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.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Details</th>
<th>Dose</th>
<th>Follow</th>
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</table>
| 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 SpO2 < 95 %) | Confirm twice in a span of 15 min | Start  
Nasal O2 + 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 SPO2> 95% | • If patient SpO2 <94 % with Mask/ Canula upto 6 l/min.  
• If above 6 l then NRM mask  
• Increase 2-4 litres to get > 95% saturation to a maximum of 15 l  
• HFNO( if saturation not maintained with 15 l in NRM)  
• HFNO O2 upto 70 l / min  
• Always O2 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 SpO2 not maintained with 15 lit O2 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 SpO2 < 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 |
### When and whom to start

<table>
<thead>
<tr>
<th>Therapeutic</th>
<th>0.4 cc s.c BD</th>
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<tbody>
<tr>
<td>3.</td>
<td>Age &gt; 50 (In desaturating patients)</td>
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<tr>
<td>4.</td>
<td>D-Dimer &gt; 500</td>
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<tr>
<td><strong>Therapeutic</strong></td>
<td>1. Age &gt; 60 and hypoxia</td>
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<tr>
<td></td>
<td>2. D-Dimer &gt; 500 + hypoxia</td>
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<tr>
<td>8</td>
<td>When and whom to start T. Favipiravir (to confirm with Expert Team)</td>
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<tr>
<td></td>
<td>1800 mg BD on Day-1,</td>
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<td></td>
<td>800 mg BD for 4 days</td>
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<td>9</td>
<td>When to start Inj. Tocilizumab (only on expert team opinion)</td>
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<td></td>
<td>400 mg IV infusion in 100 ml NS in 1 h</td>
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<td>Repeat after 12 hours SOS</td>
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<td>10</td>
<td>When to start compassionate use of Inj. Remdesivir (Only on the directions of Expert Team)</td>
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<tr>
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<td>200 mg iv od on Day1 +</td>
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<td>100 mg iv od from Day 2-10</td>
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<td><strong>Indications :</strong></td>
<td>In severely ill patients with</td>
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<tr>
<td></td>
<td>• O2 requirement &gt; 6 l</td>
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<tr>
<td></td>
<td>• CT &gt; 25% GGO</td>
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<td>• CRP &gt; 100</td>
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<td>• Within 7/8 days from onset of symptoms.</td>
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<td>Not to be combined with HCQ/ chloroquine</td>
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### 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 |

### Inj. Frusemide

| 20 mg iv od (if systole >100) |
| In patients with Hypoxia with O2 > 10 l/ min requirement |

### AN Mothers

| Case by case |
| • CT if in > 38 weeks |
| • 32-38 weeks (on Physician opinion) |
| • Tocilizumab, Remdesivir on Expert Team opinion |

### 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 |