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Letter to the Editor

Preventing and Controlling Measures of 2019 Coronavirus Disease (COVID-19): Practice in Psychogeriatric Ward

The worldwide pandemic of the 2019 Coronavirus Disease (COVID-19), has become an irresistible disaster threatening millions of lives in recent months. Close management of psychiatric wards may increase the risk of infection through the respiratory tract, close contacting and nosocomial clustering. Meanwhile, the findings of some epidemiological surveys have indicated that elderly people are more prone to get infected with severe illness and death during the progressive course of COVID-19.¹⁻³ As one of the largest psychiatric hospitals in southwest China, we have about 400 beds for the elderly who suffer from mental disorders. There are a series of measures on effective prevention and control of the COVID-19 epidemic in our hospital.

STANDARDIZED PROCESS AND WARD ISOLATION

It is quite difficult to distinguish between a common fever and a

fever caused by COVID-19 in elders. There is an emergency management plan for patients already in an inpatient psychogeriatric ward with a fever, during the period of the COVID-19 pandemic.

First, when a patient's body temperature is higher than 37.3° C, he/she will be isolated at once. The patient will take medical tests such as blood tests, the pathogenic examinations of respiratory and CT scanning. Based on test results, physicians will be invited to have an online consultation to decide whether it is a suspected patient.

Second, patients with a fever caused by suspected COVID-19 will be sent to an isolation room for at least 14 days, and with a common fever will be sent to a separate isolation room. A relatively long incubation period of COVID-19 is not unusual, thus quarantine of elderly patients with a common fever will continue until the patient shows no signs of a fever or respiratory symptoms.

Third, after a patient is isolated, the rest of the patient population on the ward will have their temperature monitored three times a day, and be screened for a series of symptoms, composing of a dry cough, fatigue, nausea and abdominal pain. Patients are advised to stay in the wards as much as possible.

Finally, when an elderly patient with a fever needs to take

a medical examination out of the ward, an appointment will be made by phone in advance. The staff also will be reminded to wear protective equipment, and the patient will be arranged to go through an isolated access. To reduce the risk of a secondary infection by catching a cold, keeping warm is essential during the whole process of examinations.

RESPIRATORY INTERVENTIONS

Most of the patients in our hospital come directly from home without being previously screened or monitored. So it is effective to reduce the risk of COVID-19 infection by strictly controlling the number of admissions. Some prevention measures would be nutritional support and positive treatment on primary respiratory diseases. Also this positive treatment consisting of promoting sputum excretion, spasmolysis and antiasthmatic, etc, which may help control COVID-19.

PSYCHOSOCIAL INTERVENTIONS

Due to the particular era of COVID-19 prevalence, long-term quarantine might lead to fear, helplessness, nervousness, anxiousness, and depression.⁴ Coping with the

psychological crisis caused by a pandemic, elderly inpatients are provided with health education lectures in groups of 6 patients to promote social distancing. Individual psychological crisis interventions are also taken.

FAMILIES

Family members of the elderly patients will be advised that online video chats with the patients are better than a close visit. When elderly patients suffer from severe physical illnesses, and inevitably must meet their family members, the family members must be without a fever and respiratory symptoms. After inquiry of the histories of the infection, close contact, and clustering, the family will be allowed to enter the ward.

To summarize, the preventing and controlling measures in psychogeriatric wards at least include the following points: Firstly,

identifying infection symptoms should be accurately and quickly. Secondly, cut off the transmission and protect the elders in the hospital. Finally, strengthen nutrition and immunity.

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DISCLOSURE

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