

COVID Awareness Issue

A Covid-19 Perspective from a Tertiary Care Center

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COVID 19 PANDEMIC has shown to be the most devastating challenge of our lifetime. Irrespective of its origin and symptomatology, we have noticed many pitfalls in managing this disease. As time passes, we continue to learn more and more about this disease.

As a tertiary Care Center in Makkah Province at King Abdullah Medical City, in one of the most affected areas mainly due to frequent visitors, we had to devise a plan deal with the situation...

Our concerns included but not limited to the following:

1. How to limit the spread within the hospital.
2. How to implement the Current guidelines as per worldwide recommendations
3. Updates for the family members of Covid-19 patients
4. How to educate our staff in the hospital to protect them.
5. How to deal with the shortage of items like masks, gowns, etc.
6. How to organize staff testing for Covid-19
7. How to manage staff shortages if the staff gets infected.

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The Ministry of Health in Saudi Arabia devised guidelines for physicians for different categories of Covid-19 patients. Medications were made available to all major hospital managing Covid-19 patients.

Only designated hospitals were allowed to admit Covid-19 patients to limit the spread of the disease and to pool all the resources.

At KAMC, we originally had 6 Critical Care areas. Main ICU, Surgical ICU, Cardiac Surgery ICU, Neuro-Critical Care ICU, and CCU.

We planned not only to treat these patients but to limit their spread within our hospital. So we divided those areas into Covid-19 and Non-Covid-19.

We do regular testing for Covid-19. Once they are negative, they are transferred to one of the following destinations:

1. Non-Covid-19 Critical Care area
2. Non-Covid-19 floor/ward if stable enough.
3. External transfer to another facility that can manage non-covid-19 patients.

Ministry of Health regularly updated guidelines to help physicians manage these patients and provided medications as deemed necessary.

The patient's family members' visits to the hospital were restricted. It has been a challenge for us to update them. So it was decided to update them through phone communications, at times using the Awaya application downloaded on the mobile. All Consent was done by phone. This practice was on daily basis and consumed significant effort but a very satisfying experience for us and patient families.

A major concern was how to educate our staff, so they can protect not only the patients but also themselves. We conducted many lectures and meetings via Zoom, distributed digital material. We had to stress about hand hygiene and wearing masks.

Interestingly, the staff was monitored for compliance through existing security cameras to maximize their safety by improving their compliance.

All staff was tested for protective measures like N95 and Personal Protective Equipment through our infection Control Department to optimize safety. Any staff with any suspected symptoms were isolated and tested for covid-19.

The Protection of staff is not just limited to equipment testing and training but also their duration of exposure. So we adjusted the Medical Staff Rota in such a way that each physician was working for 2 weeks then off for 2 weeks.

During the initial days, we faced a major staff shortage as around 10 of the physicians working in ICU were isolated. We had to borrow staff from other areas like anesthesia to fulfill Critical area shortages.

All items were used as per guidelines by Infection Control to avoid any shortages. In the end, we should not forget that we are not dealing merely with a simple viral disease but it is like a syndrome. It does not end with the improvement of the initial disease symptomatology or negative test result, but what we witness now is a Post Covid-19 State which can linger on. The vaccine is already here but its long-term effectiveness and duration of protection remain debatable.

Some of these patients develop strokes, myocardial infarctions, even sudden deaths, etc weeks or months after apparent recovery. So they need a proper follow-up as outpatients.

As I write about my experience, we need to prepare ourselves for the newly detected Covid-19 mutant.
ARE WE PREPARED?

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