

- Virus

WHAT TO DO WHEN COVID HITS HOME

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Since the last week of March, news of friends, colleagues and distant relatives in quarantine facilities or passing on due to the deadly coronavirus keep popping up in my Messenger. And no matter how we try not to think about it, COVID-19 is hitting close to home.

But how do we prepare against an unseen enemy?

As hospitals and medical facilities are now stretched to the limit, caring for a loved one (who is suspected or tested positive for COVID-19) at home is now an option.

FINDING BETTER SOLUTIONS

In the webinar “What to do when COVID hits home: Solutions for the current surge,” organized by the Santuario de San Antonio Parish, Dr. Anna Lisa Ong-Lim, professor and division chief, Infectious and Tropical Diseases, Department of Pediatrics, UP-PGH, explained the extent of the problem and shared tips on how to care for a COVID-19 patient at home. First, the numbers. As of April 8, the World Health Organization (WHO) Coronavirus Disease Dashboard showed that globally, there have been 132,730,691 confirmed cases of COVID-19, including 2,880,726 deaths. A total of 669,248,795 vaccine doses have been administered as of April 7.

“If you hear numbers like this, it baffles the mind,” notes Dr. Lim. “So let me transpose this to something we’re all familiar with.”

The Philippine population numbers at about 115 million.

“There are 132 million confirmed COVID-19 cases worldwide. Just to make you understand how huge the problem really is, think of these numbers in the Philippine context. So it’s like saying every man, woman and child who lives in the Philippines has COVID-19,” the lady doctor explains.

“And when you talk about 2.9 million deaths worldwide, it’s like saying everybody in QC has already died of coronavirus,” she adds.

Now we are looking at 828,366 COVID-19 cases and in a couple of weeks or so, it could reach a million. In contrast to the global data about deaths, which is registered at 2.9 million, there are 14,000 deaths reported here.

“For a country with meager resources and very low critical-care capacity, this is a very respectable number,” Dr. Lim notes. “But the 14,000 includes people we know, people we love and people we’ve worked with — our mentors and colleagues.”

And this is something we can’t allow to continue. We need to find better solutions.

CARING FOR YOUR “POSITIVE” LOVED ONES AT HOME

As new variants of SARS-CoV-2 crop up across the country infecting almost 8,000 individuals daily, the majority of healthcare facilities in the metro are extremely challenged.

And so, the WHO has released guidelines on home care.

“Since the majority of cases are expected to be mild, home care may be considered for an adult or child with suspected or confirmed COVID-19 if in-patient care is unavailable or unsafe,” shares Dr. Lim. “And that’s the current situation here in the country.”

Patients who have been discharged from the hospitals may also be cared for at home if necessary.

However, the decision as to whether somebody needs to be cared for at home depends on three factors: Clinical evaluation of the COVID patient; evaluation of the home setting; and the ability to monitor the clinical

evolution of a person with COVID-19 at home.

Patients who are asymptomatic or those with mild or moderate disease without risk factors may qualify for home care.

Home care is not recommended if you're 60 years old and above and with risk factors — cardiovascular disease, diabetes, chronic lung disease, chronic kidney disease, cancer, are a smoker and obese.

"If the patient qualifies for home care, you need to identify if the home setup is appropriate," explains Dr. Lim. Here's the checklist: • The patient must be confined in a separate room and bathroom so that isolation can be implemented properly.

- Make sure that the room has a good airflow.
- Keep the door closed to contain the patient properly.
- Implement a good delivery for the patient's daily needs.

"Since our objective is to make sure that whoever is isolated will no longer infect the people in the household, safety protocols must be observed," advised Dr. Lim. For the COVID-19 patient: • Wear a mask when around other people at home to help prevent spreading the virus to others. • Proper hand hygiene is a must. For the caregiver: • Put on a mask and ask the sick person to put on a mask before entering the isolation room.

• Wear gloves when you touch or have contact with the patient's blood, stool or body fluids (saliva, mucus, vomit and urine). Dispose of gloves properly and wash your hands right away. • Do not reuse medical masks or gloves. • Wash your hands often; avoid touching your eyes, nose and mouth; and frequently clean and disinfect surfaces.

• Use dedicated linen and eating utensils for the patient. These items should be cleaned with soap and water after use and may be reused.

• Wash the patient's clothes, bed linen and hand towels separately using regular laundry soap and water. Dry thoroughly. • Waste generated at home while caring for a COVID-19 patient during the recovery period should be packed in strong bags and closed completely before disposal.

Home-based care must be provided by a trained health worker if possible, but since there's a shortage of healthcare workers, a family member will do for as long as he/she would be able to assess the patient properly.

"The family's designated caregiver must keep the lines open for communication with a trained healthcare worker or a public/ barangay health personnel in case of an emergency," notes Dr. Lim.

Caregivers should seek emergency medical attention when the patient is:

• Having trouble breathing or difficulty talking. • Persistent pain or pressure in the chest. • Confused or disoriented. "This can be a sign of decreasing oxygen levels in the body," explains Dr. Lim. • Inability to wake up or stay awake. • Pale, gray or blue-colored skin, lips or nail beds (depending on skin tone).

"If each of these points are carefully assessed, only then should we proceed with the decision to provide home care for family members who tested positive for COVID-19," notes Dr. Lim.