

## **Guidelines for Providing Home Care.**

If the severity is less, then a large number of patients can be managed at home. If there is high morbidity and mortality, the hospital services would be overwhelmed. To reduce the load on hospital facilities, triage at community level using CRB tool (Annexure-XVIII) needs to be done. This may result in large number of patients requiring home care.

### **Guiding Principles:**

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. If mask is not readily available, mouth and nose should be covered with a piece of cloth / handkerchief / tissue paper.

- avoid smoking.

- avoid close contact with others. If inevitable, they should always maintain an arms length.

- avoid having visitors.

- avoid going into the community, school, office, markets.

- wash hands frequently.

- be monitored and triaged regularly to assess worsening of symptoms.

### **Treatment:**

Mild influenza illness does not require specific anti viral medicine.

Medicines should be taken only on advice of the health care provider.

- Paracetamol for fever and ibuprofen for myalgia can be taken as per the advice of health care provider.

- Oseltamivir, if prescribed / advised by the doctor only.

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Medicines (other than paracetamol) 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.

Patients should take plenty of fluids.

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 etc) need to be observed for worsening of symptoms.

### **Chemoprophylaxis to the contacts:**

All the contacts need to self monitor their health.

Chemoprophylaxis to house hold contacts would be as per the policy decision taken by the Government which would be based on the severity of disease and stage of the pandemic.

House hold contacts having co morbid conditions would be put on chemoprophylaxis.

### **Infection Control**

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

The contact surfaces would be disinfected by wiping, with sodium hypochlorite solution or with house hold 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.

### **In case of need:**

Contact NICD outbreak Monitoring Cell at : 011-23921401

Look for updates at [www.mohfw.nic.in](http://www.mohfw.nic.in).

