

## **Guidelines for Providing Home Care**

In outbreak situations large number of patients attends hospital and the services may be overwhelmed. To avoid such situation, categorization of patients by risk needs to be done for which guidance has already been issued. All individuals seeking consultations for flu like symptoms should be screened at healthcare facilities both Government and private, examined by a doctor and categorized [Appendix- I].

Patients with mild fever plus cough / sore throat with or without bodyache, headache, diarrhoea and vomiting will be categorized as Category-A. They do not require Oseltamivir and should be treated for the symptoms mentioned above. The patients should be monitored for their progress and reassessed at 24 to 48 hours by the doctor. No testing of such patients for Influenza is required.

In addition to all the signs and symptoms mentioned under Category-A, if the patient has high grade fever and severe sore throat, or the following high risk conditions would fall under Category B and requires treated with Oseltamivir drug.

- Children with mild illness but with predisposing risk factors.
- Pregnant women;
- Persons aged 65 years or older;
- Patients with lung diseases, heart disease, liver disease
- Kidney disease, blood disorders, diabetes, neurological disorders, cancer and HIV/AIDS;
- Patients on long term cortisone therapy.

Patients in the above 2 categories (A &B) as mentioned above should confine themselves at home and avoid mixing up with public and high risk members in the family.

Guiding Principles for home care:

Patient should:

- be informed about the illness.
- stay home for seven days, preferably isolate himself / herself in a well ventilated room. Avoid common areas frequented by other family members of the family. If the living space is small and more than one person need to sleep in a room, ensure that the head end of patient and others sleeping in that room are in opposite direction (head to toe).
- wear mask all the time. Three layered surgical mask should be provided by the hospital/community health worker at the time of screening. If mask is not readily available, mouth and nose should be covered with a piece of cloth or handkerchief. The mask or handkerchief should be changed every six hours or earlier if it gets wet.
- avoid smoking.

- avoid close contact with others. If inevitable, they should always maintain an arm's length (at-least one metre).
- avoid having visitors.
- avoid hand shaking and wash hands frequently with soap and water
- be monitored to assess worsening of symptoms.
- take plenty of fluids.
- follow cough etiquettes whenever mask is not worn/not available -
  - Cover mouth and nose with a tissue/ handkerchief when coughing or sneezing;
  - Do not spit/blow nose here and there, use a water filled receptacle for collecting sputum, thereby minimizing aerosol generation.

#### Medication during Home Care:

- Medicines should be taken as advised by the doctor.
- Medicines available for fever, headache, body ache in general groceries, pan shops etc should not be taken as they may contain aspirin. Aspirin should not be given for fever or body ache.

#### Precautions to be taken by Care Giver:

The care provider should

- Wear triple layer surgical mask
- Wash hands frequently

#### **Early Warning signs/ Symptoms for hospitalization**

The care giver at home should be aware of the early warning signs. The early warning signs in adults are:

- High grade fever not responding to antipyretics.
- Difficulty in breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness, Confusion and
- Severe or persistent vomiting.

The early warning signs in children are:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- High fever with rash

These signs/ symptoms needs to be identified early for immediate start of treatment and hospitalization. Most of the adverse outcomes occur because of late reporting of the cases to hospital.

If fever is not responding, there is worsening of symptoms and in particular altered sensorium (confusion, incoherent speech etc) / loss of consciousness or difficulty in breathing, patient should be referred to nearest identified health facility.

In particular, patients with co-morbid condition (hypertension, diabetes, bronchial asthma, chronic bronchitis or Obstructive airway diseases, immune-compromised status etc) need to be observed for worsening of symptoms.

### **Preventive care for the contacts:**

All the contacts need to self monitor their health.

House hold contacts of the cases having co morbid conditions shall be put on chemoprophylaxis with Oseltamivir drug. Prophylaxis should be provided till 10 days after last exposure (maximum period of 6 weeks) – Usual dosage for adults is 75 mg OD

#### Dosage by Weight

- For weight <15kg                      30 mg OD
- 15-23kg                                    45 mg OD
- 24 - <40kg                                60 mg OD
- >40kg                                        75 mg OD

#### For infants:

- < 3 months                                Not recommended
- 3-5 months                                 20 mg OD
- 6-11 months                                25 mg OD

### **Infection Control:**

The infection control practices listed in the guiding principles would be followed including frequent hand wash, cough etiquettes, maintaining arms length distance from others.

The contact surfaces would be disinfected by wiping, with sodium hypochlorite solution or with household bleach (5%) solution.

Masks, tissue papers should be disposed of in dustbins. Hands should be washed after handling these wastes.

Utensils used by the case should not be used by others without washing.

Wash hands with soap and water before and after handling linens and towels used by the patient.

Category- A

- I. Patients with mild fever plus cough / sore throat with or without bodyache, headache, diarrhoea and vomiting will be categorized as Category-A. They do not require Oseltamivir and should be treated for the symptoms mentioned above. The patients should be monitored for their progress and reassessed at 24 to 48 hours by the doctor.
- II. No testing of the patient for Seasonal Influenza is required.
- III. Patients should confine themselves at home and avoid mixing up with public and high risk members in the family.

Category-B

- I. In addition to all the signs and symptoms mentioned under Category A, if the patient has high grade fever and severe sore throat, may require home isolation and Oseltamivir;
- II. In addition to all the signs and symptoms mentioned under Category A, individuals having one or more of the following high risk conditions shall be treated with Oseltamivir:
  - Children with mild illness but with predisposing risk factors.
  - Pregnant women;
  - Persons aged 65 years or older;
  - Patients with lung diseases, heart disease, liver disease
  - Kidney disease, blood disorders, diabetes, neurological disorders, cancer and HIV/AIDS;
  - Patients on long term cortisone therapy.