

**GOVERNMENT OF PUNJAB**  
**DEPARTMENT OF HEALTH & FAMILY WELFARE**  
*Parivar Kalyan Bhawan, Sector 34-A, Chandigarh*

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NO. COVID-19/NHM/Pb/20/3518-39

Dated: 24.08.2020

To

All Civil Surgeons,  
Punjab.

**Subject:** Referral protocols for referral from Level-II to Level-III facilities and revised referral form.

In continuation with letter No. 2313-42 dated 31.07.2020, you are requested to reiterate the referral protocols in all the isolation facilities of your district and ensure that they are followed properly. Further, revised referral form (with date of onset of symptoms) is attached along with.

For strict compliance please.

Director Health and Family Welfare, Punjab

NO. COVID-19/NHM/Pb/20/3540-42

Date: 24.08.2020

Copy for information:

1. PS to Principal Secretary Health and Family Welfare Punjab.
2. PA to MD-NHM, Punjab.
3. PA to MD-PHSC, Punjab.

Director Health and Family Welfare, Punjab

**Referral protocol for COVID-19 patients from Dedicated COVID  
Health Centre (DCHC) to Dedicated COVID Hospital (DCH)  
(Level II to Level III) Dated: 24.08.2020**

**1) Indications of referral:-**

- a) If SpO<sub>2</sub><90% on room air.
- b) If there are signs of respiratory distress, Respiratory Rate>30  
Use of accessory muscles of respiration/Abdominal paradox.
- c) Pulse Rate > 120/min, weak.
- d) Blood Pressure < 90/60 mm/Hg.
- e) Decrease in urine output.(<150 ml. in 6 hours)
- f) Patient is confused/drowsy
- g) Persistent high grade temperature.
- h) Neutrophil/Lymphocyte > 3.5
- i) In case of high risk patient, patient can be shifted to Level-III based upon clinical judgment after expert opinion.

**2) However, the referral team may take the decision for referral based on:-**

- Their own clinical judgment.
- The facilities available at their own institute.
- The time to be taken for patient transport to the referred hospital.

**3) Before referring the patient, prior coordination should be done with Level-III where patient is being referred. Consent of the Level-III expert should be taken before referral as per Annexure-"A".**

**4) Referral Form (Annexure-"B"):-**

The referral form should be signed by any two of the following:

- SMO in charge of the facility.
- Anaesthetist.
- Medical Specialist/ Chest and T.B. Specialist.
- DMC (Deputy Medical Commissioner).
- Doctor on duty.

To be verified by Medical Superintendent /Civil Surgeon. If signature is not possible at that time, it can be done after referral.

**5) The complete record of **investigations** should be attached with the referral form and patient details be uploaded on the IT Portal.**

6) Transportation of referred patient:-

- a) Patient should be accompanied by trained paramedical staff in the Ambulance.
- b) Oxygen support including Ambu Bag/ Bains circuit should be made available in the Ambulance.
- c) Emergency tray including resuscitation equipment be made available in the Ambulance.
- d) Ambulance to be sanitized after every trip.

## Annexure-"A"

### LINKAGES (For Level II to Level III)

For better management the following linkage has been done with regard to faculty members and districts under them. District hospital's Medical specialists dealing with COVID-19 Patients can coordinate with them for any queries or guidance.

1. GMC Amritsar - Professor Tarsem Paul Singh GMC Asr- 981592669, Dr. Harsh Bala, AP, GMC ASR- 8968101040. Districts- Amritsar, Gurdaspur, Pathankot, Hoshiarpur, Kapurthala, Jalandhar, Tarn Taran.

2. GMC Faridkot- Professor Divya Soin GMC Faridkot- 7814422672, Dr. Sumit Pal Chawla AP- 8146444220. Districts- Faridkot, Ferozepur, Fazilka, Bathinda, Mansa, Mukatsar, Moga.

3. GMC Patiala- Professor Satish Sachdeva GMC Patiala- 9872428685, 7986052412, Professor Sanjeev Kumar GMC Patiala- 9463491738. Districts- Patiala, Sangrur, Fatehgarh Sahib, SAS Nagar, SBS Nagar, Barnala, Ropar, Ludhiana .

## Annexure-"B"

### REFERRAL FORM (From Level II to Level III)

Name of Isolation Facility:

District:

Name of Service Provider:

Phone No:

#### Patient Details

Name: S/D/W/o: Age (Years)/Gender

CR No: D.O. Admission Time of Admission

Date of Referral Time of Referral Referred To

Complete Diagnosis

**Complaints:** Fever/Cough/Shortness of breath/Nasal Discharge/Sore Throat/Lost of taste/Smell/  
Chest Pain/Headache/Altered Sensorium/Others

**Date of Onset of Symptoms:**

**Co-Morbidities:** DM/HTN/CAD/COPD/CVA/CKD/Others

**History:** Contact with COVID-19 Positive/Travel

**SAMPLING SITE:** Nasopharyngeal/Throat Swab/Any other area

Sample No.	Date: Sample Sent	Status	Date: Report Received
1.			
2.			

REASON FOR REFERRAL

- 1)
- 2)
- 3)

**EXAMINATION: Pallor/Cyanosis/Icterus/Clubbing/Pedal edema/Lymphadenopathy**

<b>VITALS</b>	
Temperature	
Respiratory Rate	
Pulse Rate	
Blood Pressure (mm.Hg)	
<b>RESPIRATION</b>	
Examination (Crepts/Ronchi etc)	
SpO2	
<b>NEUROLOGICAL SYSTEM</b>	
Sensorium	
<b>OTHERS</b>	

Signature 1

Signature 2

Verified by-