

Coordination Santé Libre

Proposition protocole PREVENTION COVID-19

Proposition évolutive en fonction des données des publications et des retours d'expériences de terrain

31/01/2021

PREVENTION COVID-19 – SITUATIONS PRATIQUES – PCR négatives

Pour tous

Lavage des mains au savon régulier
Gel hydroalcoolique à l'extérieur

Soignant en contact régulier avec malades

Port du masque en intérieur et situation à risque (ex : transports en commun)
Lavage des mains au savon régulièrement ou sinon gel hydroalcoolique

Travailleur en contact avec le public

Cas Contact (pas sous le même toit)

Famille d'un malade vivant sous le même toit

Isolement (jusqu'à PCR nég) – chambre séparée
Test PCR à J1 et J7

Activité physique régulière (12)(13) Gestion stress (sophrologie, relaxation, cohérence cardiaque, ...) (14)(15)

Vit D3 2000 à 4000 ui/j ou éq. / mois
à adapter au dosage sérique (1)(2)(3)

Vit D3 2000 à 5000 ui/j (ou équivalent par mois) pour obtenir un dosage sérique de 50 ng/ml

Gluconate ou Bisglycinate zinc 15 mg/j
(4)(5)

Gluconate ou Bisglycinate Zinc 30 mg/j

Gluconate ou Bisglycinate Zinc 30 mg x 2/j 7 jours

Vit C 500 mg x 2/j (6)(7)

Vit C 500 mg x 3/j

Vit C 1000 mg x 3 /j – 7 jours

Améliorer la qualité du microbiote - (alimentation, pré-probiotiques...) (8)(9)(10)(11)

En fonction des modes d'exercice particulier du médecin, on pourra associer

Lavage nez 1 fois/j avec sérum physiologique (16)

Lavage plusieurs fois/j avec sérum physiologique (16)

Huile essentielle de RAVINTSARA : 2 gtt sur les poignets le matin, 5 j /7 (17)

Homéopathie, Phytothérapie,
Oligothérapie, Aromathérapie,
Acupuncture

IVERMECTINE 0,2 mg/kg
1 fois par semaine
(soignants en unité COVID)
(22)(23)(24)

Echinacée : poudre tot. 900 mg matin et midi, 5 j /7 (18)(19)

Quercétine 250 mg/j j (20)(21)

IVERMECTINE 0,2 mg/kg à J1, J4 et J8
(22)(23)(24)

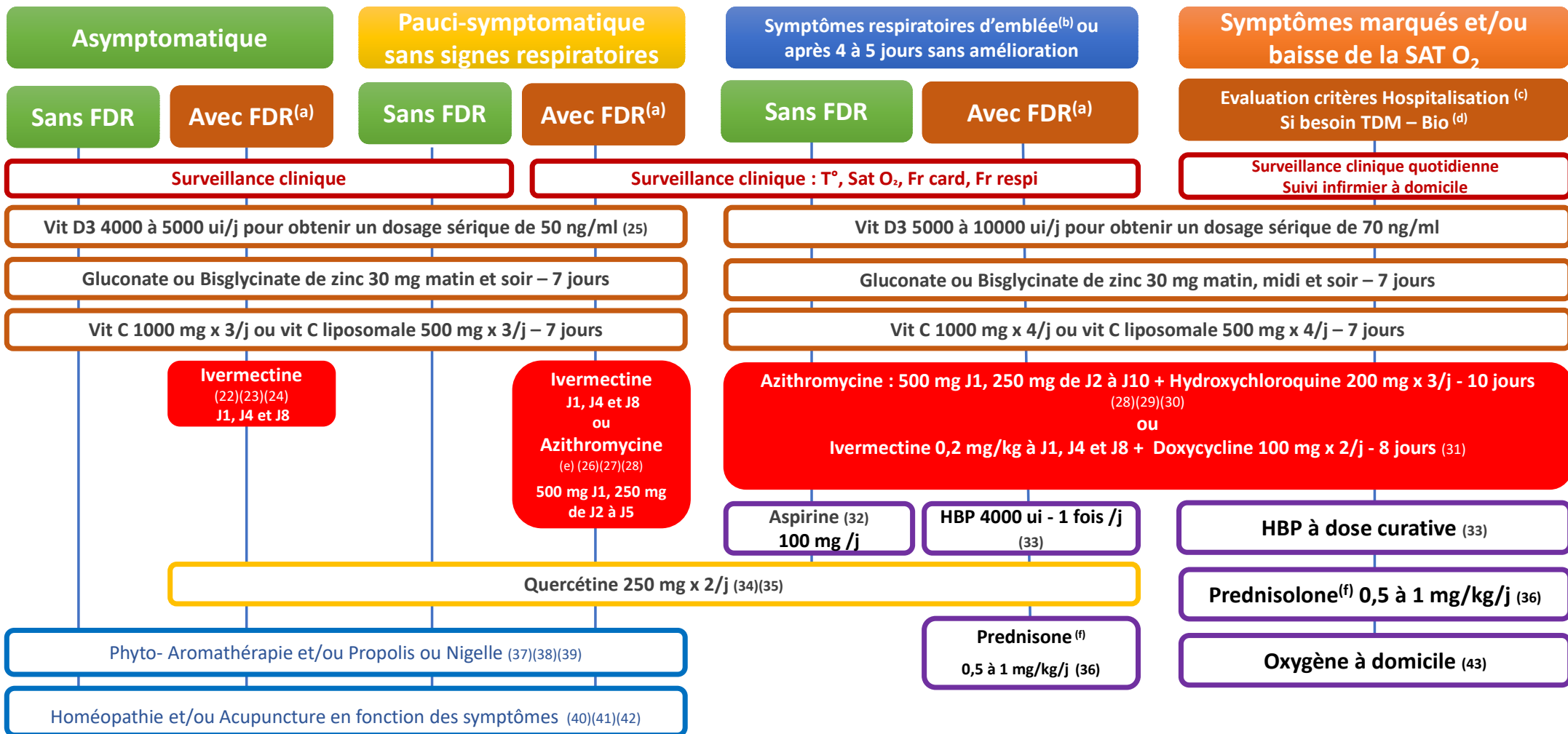
Coordination Santé Libre

Proposition protocole THERAPEUTIQUE COVID-19

Proposition évolutive en fonction des données des publications et des retours d'expériences de terrain

31/01/2021

TRAITEMENT AMBULATOIRE PRECOCE (TAP) COVID-19 - PCR +



Commentaires sur protocoles thérapeutiques

a- FDR : Facteurs de risque de faire une forme grave de Covid-19

Patients atteints de cancers et de maladies hématologiques malignes en cours de traitement par chimiothérapie ; atteints de maladies rénales chroniques sévères, dont les patients dialysés ; transplantés d'organes solides ; transplantés par allogreffe de cellules souches hématopoïétiques ; atteints de polyopathologies chroniques et présentant au moins deux insuffisances d'organes ; atteints de certaines maladies rares et particulièrement à risque en cas d'infection ; atteints de trisomie 21

IMC > 30 – HTA mal équilibrée – Diabétique – Insuffisance respiratoire et BPCO

b- En cas de symptômes respiratoires d'emblée

Une dyspnée d'effort doit être questionnée/recherchée +++ / TDM thoracique précoce si signes auscultatoires
Si lésions radiologiques (traitement jusqu'à normalisation de l'auscultation) + contrôle TDM à 2 mois

c- Critères d'hospitalisation

SAT O₂ < 95 – Fréquence respiratoire > 20 - Altération majeure de l'état général, suivi à domicile précaire ou non assuré ou évolution clinique défavorable

Critères péjoratifs à l'imagerie (radiographie ou scanner)

Critères biologiques de gravité : D-dimères > 1 mg/ml ; CRP > 50 mg/l ; lymphocytes < 1 000/mm³

d- Bilan biologique de surveillance

NFS – CRP – D-dimères – LDH – Fonction rénale avec ionogramme

e- Précautions d'emploi de l'azithromycine et de l'hydroxychloroquine

QT long ou arythmie - Hypokaliémie - remplacer par doxycycline - Patients avec pace-maker ou traitements anti-arythmiques : azithromycine possible si ECG montre un QT normal

Préférer clarithromycine en cas de forme digestive

Contrôle du QT à 48h

f- Utilisation de la prednisone et de la prednisolone

Dose en fonction de la clinique et de l'étendue des lésions à la TDM thoracique - Prednisolone 1/2 à 1 mg/kg pendant 5 jours puis décroissance par palier de 10 mg en fonction de l'auscultation.

En cas de diabète, la surveillance glycémique est rapprochée.

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