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Supplementary Material

Acute Intermittent Peritoneal Dialysis in Critically Ill COVID-19 Patients with Renal Failure: Saviour or Succourer

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Annexure 1. Treatment protocol for COVID 19 disease.

S.No.	Details	Dose	Follow
1	Basic Treatment	Adult	1. Cap Doxy 100 mg 1 -0 -1 for 5 days 2. T. Ivermectin 12 mg 1 -0- 1 for 2 days 3. T. Vitamin C 500 mg 1 -0- 1 x 14 d 4. T. Zinc 50 mg 1 -0- 1 x14 d 5. T. Paracetamol 500 mg/ 650 mg SOS 6. T. Cetirizine 10 mg SOS (nasal congestion) 7. Cough suppressants SOS
2	Investigations on Adult Admission	Including OG	1. CBC, RFT, LFT, RBS/FBS/PPBS, CRP 2. CT – CHEST (except ANC < 38 weeks) 3. ECG if age > 45 y Ferritin, DDimer, IL6, Procalcitonin – only if indicated
3	De-saturation (If SpO_2 < 95 %)	Confirm twice in a span of 15 min	Start Nasal O_2 + Inj .Dexamethasone 6 mg iv od + Inj Enoxaparin 0.4 cc sc od (age >50 y and/or O2 requirement > 8 l/min) + Proning
4	Oxygen therapy	3-5 litres with mask to ensure SPO_2> 95%	• If patient SpO_2 <94 % with Mask/ Canula upto 6 l/min. • If above 6 l then NRM mask • Increase 2-4 liters to get > 95% saturation to a maximum of 15 l • HFNO(if saturation not maintained with 15 l in NRM) • HFNO O_2 upto 70 l / min • Always O_2 therapy with Proning • ABG, Hypercarbia, Altered sensorium, and hypoxia with HFNO, NIV/ Intubation to be done
5	When to start high flow nasal oxygen (HFNO)	15-70 litres with mask to ensure SPO2> 95%	If SpO_2 not maintained with 15 lit O_2 in NRM mask and proning.
6	When to start Inj . Dexamethasone	Dose – 0.1 TO 0.2 MG PER KG BODY WEIGHT 6 mg iv od.	1. If breathlessness & hypoxia SpO_2 < 94% 2. If More than 15% GGO (and > 5 days onset of Symptoms) and raised CRP >50, Ferritin > 500 or lowered Lymphocyte percentage 15%
7	When to start Inj.Enoxaparin	**Prophylaxis – 0.4 cc s OD**	Prophylaxis 1. Coronary artery disease 2. Morbid obese patients

contd.....

		Therapeutic - 0.4 cc s.c BD	3. Age > 50 (In desaturating patients) 4. DDimer > 500 Therapeutic 1. Age > 60 and hypoxia 2. D- Dimer > 500 + hypoxia
8	When and whom to start T. Favipiravir (to confirm with Expert Team)	1800 mg BD on Day-1, 800 mg BD for 4 days	• Ct values indicating high viral load • Doctors , Nurses , Health Care Workers • CT Chest >20% GGO • CRP > 50 Contraindicated in renal failure ,liver disease ,pregnancy and lactation. @ To use cautiously in hyperuricemia.
9	When to start Inj. Tocilizumab (only on expert team opinion)	400 mg IV infusion in 100 ml NS in 1 h Repeat after 12 hours SOS	**Indications :** • SpO_2 < 95 % with increasing O_2 requirement + • CT Chest > 30 % GGO/ • CRP > 100 + • IL 6 > 100 + • Lymphocytes < 10%
10	When to start compassionate use of Inj. Remdesivir (Only on the directions of Expert Team)	200 mg iv od on Day1 + 100 mg iv od from Day 2-10	In severely ill patients with • O_2 requirement > 6 l • CT > 25% GGO • CRP > 100 • Within 7/8 days from onset of symptoms. Not to be combined with HCQ/ chloroquine
11	Plasma therapy	Check the available blood groups of donor plasma	Early phase of moderate to severe patients with 1. Hypoxia worsening 2. CT/ CRP / Ferritin showing significant levels 3. Within the first 7/8 days since the onset of symptoms 4. Consent of the patient/relatives
12	Inj Frusemide	20 mg iv od (if systole >100)	In patients with Hypoxia with O_2 > 10 l/ min requirement
13	AN Mothers	Case by case	• CT if in > 38 weeks • 32-38 weeks (on Physician opinion) • Toculizumab, Remdesivir on Expert Team opinion
14	Prone position	In all cases of hypoxia requiring oxygen prone position to be promoted as it Increases	30 minutes to 120 minutes in prone position (more the better) followed by 30 minutes in right lateral and then 30 min in center lateral and 30 minutes in sitting position
		oxygenation by better ventilation of lungs	