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A RETROSPECTIVE STUDY ON CLINICAL FEATURES AND MANAGEMENT FOR COVID-19

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ABSTRACT

Background: A corona virus is a kind of common virus that causes an infection in nose, sinuses, or upper throat. Most corona viruses aren't dangerous In early 2020, after a December 2019 outbreak in China, the World Health Organization identified SARS-CoV-2 as a new type of corona virus. The outbreak quickly spread around the world. COVID-19 is a disease caused by SARS-Chat can trigger what doctors call a respiratory tract infection. It can affect your upper respiratory tract (sinuses, nose, and throat) or lower respiratory tract (windpipe and lungs). It spreads the same way other corona viruses do, mainly through person-to-person contact. Infections range from mild to deadly. SARS-CoV-2 is one of seven types of corona virus, including the ones that cause severe diseases like Middle East respiratory syndrome (MERS) and sudden acute respiratory syndrome (SARS). **Methodology**: A retro prospective study was carried out involving in-patients of, general medicine, 650 bedded tertiary teaching hospital for six months. The data of 100 hundred patients were collected for the study in predefined forms from the medical case records and drug charts. Descriptive statistics were applied to the collected data and analyzed using Microsoft Excel software. **Results**: The most common symptoms in covid patient were fever, cough, sob, headache, chills. males were more symptomatic than females in case of fever, sob, cough, clod, chills, headache, loose stools, vomiting, loss of appetite, loss of smell taste. Females were more symptomatic in body pains,

dryness of throat. commonly used treatment in covid patients are antibiotics, antiviral, multivitamins, ppi's, steroids, antipyretics, anticoagulants. Commonly prescribed antibiotics were macrolides (azithromycin, doxycycline, ceftriaxone), antivirals were fabiflu, fabizapire. **Conclusions**: Our study concludes majority of patients presents with fever, respiratory features (like cough, sob, cold) sore throat, headache, loss of appetite etc. The reviews show 1% people were asymptomatic, Major modalities of management includes antibiotic, antiviral and steroid therapy having no direct relationship between the specific treatment and the outcome.

KEYWORDS: antibiotics, antivirals, covid-19(SARS-CoV-2), (MERS) Middle east respiratory syndrome.

INTRODUCTION

What is covid-19

A corona virus (COVID-19) is an infectious disease caused by a newly discovered Corona viruses. Most people who fall sick with covid-19 will experience mild to Moderate symptoms and recover without special treatment. A corona virus is a kind of common virus that causes an infection in nose, sinuses, or upper throat. Most corona viruses aren't dangerous in early 2020, after a December 2019 outbreak in China, the World Health Organization identified SARS-CoV-2 as a new type of corona virus. The outbreak quickly spread around the world.[1]

Background information for covid-19

COVID-19 is a disease caused by SARS-Chat can trigger what doctors call a respiratory tract infection. It can affect your upper respiratory tract (sinuses, nose, and throat) or lower respiratory tract (windpipe and lungs). It spreads the same way other corona viruses do, mainly through person-to-person contact. Infections range from mild to deadly. SARS-CoV-2 is one of sevene types of corona virus, including the ones that cause severe diseases like Middle East respiratory syndrome (MERS) and sudden acute respiratory syndrome (SARS).[2] **Middle East respiratory syndrome (MERS).** About 858 people have died from MERS, which first appeared in Saudi Arabia and then in other countries in the Middle East, Africa, Asia, and Europe. In April 2014, the first American was hospitalized for MERS in Indiana, and another case was reported in Florida. Both had just returned from Saudi Arabia. In May 2015, there was an outbreak of MERS in South Korea, which was the largest outbreak outside of the Arabian Peninsula.[3] **severe acute respiratory syndrome (SARS).** In 2003, 774 people died from an outbreak. As of 2015, there were no further reports of cases of SARS. The

other corona viruses cause most of the colds that affect us during the year but aren't a serious threat for otherwise healthy people.[4]

Epidemiology

Travel to Hubei Province in China was linked to the initial cases of corona virus disease, but the increasing prevalence resulting from individual-to-individual transmission was documented both inside and outside of China. In December 2019, more than 90% of reported corona virus disease cases were from Hubei Province.[5] However, by March 2020, the highest prevalence of COVID-19 was recorded in Italy, United States, Spain, France, Iran and Germany. In regards to data on corona virus, the spread of COVID-19 is reported to be basically from individual-to-individual transmission by breathing droplets from coughing and sneezing via close contact. Transmission of COVID-19 virus via contaminated areas or fomites following contact with the mouth, eye or nose may also take place. Symptomatic individuals are at the highest risk of infecting other individuals. Limited information is available on viral shedding in individuals with asymptomatic features, but severely infected patients may present elevated viral shedding levels. Recent patterns of the epidemiology of corona virus disease in China demonstrate that the virus is highly infectious with sustained spread.[6]

Etiology

Complete viral genome analysis reveals that the virus shares 88% sequence identity with two bat-derived severe acute respiratory syndromes (SARS)-like corona viruses, but is more distant from the severe acute respiratory syndrome corona virus (SARS-CoV). Hence, it was temporarily called 2019-novel corona virus (SARS-CoV-2). Corona virus is an enveloped and single-stranded ribonucleic acid named for its solar corona like appearance due to 9–12 nm-long surface spikes.[7] There are four major structural proteins encoded by the corona viral genome on the envelope, one of which is the spike (S) protein that binds to the angiotensin-converting enzyme 2 (ACE2) receptor and mediates subsequent fusion between the envelope and host cell membranes to aid viral entry into the host cell. On 11 February 2020, the Corona virus Study Group (CSG) of the International Committee on Taxonomy of Viruses finally designated it as severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) based on phylogeny, taxonomy and established practice.[8] Soon after, WHO named the disease caused by this corona virus as Corona virus Disease 2019 (COVID-19). Based on current data, it seems that bats might initially host COVID-19, which might have been

transmitted to humans via pangolin or other wild animals sold at the Huanan seafood market, with subsequent spread via human-to-human transmission.[9]

Signs and symptoms

Doctors and scientists are learning new things about this virus every day. So far, we know that COVID-19 may not cause any symptoms for some people.

Patient may carry the virus for 2 days or up to 2 weeks before patient may develop symptoms.

The main symptoms include; Fever 99%, Fatigue 70%, Cough 59%, Lack of appetite 40%, Body aches 35%, Shortness of breath 31%, Mucus/phlegm **27.**[10]

Diagnosis

A swab test is the most common method. It looks for signs of the virus in your upper respiratory tract. The person giving the test puts a swab up your nose to get a sample from the back of your nose and throat. That sample usually goes to a lab that looks for viral material, but some areas may have rapid tests that give results in as little as 15 minutes. If there are signs of the virus, the test is positive. A negative test could mean there is no virus or there wasn't enough to measure. That can happen early in an infection. It usually takes 24 hours to get results, but the tests must be collected, stored, shipped to a lab, and processed.[11] The FDA is granting emergency use authorizations for tests that include home nasal swab tests which you collect yourself and express ship back to the lab for analysis. The agency has also approved several at-home rapid tests. you have to get these through a prescription so the results will be registered. You can receive those results within a few minutes.[12] A swab test can only tell whether you have the virus in your body at that moment. But you may also consider taking an antibody test which can show whether you've ever been exposed to the virus, even if you didn't have symptoms. This is important in officials' efforts to learn how widespread COVID-19 is. In time, it might also help them figure out who's immune to the virus. The FDA is working with laboratories across the country to develop more tests.[13] **High-Resolution Computed Tomography (HRCT)** tests are another way of determining the presence of the viral infection in the body, which is being done right now. While the usual PCR tests- RAT (Rapid Antigen Tests) and RT-PCR (Real-Time Polymerase Chain Reaction Tests) find out the viral presence by collecting samples from the nose and/or the throat, an HRCT test is a diagnostic tool that involves imaging of the lungs.[14] Right now, when it's being highly speculated that the new mutant viruses could

damage lung function in the earliest of days, lung imaging tests also work to provide a more accurate representation of the severity and spread of the viral infection and prompt a person to the right course of treatment. Part from CORADS, HRCT scans also seldom mention CT severity score, which tells us about the actual lung involvement due to the infection. Different labs go by different readings, with most scores being considered between 1-40 or 1-25. A higher score usually represents greater lung involvement and high COVID severity.[15]

Corona virus treatment

There's no specific treatment for COVID-19. People who get a mild case need care to ease their symptoms, like rest, fluids, and fever control. Take over-the-counter medicine for a sore throat, body aches, and fever. But don't give aspirin to children or teens younger than 19.[16]

- Generally, Most Prescribed Medicine.
- Antibiotics
- Antiviral
- Steroids
- Multivitamins
- Anticoagulants.[17]

Prevention

- Wash your hands frequently for at least 20 seconds at a time with warm water and soap. How long is 20 seconds? About as long as it takes to sing your "ABCs."
- Don't touch your face, eyes, nose, or mouth when your hands are dirty.
- Don't go out if you're feeling sick or have any cold or flu symptoms.
- Stay at least 6 feet (2 meters) away from people. Avoid crowds and large gatherings.
- Cover your mouth with a tissue or the inside of your elbow whenever you sneeze or cough. Throw away any tissues you use right away.
- Wear a mask or face covering in public places.
- Clean any objects you touch a lot. Use disinfectants on objects like phones, computers, and doorknobs.[18]

AIM

The aim of present study is to describe clinical features and management in covid-19 patients and to quantify symptomatic conditions in males and females and different levels of management in symptomatic patients.

MATERIALS

The data was collected in specially designed pro-forma for collecting patients details along with relevant laboratory and other data.

METHODOLOGY

The present study was conducted in covid ward in-patient department in Malla Reddy Hospital. Hundred patients were visited and admitted for f treatment between 01 November 2020 and 30 April 2021. The patients selected were all the patients who admitted in covid ward during study period. The informed consent was taken from the patient after explaining regarding the study and confidentiality of the data was assured to them. All the necessary and relevant data were collected from the patient case notes, treatment charts, and laboratory reports. The patients were divided depending on age groups, sex, based on symptoms and treatment. These data were recorded in a specially designed patient proforma.

STATISTICS

Results are presented by laying comparisons between age groups, The statistical analysis of the data was done using Bar graph and percentages.

RESULTS

In our current RETROSPECTIVE study, to focus on treatment management for COVID-19 of 100 patients were considered.

Table 1: Sex Wise Distribution Of Patients In Covid-19.

SEX	NO.OFPATIENTS in percentage
MALE	62
FEMALE	38
TOTAL	100

FIG 1: GRAPHICAL REPRESENTATION ON SEXWISEDISTRIBUTION IN COVID-19.

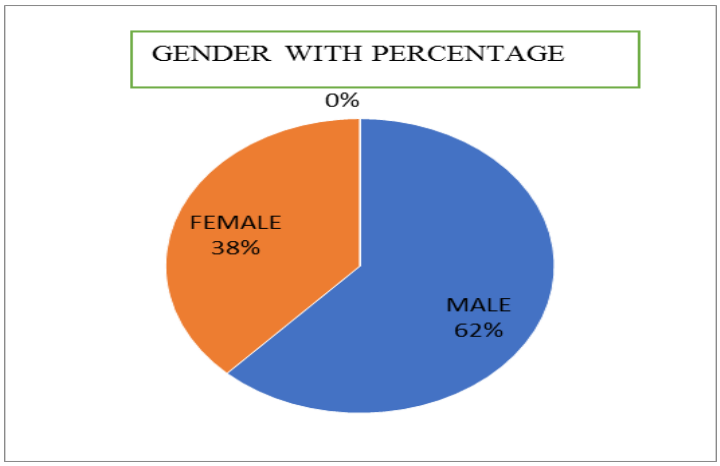

Fig 1: Reported that male patients (62%) are more effected than female patients (38%).

Table 2: Number Of Patients Based On Their Age Groups In Covid-19.

AGE GROUPS	NUMBER OF PATIENTS in %
0-9	1
10-19	2
20-29	8
30-39	25
40-49	20
50-59	21
60-69	17
70-79	5
80-89	1
90-100	0

FIG:2; GRAPHICAL REPRESNTATION BASED ON THEIR AGE GROUPS IN COVID-19.

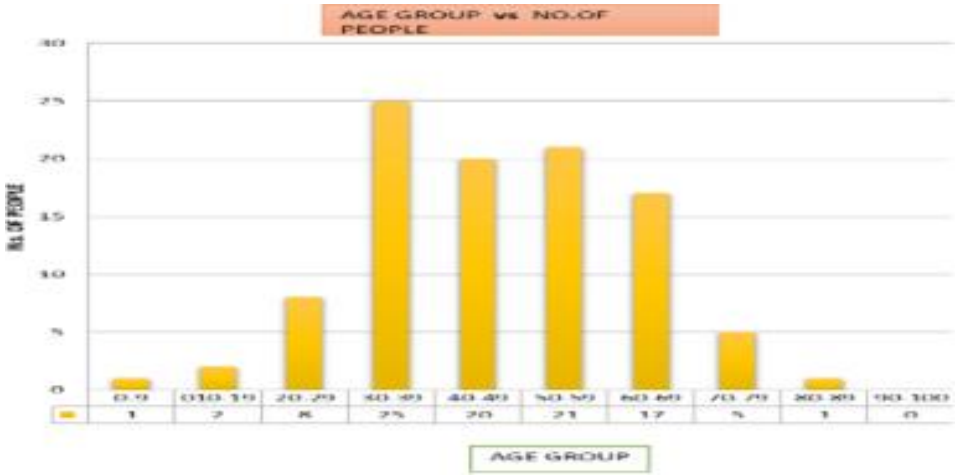

Fig 2: Reportedthatthepatientswithagegroup30-39yearsaremostlyeffected and 0-9 & 80-89 are least effected.

Table 3: Distributionofpatients Based On Symptoms In Covid-19.

SYMPTOMS	PERCENTAGE
Fever	71
Sob	70
Cough	69
Generalized weakness	28
Cold	16
Chills & headache	15
Loss of smell	13
Body pains	10
Loss of taste & dryness of throat	9
Sputum	8
Chest pain, vomiting's& loose stools	7
Loss of appetite	6
Others	17

FIG 3: GRAPHICALREPRESENTATIONSYMPTOMWISEDISTRIBUTION IN COVID-19.

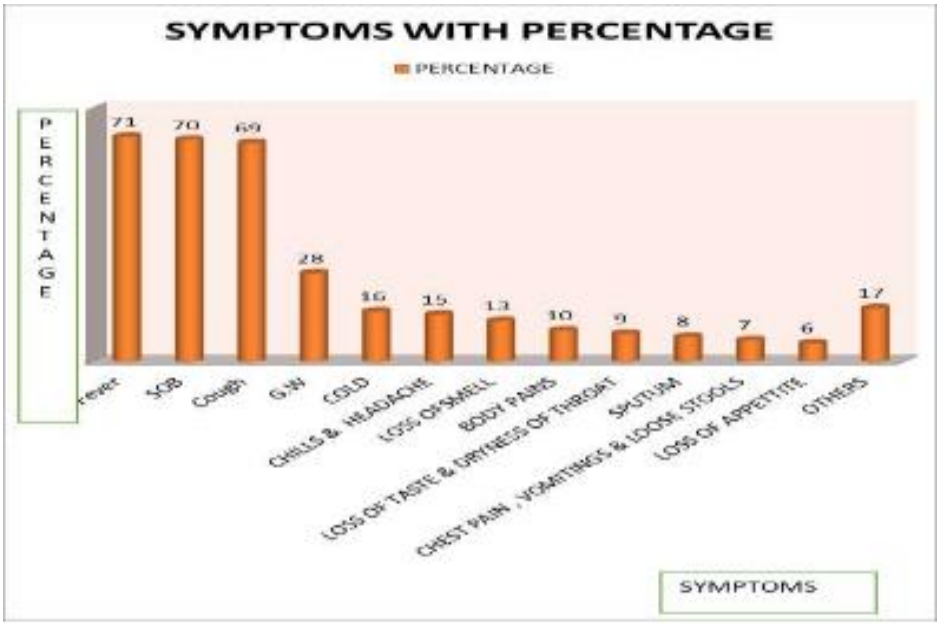

Fig 3: Reported that the patients shown symptoms of more percentage with fever (71%) & less percentage with Loss of Appetite (6%).

Table: 4 Distribution Of Fever In Male Vs Female.

MALE	FEMALE
57.74	42.2

FIG 4: GRAPHICALREPRESENTATION ON DISTRIBUTION OF FEVER IN MALE VS FEMALE.

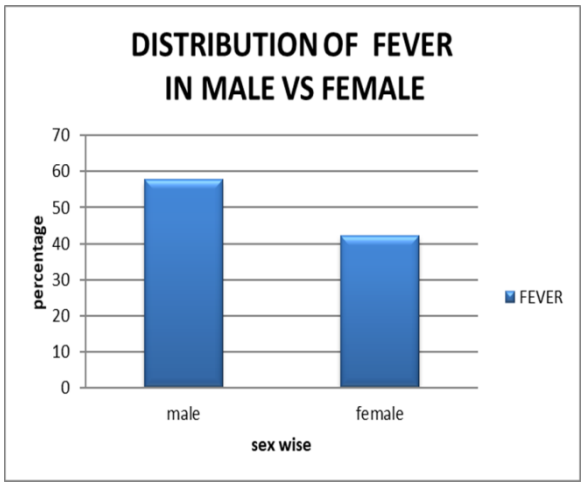

Fig 4 The above fig shows males reported with fever were 57.74% while females reported 42.2%. Which shows that male was more symptomatic than females.

Table 5: Distribution of S.O.B In Male Vs Female.

MALE	FEMALE
64.28	35.71

FIG 5: GRAPHICALREPRESENTATION ON DISTRIBUTION OF S.O.B IN MALE VS FEMALE.

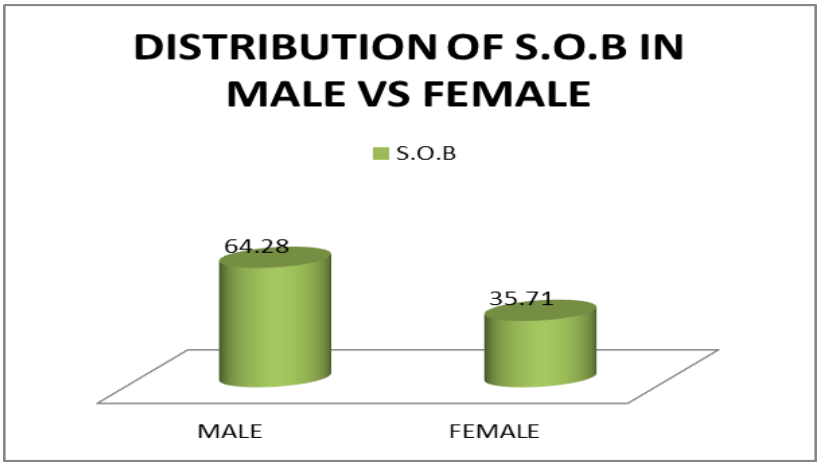

Fig 5: The above fig shows males reported with sob were 64.28% while females reported 35.71%. Which shows that male was more symptomatic than females.

Table 6: Distribution of Dry Cough In Male Vs Female.

MALE	FEMALE
56.52	43.47

FIG 6: GRAPHICALREPRESENTATION ON DISTRIBUTION OF COUGH IN MALE VS FEMALE.

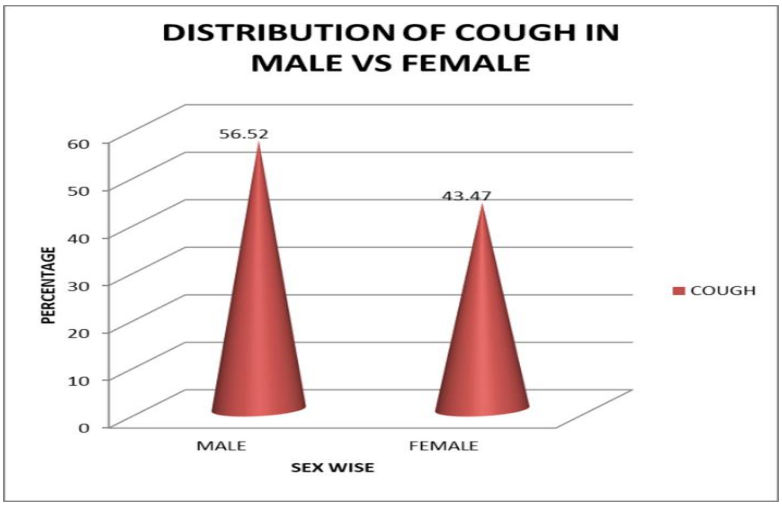

Fig 6: The above fig shows males reported with dry cough were 56.52% while females reported 43.47%. Which shows that male was more symptomatic than females.

Table 7: Distribution of Cold In Male Vs Female.

MALE	FEMALE
56.25	43.75

FIG 7: GRAPHICALREPRESENTATION ON DISTRIBUTION OF COLD IN MALE VS FEMALE.

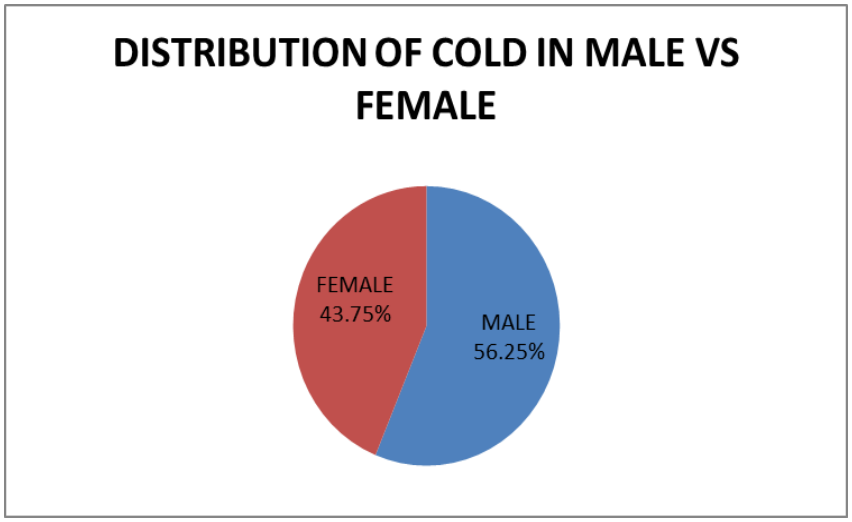

Fig 7: The above fig shows males reported with cold were 56.25% while females reported with 43.75%. Which shows that male was more symptomatic than females.

Table 8: Distribution Of Chills And Headache In Male Vs Female.

MALE	FEMALE
86.66	13.33

FIG 8: GRAPHICALREPRESENTATION ON DISTRIBUTION OF CHILLS AND HEADACHE IN MALE VS FEMALE.

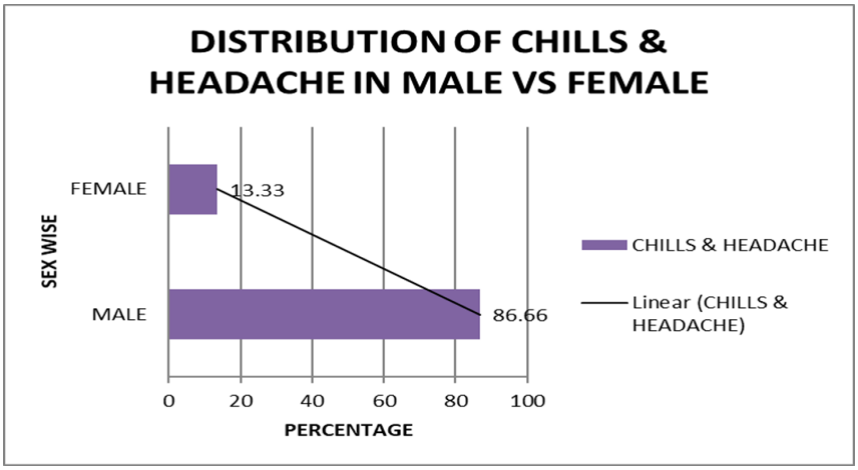

Fig 8: The above fig shows males reported with chills and headache were 86.66% while females reported 13.33%. Which shows that male was more symptomatic than females.

Table 9: Distribution of loss of Taste Andsmell In Male Vs Female.

MALE	FEMALE
53.84	46.15

FIG 9: GRAPHICALREPRESENTATION ON DISTRIBUTION OF LOSS TASTE AND SMELL IN MALE VS FEMALE.

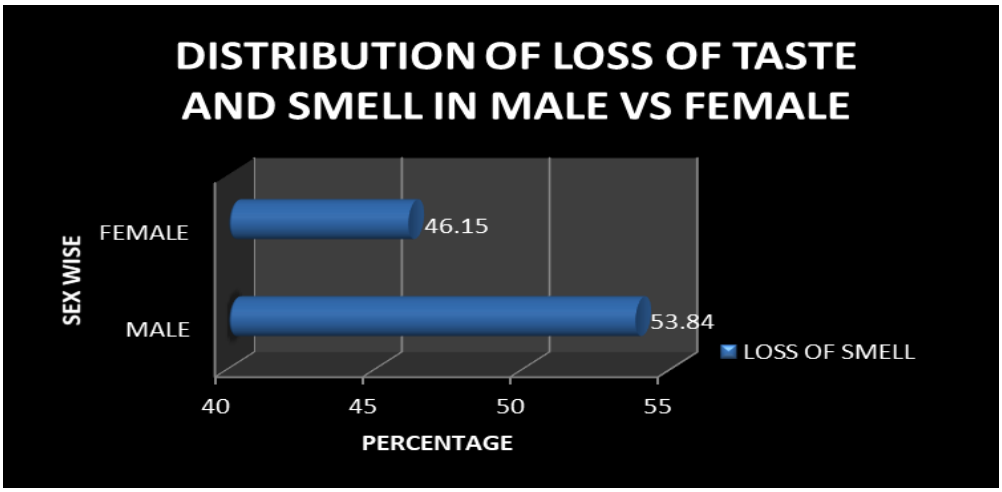

Fig 9: The above fig shows males reported with loss of taste and smell were 53.84% while females reported 46.15%. Which shows that male was more symptomatic than females.

Table 10: Distribution of Dryness of Throat In Male Vs Female.

MALE	FEMALE
44.44	55.55

FIG 10: GRAPHICALREPRESENTATION ON DISTRIBUTION OF DRYNESS OF THROAT IN MALE VS FEMALE.

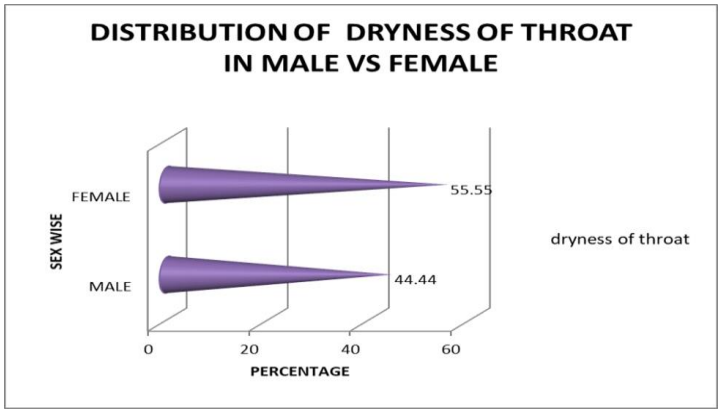

Fig 10: The above fig shows female reported with dryness of throat were 55.55% while males reported 44.44%. Which shows that female was more symptomatic than males.

Table 11: Distribution of Cough With Sputum

MALE	FEMALE
62.8	37.5

FIG:11; GRAPHICALREPRESENTATION In Male Vs Female.

ON DISTRIBUTION OF COUGH WITH IN MALE VS FEMALE

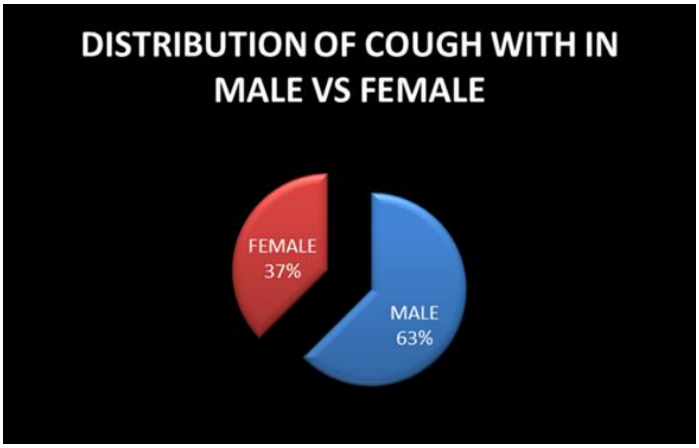

Fig 11: The Above Fig Shows Males Reported With Cough With Sputum Were 62.8 % While Females Reported With Fever 37.5%. Which Shows That Male Was More Symptomatic Than Females.

Table 12: Distribution of Body Pains In Male Vs Female.

MALE	FEMALE
40%	60%

FIG 12: GRAPHICALREPRESENTATION ON DISTRIBUTION OF BODY PAINS IN MALE VS FEMALE.

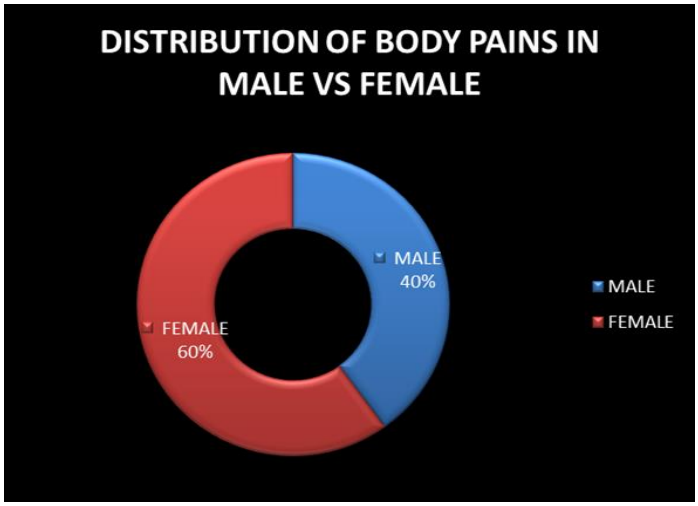

Fig 12: The above fig shows females reported with body pains were 60% while males reported40%. Which shows that female was more symptomatic than males.

Table 13: Distribution of Loss of Appetite In Male Vs Female.

MALE	FEMALE
66.66	33.33

FIG 13: GRAPHICALREPRESENTATION ON DISTRIBUTION OF LOSS OF APPETITE IN MALE VS FEMALE.

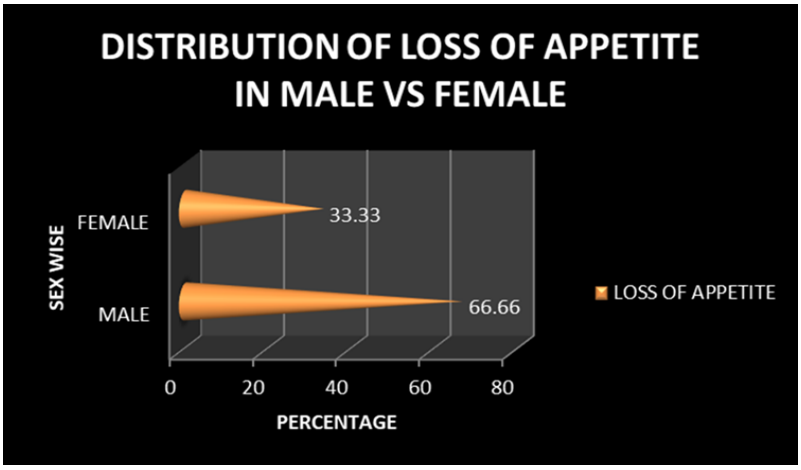

Fig 13: The above fig shows males reported with loss of appetite were 66.66% while females reported with fever 33.33%. Which shows that male was more symptomatic than females.

Table 14: Distribution of Chest Pain, Vomitings & Loose Stools In Male Vs Female.

MALE	FEMALE
71.42	28.47

FIG 14: GRAPHICALREPRESENTATION ON DISTRIBUTION OF CHEST PAIN, VOMITINGS & LOOSE STOOLS IN MALE VS FEMALE.

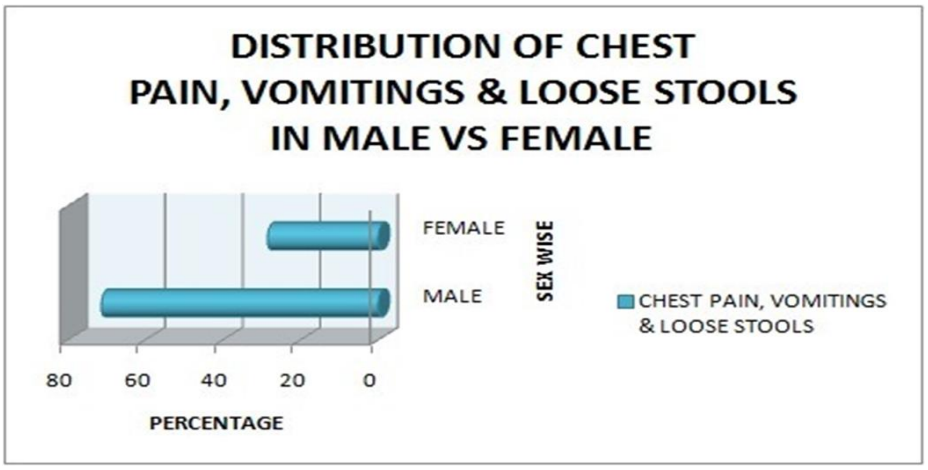

Fig 14: The above fig shows males reported with other symptoms were 71.42% while females reported 28.47%. Which shows that male was more symptomatic than females.

Table 15: Prescribing Pattern of Antibiotics In Covid-19.

Antibiotics prescribed in covid 19	No of people used antibiotics	Percentage
AZITHROMYCIN	58	31.69%
DOXYCYCLIN	28	15.30%
CEFTRAIXONE	27	14.75%
CEFOTAXIME	12	6.55%
PIPERACILLIN & TAZOBACTUM	11	6.01%
SALBACTUM & CEFOPERAZONE	10	5.46%
AMOXICILLIN	6	3.27%
MEROPENEM	6	3.27%
AMOXICILLIN & CLAVULANATE POTASSIUM	5	2.73%
MOXIFLOXACIN	4	2.17%
LEVOFLOXACIN	3	1.63%
CEFIXIME	3	1.63%
CEFEPIME	2	1.09%
AMIKACIN	1	0.54%
TAZOBACTUM	1	0.54%
CEFEPIME & TAZOBACTUM	1	0.54%
CEFTIZOXIME	1	0.54%
RIFAXIMIN	1	0.54%
METRONIDAZOLE	1	0.54%

FIG 15: GRAPHICAL REPRESENTATION ON PRESCRIBING PATTERN OF ANTIBIOTICS IN COVID-19.

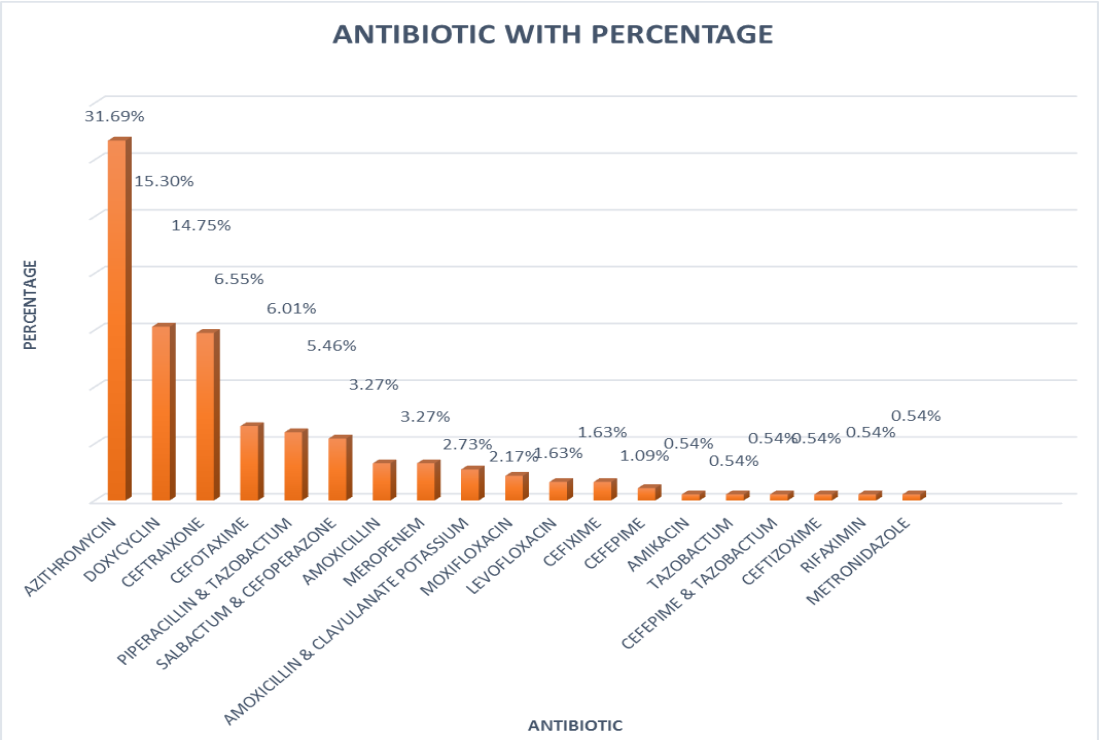

Fig. 15; the above fig shows 31.69% of patients were prescribed with azithromycin, 15.30% were prescribed with doxy, 14,75% were prescribed with ceftriaxone and least prescribed drugs were amikacin, tazobactam, metronidazole, rifaximin with 0.54%.

Table 16: Prescribing Pattern of Multivitamins In Covid-19.

Multivitamins prescribed in covid-19	Number of people used multivitamins	Percentage
ASCORBIC ACID	83	32.17%
MULTIVITAMIN, MULTIMINERAL	81	31.39%
CAL+VIT-D3	18	6.97%
MVI	18	6.97%
VITB COMPLEX WITH VITB12	18	6.97%
CHOLECALCIFEROL	18	6.97%
THIAMINE HCL	4	1.55%
FERROUS ASCORBATE AND FOLIC ACID	3	1.16%
UBIDECARENONE	2	0.77%
FOLIC ACID	1	0.38%
GABAPENTIN AND METYHLCO	1	0.38%
METHYL CBALAMIN, BENFOTIAMINE, FOLIC ACID & HCL	1	0.38%

FIG 16: GRAPHICAL REPRESENTATION ON PRESCRIBING PATTERN OF MULTIVITAMINS IN COVID-19.

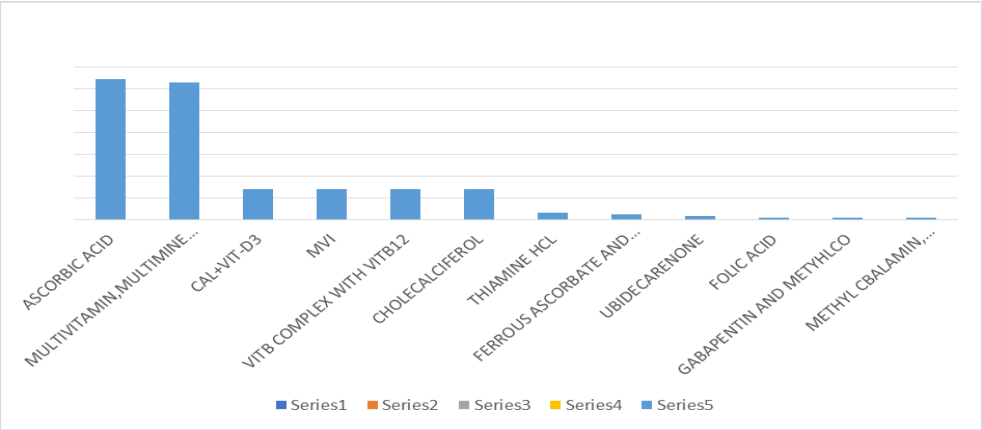

Fig 16: the above fig shows that 32.17% of patients were prescribed with ascorbic acid and 31.39% of patients were prescribed with multivitamin and multimineral which shows that ascorbic acid was most prescribed multivitamin.

Table 17: Prescribing Pattern of Steroids In Covid-19.

Steroids prescribed in covid-19	Number of people used steroids	Percentage%
DEXAMETHASONE	62.50%	62.50%
SOLUMEDROL	12.50%	12.50%
METHYLPREDNISOLONE	10.41%	10.41%
SALBUTAMOL +BUDICORT	9.37%	9.37%
LEVOBROMIDESALBUTAMOL & IPRATROPIUM	2.08%	2.08%

FIG 17: GRAPHICAL REPRESENTATION ON PRESCRIBING PATTERN OFSTERIODS IN COVID-19.

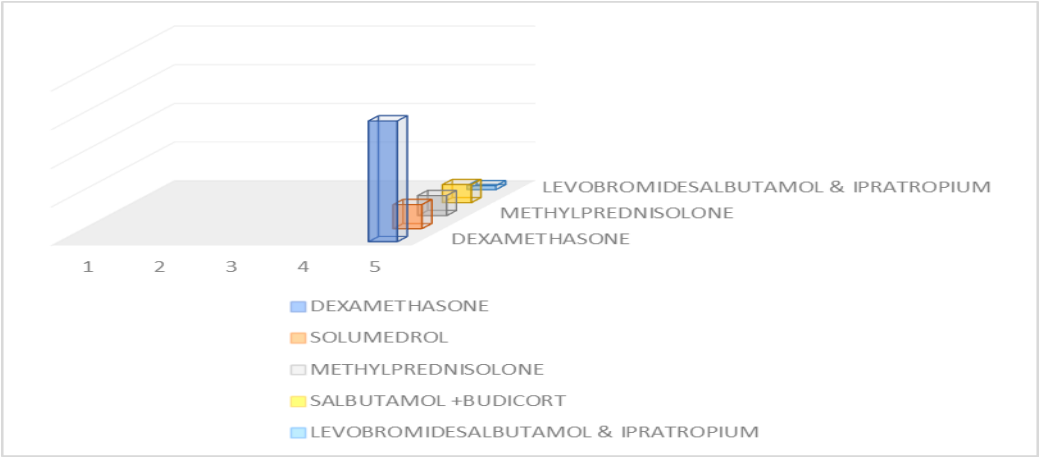

Fig 17: The Above Fig Shows That 62.50% Of Patients Were Prescribed with

Dexamethasone, 12.50% Of Patients Were Prescribed with Solumedrol, 10.41% Of Patients Were Prescribed with Methylprednisolone, 9.37% 0f Patient Were Prescribed with Salbutamol + Budicort, 2.08% Of Patients Were Prescribed with Levobromidesalbutamol& Ipratropium.

Table 18: Prescribing Pattern of Anticoagulantsin Covid-19.

Anticoagulants prescribed in covid-19	Number of people used Anticoagulants	Percentage%
INJ ENOXAPARIN	64	86.10%
DABIGATRAN ETEXILATE	2	4.78%
ECOSPRIN	2	2.77%
APIXABAN	1	1.38%
FONDAPARINUX SODIUM	1	1.38%
HEPARIN	1	1.38%
ROSUVASTATIN, ASPIRIN & CLOPIDOGREL	1	1.38%

FIG 18: GRAPHICAL REPRESENTATION ON PRESCRIBING PATTERN OF ANTICOAGULANTS IN COVID-19.

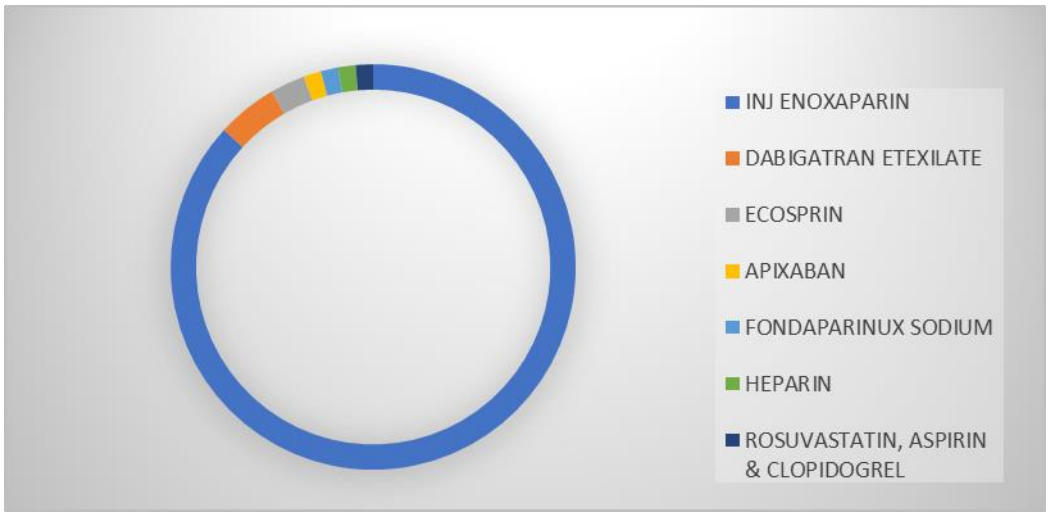

Fig 18: The Above Fig Shows That 86.1% Patients Were Treated with Inj Enoxaparin,4.78% Of Patients Were Treated with Dabigatran, 2,77% Of Were Treated with Ecosprin And 1.38% Of Patients Were Treated with Apixaban, Fondaparinux, Heparin, Rosuvastatin, Aspirin & Clopidogrel Which Shows That Inj Enoxaparin Is Mostly Used Anticoagulant.

Table 19: Prescribing Pattern of Antidiabeticsin Covid-19.

Antidiabetics prescribed in covid-19	Number of people used Antidiabetics	Percentage%
HUMAN INSULIN	26	60.46%
METFORMIN	5	11.62%
GLIMEPRIDE+METFORMIN	5	11.62%
VILDAGLIPTIN & METFORMIN	1	2.32%
GLIMEPIRIDE	1	2.32%
TENELIGLIPTIN	1	2.32%

FIG 19: GRAPHICAL REPRESENTATION ON PRESCRIBING PATTERN ANTIDIABETICS IN COVID-19.

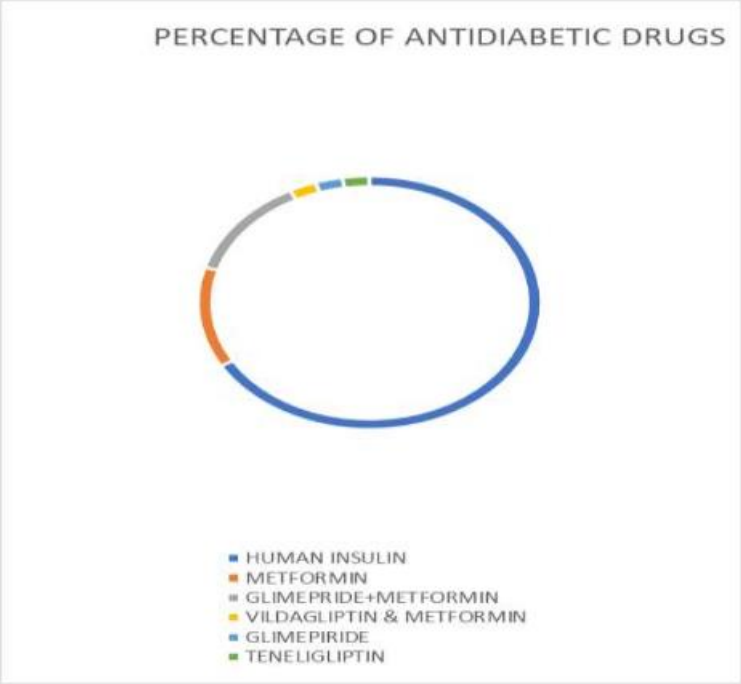

Fig 19: the above fig shows that 60.46% of patients were prescribed with human insulin, 11.62% of patients were prescribed with metformin, glimepiride +metformin, 2.32% of patients were prescribed with vildagliptin & metformin, glimepiride, teneligliptin.

Table 20: Prescribing Pattern of Anti- Viral Drugs In Covid-19.

ANTI-VIRAL DRUGS	NO. OF PEOPLE
REMEDISVIR	40
FABIFLU	54
FLAVIVIR	14
COVIFAR	5
FLUVIR	7
FABIZAPIRE	1
PIFLU	1

FIG 20: GRAPHICAL REPRESENTATION ON PRESCRIBING PATTERN OF ANTI- VIRAL DRUGS IN COVID-19.

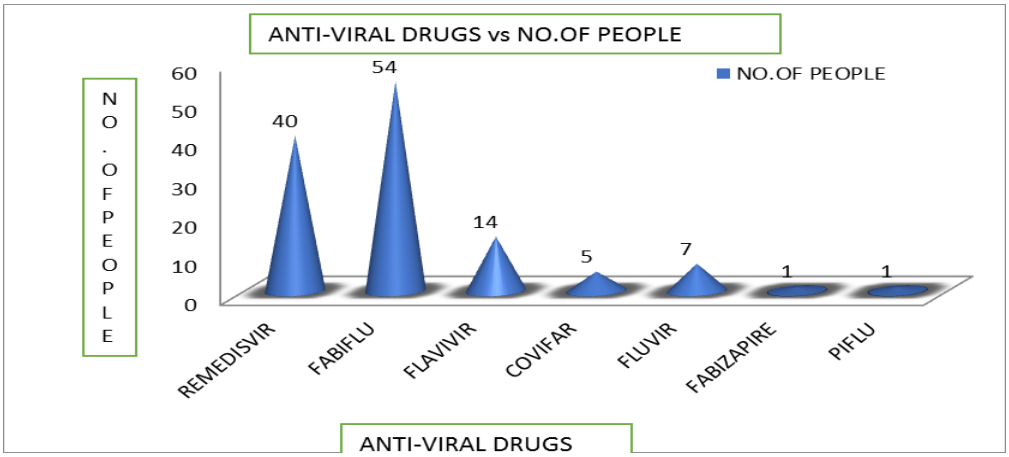

Fig. 20: Reported that the patients treated with fabiflu with more percentage like 54% and fabizapire&piflu with least percentage lie 1%.

Table 21: Prescribing Pattern of Other Drugs In Covid-19.

OTHER DRUGs	NO. OF PEOPLE in %
PANTOP	77
DOLO	58
AMBROXYL	30
LEVOCITRAZINE	22
MONTAC	18
MUCINAC	17
ASPIRIN	15
TELMA	11

FIG 21: GRAPHICAL REPRESENTATION ON PRESCRIBING PATTERN OF OTHER DRUGS IN COVID-19

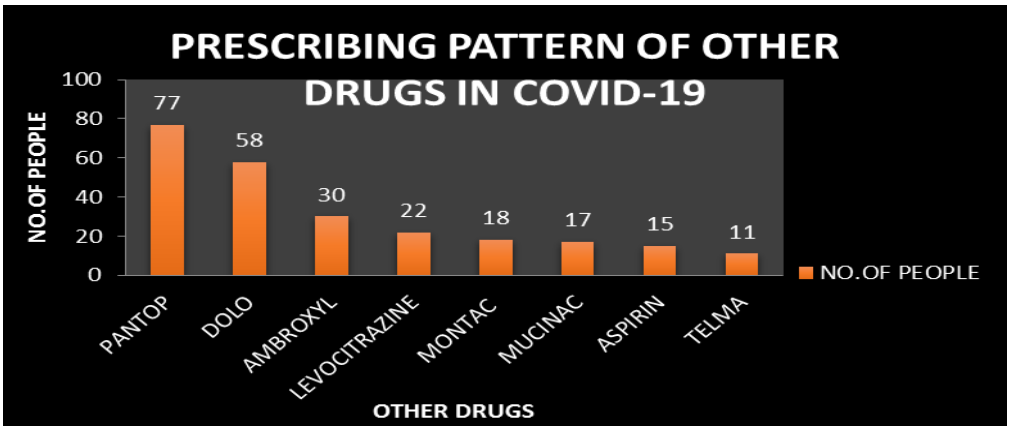

Fig 21: Reported that the patients treated with Pan top was more percentage like 77% and least percentage with Telma like 11%.

DISCUSSION

In this study, we retrospectively analyzed the clinical characteristics of patients with different outcomes and described the clinical course of symptoms, and treatment process during hospitalization. Focusing on gender and age factors in groups with different severity of covid-19, and paying more attention to specific clinical symptoms and characteristics, could improve efficacy of personalized intervention to treat covid-19 efficacy. Out of all patients analyzed in the study who were having covid-19. 62% of patients were male and 38% were female patients. When the demographic profiles of the patients were done it was found that 25% of patients are of range 30-39 years and 21% of patients are of range 50-59 years. In our study it can be said that covid-19 is more common in middle age group followed by older age group. In the present study majority of the study population, i.e., 57.74% of the patients were presented with fever were males and 42.2% were females, in case of S.O.B 64.28% were males and 35.71% were females. In case of dry cough 56.52% were males and 43.47% in males, other symptoms like cold, chills, headache, loss of smell and taste, productive cough, loose stools, vomiting's and loss of appetite male were more symptomatic than females. Symptoms like body pains, dryness of throat females were more symptomatic than males. The most commonly prescribed antibiotics for covid 19 were macrolides. Our study reported that out of 31% of patients were prescribed with azithromycin, 15% with doxycycline, 14% with ceftriaxone and least prescribed with 0.5% amikacin, 0.5% tazobactam, 0.5% cefepime. The most commonly prescribed vitamin supplements were 32.17% of patients were prescribed with Ascorbic acid followed by 31.39% with multivitamins, 6.97% with calcium& vitaminnD3, 6.97 % with vitamin B complex, 6.97% and least prescribed with methylcarbylamine 0.38%. Our current study stated that 62.5% of patients were prescribed with Dexamethasone followed by 12.5%, Solumedrol, 10.41% with methylprednisolone and least prescribed with Budicort 9%. The most commonly prescribed anticoagulants in covid 19 were Enoxaparin 86% followed by dabigatran etexalite 4% and least prescribed with Aspirin and clopidogrel 1%. 60.46% of patients were prescribed with human insulin, 11.62% of patients were prescribed with metformin, glimepiride +metformin,2.32% of patients were prescribed with vildagliptin & metformin, glimepiride, teneligliptin. Our study Reported that the patients treated with fabiflu were 54% and fabizapire&piflu with least percentage lie 1% And also Reported that the patients treated with Pantoprazole more percentage like 77% and least percentage with Telma like 11%

CONCLUSION

Different levels of management mainly depend on clinical features and how they respond to the treatment, from our study we concluded that males were more symptomatic than females. Clinical pharmacists play a major role in early detection and prevention of medication errors and thus can improve the quality of care to the patients. We found prescribing steroids to patient's increases risk of opportunistic infection so before prescribing steroids we should look for serum cortisol levels and thoroughly check for any pre-existing fungal infections which worsen prognosis of disease. Our study concludes multisystem association of covid-19, were majority of patients presents with fever, respiratory features (like cough, sob, cold) and other symptoms like sore throat, headache, loss of appetite etc. The reviews show 1% people were asymptomatic, this should be seen with caution as the studies are taken from hospital setting not community. In community more asymptomatic cases might be present than in hospital. Major modalities of management include antibiotic, antiviral and steroid therapy having no direct relationship between the specific treatment and the outcome. The need for further study for specific treatment and timely evidence-based updates on existing guidelines is required.

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Conflicts of Interest

No conflicts of interest have been declared.

Informed Consent

Informed consent was obtained from all individual participants included in the study.

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