Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

I was deployed to a Covid unit

In addition to my clinical responsibilities as a Pediatric Urologist, I am the Residency Program Director of a Urology program in New York City. As Residency Program Director I am responsible for the education and wellness of twenty-five trainees. Over the years I have become familiar with the vocabulary of the ACGME (Milestones, work hours, case logs, wellness, burn-out, in service exams). In early March I had to learn a new vocabulary (Covid-19, PPE, redeployment, self-quarantine, social distancing, surge).

By mid-March 2020 the Covid-19 pandemic had broken out in New York. The 5 major Healthcare systems in the city were told that they needed to double their capacity immediately. Our Graduate Medical Education office declared an ACGME Pandemic emergency. Our residents were notified that they may be "redeployed" to non-Urology care. Residents were concerned about being assigned to Covid units. There was concern about inadequate supplies of PPE. Was it safe for our residents to evaluate urology patients in the Emergency Department which was filling with Covid infected patients ?

After meeting with our residents we developed a plan. We would limit the inpatient Urology coverage to two residents per hospital. They would alternate weeks in the hospital, in order to prevent all of our residents from potentially getting ill with Covid at the same time. This would also free up Urology residents to be redeployed to other areas of the hospital to care for Covid patients.

On March 22, 2020 I developed myalgias and had a low grade fever. I spoke to the Employee Health Service and was told to self-quarantine, to take Tylenol and not to go to the ER unless I was having difficulty breathing. Over the next nine days I continued to be febrile and lost my sense of smell and taste. I was not able to eat or drink. Being a Urologist I was concerned about dehydration. I called a friend who is a Pediatric Anesthesiologist and asked him to stop by my house and place an IV in me. He came by dressed in PPE and placed an IV and started me on saline. He tested my O2 saturation. While I did not feel short of breath my O2 saturation was 85. My friend informed me that I needed go to the ER. He had been seeing similar situations where patients at day ten or eleven of symptoms were suddenly experiencing respiratory distress. I was taken by ambulance to the local medical center near my home in New Jersey. A chest x-ray demonstrated bilateral opacities. A Covid-19 test was positive. I was started on Hydroxychloroquine and Azithromycin. I was informed that I would be admitted to a Covid unit. Now I was deployed to a Covid unit!

Over the next four days I was on 4L nasal canula. I developed QT prolongation and the Hydroxychloroquine and Azithromycin were discontinued. I required oxygen to maintain an O2 saturation above 92. My inflammatory markers remained elevated. I began to panic. I felt there was really nothing to offer me aside from advising me to lay in a prone position. No one could offer me any assurance that I would be ok. Doctors and nurses came in and out of my hospital room covered in PPE spending as little time as possible. I could not tell who was taking care of me.

In the ER they hep-locked my IV, in an effort to reduce fluid in my lungs. On hospital day 2, I was told they would administer Lasix "to treat my lungs". I told the nurse I thought that was a bad idea. I had been unable to eat or drink anything for the past 5 days. There were no I/Os recorded and my breakfast, lunch and dinner trays were returned untouched.

On the third day of my hospitalization I was treated with an IV infusion of an IL-6 inhibitor, to treat a "cytokine storm". The next day my inflammatory markers improved. I was discharged home on Oxygen supplementation. An oxygen concentrator was delivered to my home. When I arrived home it took me 1 hour to make my way up a flight of steps to my bedroom. Walking the few feet to the bathroom had me gasping for air. I was quarantined in my room for the next 2 weeks. I weaned myself off the O2 over a 3 week period. I had become deconditioned and started walking to regain my stamina. Five weeks after discharge I was back at work in the hospital.

While I was in the hospital my wife was left at home worring. When I arrived in the ER, my wife received a call from the hospital asking

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for a credit card number. That was the only call she received from the hospital. Once I was admitted to the Covid unit my wife called the floor and requested to speak to the doctor. She spoke to a hospitalist who was polite and pleasant. She was told that I was stable. The physician explained that they were overwhelmed and requested that she not call again. If my status changed they would call her. When I was discharged my wife received a call from the medical supply company to confirm our address to deliver oxygen. There were no discharge instructions.

There are many things I learned from this experience. I developed a greater appreciation for the bravery of the EMTs, Nurses, Physicians and hospital support workers. By treating me they placed themselves and their families at risk for getting infected. The reason I was not offered treatment options was that at the time of my admission there were few proven options. As a Physician I can understand the frustration this presents to Healthcare providers.

I was proud of our residents that volunteered to serve in Covid units. This sometimes required tremendous sacrifices. Some residents were not able to see their young children for 6 weeks. While the experience was very frightening for me and my family, I was diagnosed and treated by devoted medical professionals. My family and I will always be indebted to them.

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