

Government of West Bengal
Health & family Welfare Department
Swasthya Bhawan, Block GN-29, Sector V
Salt Lake City, Kolkata – 91

Memo No: HPH/10P-03/2018/578

Dated: 07.08.2020

To

The Principal, Medical College and Hospital, Kolkata / Murshidabad Medical College and Hospital

The Chief Medical officer of Health (All District and Health District, West Bengal)

The Superintendents (All Covid Hospitals, West Bengal)

The Director / CEO / Medical superintendent (All Private COVID Hospitals, West Bengal)

Sub: Advisory on Case Management for COVID – 19 Patients

The experts from the Protocol Monitoring Team as deputed by the Department of Health and Family Welfare, Government of West Bengal visited some COVID hospitals and noted certain lacunae in practice which need urgent rectification. On the basis of their observations, following recommendations are made:

- 1) Though ACE2 is the cell entry receptor of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the causative agent of COVID-19. There are presently no compelling clinical data showing that ACEIs and ARBs increase the likelihood of contracting COVID-19 or worsen the outcome of SARS-CoV-2 infections. Thus, unless contraindicated, use of ACEIs/ARBs in COVID-19 patients should be continued in line with the recent recommendations of medical societies.
2. Awake prone position could improve the mismatch of ventilation-perfusion and open the atelectatic lungs by adequate sputum drainage. The prone position improves oxygenation in intubated patients with acute respiratory distress syndrome. Invasive Ventilation can cause a lot of complications including hypotension, ventilator-related infection, volume imbalance, and sedation-related delirium. We should try to avoid IV and utilize NIV at the early stage of respiratory failure until IV is inevitable.
3. Routine use of Aspirin is not recommended. Besides the usual side effects of aspirin, the drug irreversibly inhibits platelet cyclooxygenase, and its effect persists for the circulating life of platelets [7–10] days) making its use is controversial in COVID-19 patients. Aspirin is not indicated for the treatment of DIC, or other venous thromboembolic complication that might be associated with severe COVID-19, and may increase the bleeding risk in severely thrombocytopenic patients. If platelet count is < 50,000 aspirin use should be limited only to cases with known indication like IHD.

These recommendations, if properly practiced, will improve patient outcome. During subsequent visits teams will specifically check if these suggestions have been implemented.



Director of Medical Education
Government of West Bengal



Director of Health Services
Government of West Bengal

Copy forwarded for kind information and necessary action:

1. The Mission Director, NHM, Department of Health & Family Welfare, Govt of West Bengal
2. The MSVP (All Medical Colleges)
3. The DDHS (Admin), Department of Health & Family Welfare, Govt of West Bengal (He is requested to inform the Clinical establishments).
4. DDHS (PH), Department of Health & Family Welfare, Govt of West Bengal
5. The Dy Chief Medical Officer of Health – II (All Districts and Health Districts)
6. The Senior PA to the Secretary, Department of Health & Family Welfare, Govt of West Bengal
7. Office Copy



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