Oxygen support**
- **Mapped with one or more DCH.** Ensure availability of O2 supported beds **in close vicinity** to the patients
- **Retain non-Covid essential services**

I. Outpatient Department (OPD)

- **Separate entry and exit** with provision for hand washing/hand sanitization
- **Large screening area** to accommodate patients, **signages for 6 ft distancing**
- **Separate screening desks, consultation rooms, sampling area, pharmacy counter** for **Acute Respiratory Illness (ARI) and non-ARI cases**
- **Dedicated areas and time slots for blood sampling and radiology services**

II. Inpatient Department (IPD)

- **24x7 functional**, 30 bed Isolation ward with **oxygen supported beds**
- **Separate areas in existing facility or as annexe** through tentage/temp structure
- **Separate toilet** with proper cleaning and supplies for **confirmed & suspects**
- **Separate donning/ doffing room** (changing room) with partitions for staff



Dedicated COVID Health Center (DCHC)

Human Resource

No. of staff as per type of facility and patient load

- **Dedicated trained staff deployed at:**
  - Entry Points(s)
  - Screening Desks
  - ARI Consultation Rooms
  - ARI Sampling Station
  - ARI Pharmacy Counter
- **Trained COVID Warriors may be deployed, if needed**

S. No.	Station	Type of healthcare personnel	Number per shift
1	Entry point	Multi-skilled Group D worker/ Trained community volunteer	One per entry point
2	Screening desk	Health Worker (Male/Female)/ Trained community volunteer	One per desk
3	ARI consultation room	Medical officer (MBBS/AYUSH) Staff Nurse/ Trained community volunteer	One per room One per room
4	ARI sampling station	Staff Nurse Trained community volunteer	One per station One per station
5	ARI pharmacy	Pharmacist (allopathic/AYUSH)	One per counter
6	Isolation ward	Medical officer (MBBS/AYUSH) Staff nurse/ / Trained community volunteer (separate for suspect and confirmed sections)	Depending on number of beds

Training

Trainings to be coordinated by district administration preferably in local language

- The designated healthcare personnel to be **trained by Medical Officer in-charge** of **PHC/CHC** on:
  - COVID basics
  - **Infection Prevention and Control (IPC) protocol**
  - **Sample collection, packaging and transportation**
  - Rapid antigen testing
  - **Clinical assessment & management**
  - **Bio-medical waste management**
- Medical officers can use "**COVID-19 National Teleconsultation Centre" (CoNTeC) by AIIMS-Delhi** at +919115444155
- Medical officers to **network with Centre of Excellence** in their States
- Wherever feasible, **tele-medicine services** to be used. **E-Sanjeevani** telemedicine application may also be utilised
- **Detailed Telemedicine Practice Guidelines** available at MoHFW

Dedicated COVID Health Center (DCHC)

Infection Prevention and Control (IPC)

- PHC/CHC medical officer in-charge to familiarise themselves with **MoHFW's guidelines** for IPC in health facilities
- **PPE and hand sanitizers to be provided** to all personnel deployed at Entry points, screening desks, consultation rooms, sampling area, pharmacy counter, isolation war
- **Type of PPE in accordance with MoHFW guidelines** on rational use of personal protective equipment
- **Provision of PPEs to be made for personnel** working in parts of the facilities other than ARI screening and treatment areas in accordance with MoHFW's Additional guidelines on rational use of Personal Protective Equipment
- **Proper provision of covered bio-hazard bins** for **disposal of used PPEs** to be made available
- Used PPEs, etc. to be disposed of in accordance with the guidelines issued by Central Pollution Control Board

Logistics

- **24x7 assured oxygen supply and necessary equipment** for O2 administration in identified PHCs/ CHCs
- Equipment & material requirements for PHC/CHC given at **Annexure-2**
- **CMO** In-charge of PHC/CHC **to ensure availability of these equipment/ devices/consumables**
- **Requisition to be made with district administration** if equipment not available in required quantity
- **Necessary logistics arrangements** for such facilities to be coordinated by the district administration on regular basis

Dedicated COVID Health Center (DCHC)

Clinical Management

Facilities not having Specialist Services

- **Mild cases that cannot be managed** at home and **Moderate cases with or without controlled co-morbid conditions** can be managed at these centres with oxygen and focus on symptom-based management of cases
- **Awake proning to be encouraged in all patients** requiring supplemental oxygen therapy
- Specific therapies based on doctor's assessment can be – Ivermectin, HCQ, Inhalation Budesonide and Inj. Methylprednisolone
- **Monitor Temperature and oxygen saturation** every 4 hours
- **Low dose oral steroids** may be considered in mild cases if symptoms persist beyond 7 days
- **Referral to higher centre** if **SpO2 <90% even with prescribed oxygen therapy**
- **Severe patients in respiratory distress reporting to these facilities to not be refused** and **stabilized in the health facility** on oxygen till **an oxygen-supported ambulance** is arranged
- **24x7 Basic Life Support Ambulance (BLSA)** with sufficient oxygen support with linkages to nearest DCH
- Discharge of mild cases to be as per discharge policy of MoHFW

Clinical Management

Facilities having Specialist Services

- **Oxygen Therapy** for moderate cases to target SpO2 of 92-96% (88-92% in patients with COPD)
- **Clinical Monitoring** through work of breathing, hemodynamic instability, change in oxygen requirement
- Moderate cases to be given Inj. Methylprednisolone
- Serial CXR only if there is indication of pneumonitis.
- **Lab monitoring** through **inflammatory markers**
- **Availability of antibiotics** to be ensured and to be prescribed only for clinical suspicion of bacterial infection
- **Management of co-morbidities**, if any, to be addressed
- **Patients with high risk for severe illness to be monitored** for symptoms of complications for urgent referral

Dedicated COVID Hospital (DCH)

- **District Hospital** or **other identified private hospitals** or a **block of these hospitals** to be converted as **dedicated COVID Hospitals.**
- Will act as **referral centres** for patients with **deteriorating symptoms at CCC and DCHC**
- In addition, **Sub-district/ Block level hospitals** fulfilling the requirements may also be designated as the Dedicated COVID Hospital for the identified CCC and DHCC in their catchment area.
- The **upgradation** in **health facilities** to be undertaken **based on case trajectory or the surge in cases.**

Additional tasks to be focused in the rural areas by the Health facilities

Community mobilization and Behaviour Change communication

Key stakeholders within the village community that could be mobilized for COVID-19 management

- A **multi-pronged approach**, led by **Gram Panchayat (GP) & engaging other stakeholders** to be utilized for **community mobilization** in fight against COVID.
- The efforts in medical care side to be coordinated by **Village Health Nutrition Sanitation Committee (VHSNC) along with PHC/Sub Centre.**
- VHSNC will be primarily responsible for the preparedness at village level to help in **surveillance activities, support quarantine facilities, availability of essential items**
- Standard **Behaviour Change Communication (BCC)** materials developed in **local language** & approved by the health department to be circulated through all available platforms.
- A **checklist for community preparedness** for COVID-19 response can be referred to, which is available here
- **Block Development Officer (BDO) /Village Development Officer (VDO)** will identify mentors from health, **ICDS to mentor the team at GP level**
- **Mobilization** and **involvement of SHGs for creating awareness for COVID-appropriate behaviours and for providing essential services**

PHC/CHC to undertake public health functions for COVID containment

PHC/CHC lying close to a containment/ buffer zone to be actively involved in COVID containment operations

- The **medical officer/nodal officer of the said health facility will also be in charge of COVID-19 surveillance activities** in the allotted area. He to:
  - Familiarize with COVID-19 cluster containment plan , containment plan for large outbreaks
  - Familiarize with the containment & surveillance manual for supervisors , manual for surveillance teams functionaries
  - **Train** all PHC/CHC and field level (including ASHAs, ANMs, MPWs etc.) staff engaged in COVID management.
  - **Estimate the requirement of logistics** for field operations
  - **Divide area under jurisdiction (in containment zone) into sectors [in coordination with district Rapid Response Team (RRT)]**
  - Provide field-based teams with **appropriate risk communication materials** for **effective awareness creation.**
  - **Facilitate contact tracing** of confirmed COVID cases as per IDSP's guidelines for contact tracing of COVID-19 cases (link)
  - **Certify appropriateness of residential facility for allowing Home Quarantine and Home Isolation**
  - **Collect data from field units and submit to district RRT/Control room daily.**

Tribal COVID-19 care and response strategies for tribal area

Gram Sabha to be involved at every stage of planning	• Tribal communities are **geographically & socioeconomically relatively segregated and may have poor access to health care** • **Strengthening community-based management through Gram Sabha** to be undertaken
Integration of COVID-care with Mobile Medical Units (MMUs) to be done under NHM in tribal areas	• **MMUs have an existing medical team** comprising of medical officers, pharmacist, staff nurse and lab technician • This team may be utilised to **create awareness regarding COVID-appropriate behaviour, and help establish referral linkage with DCHC and DCH.** • They can also **carry out Rapid Antigen Testing (RAT), take samples for RT-PCR and provide treatment** for mild illness
Leverage Telemedicine and NGOs	• **Telemedicine/Teleconsultation to be utilized to bridge the geographical inaccessibility** in tribal areas as per feasibility. • Non-governmental organizations (NGOs) working in these areas can play a crucial role in **provisioning of public health services in tribal/remote areas due to their community rapport and local existence.**

Post Covid Management and Mental Health Support

Post Covid Management

- **Medical officers in the Covid facilities to follow with recovered patients** for post-COVID complications
- **Medical officers to follow** Post-COVID management protocols available (here)
- **Patients to be counselled** for post-COVID management at home after discharge
- **Leaflets regarding danger signs** (e.g. breathlessness, chest pain, recurrence of fever, low oxygen saturation, etc.), **precautions and various respiratory exercises to be shared**
- **Patients with other comorbidities to be followed up**
- **Primary assessment of other co-morbidity** (e.g. measuring blood pressure, blood glucose level) to be arranged & any modification in treatment if necessary to be decided by a PHC medical officer.
- **Telemedicine services may also be utilized** for providing post-covid follow-up care.

Mental health support

- Besides fear of contracting the disease, there can be **fear of quarantine, isolation, lockdown**
- Additional problems can arise due to **loneliness, loss of livelihoods and challenges with education of kids**
- **Increased risk of depression, suicides and other mental health problems**
- **Provision of psychological support** to enable people to remain mentally healthy during this difficult time must be an important element of COVID response
- To mitigate this, **mental health support** can be provided at the **community level**

Additional Tasks to be focused in rural areas by Health facilities

Provision of intersectoral coordination

- **Community** to ensure that **basic needs of all the families including migrants are fulfilled.**
- Attempts to be made for **alternative employment opportunities including MGNREGA** (Mahatma Gandhi National Rural Employment Guarantee Act).
- The **dead bodies to be managed** duly following the guidelines available here

Preparing for rapid COVID vaccination

- Ensuring **high coverage with vaccination is a pivotal strategy for preventing future surge** in COVID cases.
- **Appropriate strategies for achieving high coverage** with COVID vaccination in rural areas **need to be devised.**
- **Frontline Line Workers (FLW) along with community leaders** can **mobilize beneficiaries for vaccination** in compliance with the guidelines by the Government of India.
- **Proper IEC efforts** to be made using various channels to **address vaccine hesitancy**

Non-COVID essential healthcare delivery

- It is **vital to ensure continuity** of other (**non-COVID**) **essential health services**
- These include **reproductive, maternal, new-born & child health, prevention of communicable diseases, treatment of prevalent non-communicable diseases and addressing emergencies**
- Use of **telemedicine** etc. to be promoted for the **aforementioned services**
- In this regard, **MoHFW's guidance note on enabling delivery of essential health services** during the COVID 19 outbreak may be referred to (link)

Thank You

Annexure 1A – List of Equipment for CCC

Sr. No	Equipment for Dedicated COVID Health Centre (DCHC)	
1	Beds	Standard Hospital Beds
2	Pulse oximeter	1 Per 10 beds
3	Crash cart	1
4	Self-Inflating resuscitation bag	1
5	Glucometer	2
6	BLS ambulance	1
7	Stethoscope	2
8	Digital B.P Apparatus	1 per 15 beds
9	Digital Thermometer	6
10	Mattress	1 per bed
11	Refrigerators 165 Litres	1
12	LED Torch Light	1
13	Blankets/mattress/bed sheet	As per requirements of the beds
14	Automated External Defibrillator (AED) (if not already included in crash cart)	1
15	Mobile bed screens	2
16	Sputum can, bed pan, urine pot	One per 10 beds
17	Wheelchair/ patient transfer trolley with side rail	One each
18	5 liter oxygen concentrator or oxygen cylinder	2

Annexure 1B – List of Consumables for Covid Care Centre

Sr. No	Equipment for Dedicated COVID Health Centre (DCHC)	
1	Complete PPE kit	200
2	N-95 masks	200
3	Medical triple layer masks	3000
4	Non sterile Gloves, examination	200
5	Gloves, heavy duty	60
6	Face shield	200
7	Bio-hazardous bags	150
8	Glucometer strips (1000 strips with each glucometer in packets of 50 and lancets)	1
9	Oxygen Cylinders B Type with trolley, regulator, flow meter humidifier	2
10	Ortho Toludine Solution for refill (1 litre Bottle)	1
11	Soap/ handwash	10 (as per requirement)
12	IV stands	2
13	Oxygen face mask, nasal prongs, Non-rebreather mask	5 each
14	Commode chair	1

Annexure 1C – Drugs, testing kits and other consumables

Sr. No	Equipment for Dedicated COVID Health Centre (DCHC)	
1	Paracetamol (650 mg)	5000
2	Hydroxychloroquine (400 mg)	500
3	Ivermectin (12 mg)	200
4	Antihistamines / Anti-tussives / multivitamins/ IV fluids	As per requirement
5	MDI / DPI Budesonide / respules	50
6	Drugs for management of non-communicable diseases	As per requirement
7	Rapid antigen testing kits	1000
8	Alcohol-based hand sanitizer (250 ml)	50
9	1% Sodium Hypochlorite solution (1 liter)	30
10	Standard IEC materials on COVID-19	1 set per center
11	Drugs for GI symptoms (drugs for gastric acidity e.g. PPIs, anti-emetics, anti-diarrheals, ORS)	As per requirement
12	Analgesic antipyretic (Ibuprofen 400 mg,, naproxen 250 mg)	As per requirement

Annexure 2A – List of Equipment for DCHC

Sr. No	Equipment for Dedicated COVID Health Centre (DCHC)	
1	Beds	Standard Hospital Beds
2	Oxygen Source (Cylinder/ piped medical oxygen supply/ Oxygen concentrator)	1 Per bed
3	Suction source	3
4	Transport Ventilator	1
5	Pulse oximeters	30
6	AED (if not already included in crash cart)	1
7	ECG (5 channel machine)	1
8	Crash cart	1
9	Self-Inflating resuscitation bag	5
10	X-ray unit	1
11	Facility for haematology and Biochemistry tests	Mandatory
12	Glucometer	2
13	ALS ambulance	1
14	Stethoscope	5
15	Digital B.P Apparatus	5
16	Digital Thermometer	4
17	IV Stand	30
18	Mattress and linen, and blanket	As per requirements of the beds
19	Refrigerators 165 Litres	1
20	LED Torch Light	1
21	Laryngoscope set	1
22	Table top NIBP and SpO2 monitor	10% of beds

Sr. No	Equipment for Dedicated COVID Health Centre (DCHC)	
23	Oxygen delivery devices (Nasal cannula, oxygen face mask, Venturi, NRBM)	✓
24	Patient transfer trolley with side rail	two per 50 patients
25	Portable suction pump	One per 25 patients
26	Bain circuits	one per 50 patients
27	10 litre oxygen concentrator/ oxygen cylinder	✓
28	Nebuliser machine, MDI spacer	✓
29	Syringe pump	2 per 50 patients
30	Multipara monitor	1 per 50 patients
31	Wheelchair	One per 50 patients
32	Commode chair	One per 25 beds
33	Sputum can, bed pan, urine pot	One per 5 beds
34	Computer with internet and printer	1
35	Portable non-invasive ventilator (BIPAP) with 0-30 oxygen bleed flow with high flow meter	2
36	Biomedical waste bins	2 of each colour

Annexure 2B – List of Consumables for DCHC

Sr. No	Consumables for Dedicated COVID Health Centre	
1	Oxygen mask with reservoir	100
2	Nasal prongs (all sizes)	100
3	Endotracheal tubes cuffed (all sizes)	3 sets
4	Endotracheal tubes non-cuffed (all sizes)	3 sets
5	LMA (laryngeal mask airway) of different sizes	1 each
6	Oropharyngeal Airways (all sizes)	3 sets
10	Complete Personal protection kits	500
11	N-95 masks	500
12	Medical masks	3000
13	Gloves, examination	5000
14	Gloves, heavy duty	100
15	Face shield	500
16	Oxygen tubings	100
17	IV Catheters (all sizes)	100

Sr. No	Consumables for Dedicated COVID Health Centre	
18	Stopcock, 3-way, for infusion giving set, with connection line, sterile, single use	100
19	Syringes, Luer (all sizes)	500
20	Needles, hypodermic (all sizes)	500
21	IV Drip set	100
22	Bio-hazardous bags	150
23	Urinary Catheters with urobag	50
24	Glucometer strips (1000 strips with each glucometer in packets of 50 and lancets)	1
25	Nebulizer Mask Disposable Kit Adult	10
26	Nebulizer Mask Disposable Kit Pediatrics	10
27	Oxygen Cylinders B Type with trolley, regulator, flow meter humidifier	40
28	Oxygen face mask adult	100
29	Oxygen face mask Pediatrics	100
30	Ortho Toluidine Solution for refill (1 litre Bottle)	1
31	Suction Catheter	200
32	Nasogastric Tube	100
33	Yankauer suction set	10
34	HME filter	20

Annexure 2C – Drugs, Testing Kits and Other Consumables for DCHC

Sr. No	Drugs, testing kits and other consumables for Dedicated COVID Health Centre (for 1 month's consumption)	
1	Paracetamol (650 mg)	5000
2	Hydroxychloroquine (400 mg)	1000
3	Ivermectin (12 mg)	500
4	Dexamethasone – Injectable	200
5	Dexamethasone – Tablets 6/ 4/ 2 mg	2000
6	Methylprednisolone – Injectable	200
7	Prednisolone – Tablets 40/20/10 mg	2000
8	Antihistamines / Anti-tussives / multivitamins IV fluids	As per requirement
9	MDI / DPI Budesonide / respules	100
10	Resuscitative drugs (adrenaline, sodium bicarbonate, frusemide, deriphyllin, dopamine, dobutamine, etc.)	10 Ampules each
11	Low Molecular Weight Heparin (LMWH) / Ultra-fractionated heparin (UFH)	200
12	Drugs for management of non-communicable diseases (including Ischemic heart disease, hypertension, COPD, asthma,diabetes mellitus)	As per requirement

Sr. No	Drugs, testing kits and other consumables for Dedicated COVID Health Centre (for 1 month's consumption)	
13	Rapid antigen testing kits	2000
14	Alcohol-based hand sanitizer (250 ml)	100
15	1% Sodium Hypochlorite solution (1 liter)	60
16	Standard IEC materials on COVID-19	2 set per centre
17	Antibiotics	As per local antibiogram
18	Newer oral anticoagulants (dabigatran 110 mg or rivaroxaban 10 mg or apixaban 2.5 mg)	As per requirement
19	Inj Enoxaparin 40 mg and 60 mg	As per requirement
20	Analgesic antipyretic (Ibuprofen 400 mg,, naproxen 250 mg)	As per requirement
21	Drugs for GI symptoms (drugs for gastric acidity e.g., PPIs, anti-emetics, anti-diarrheals, ORS)	As per requirement
22	Sedation agents (Inj midazolam,)	As per requirement
23	Paralytic agents (scoline, atracurium,)	As per requirement
24	Other: Inj KCL, Calcium gluconate, Magnesium sulphate, sodium bicarbonate	As per requirement