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Letter to Editor

Role of family members in care of hospitalised Covid-19 infected patient

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It has been almost two years since Covid-19 pandemic is declared. By now, most of the hospitals have a designated space and equipment to manage Covid patients. But, during the second wave of Covid in India, all hospital resources fell short. With rapid rise in number of cases, there was not only an increase in demand of hospital beds, ventilators and oxygen cylinders, but also, there was an acute shortage of manpower. This is because, many of the doctors, nurses and other health care workers (HCW) got infected with Covid or had to take care of their sick family members. Delhi High Court came up with the suggestion of allowing family members with the hospitalized Covid patients.¹ At this point of time, when the hospital admission of Covid patients was increasing and the manpower was in crunch, we decided to allow the attendants who were willing to look after their admitted Covid infected relatives. In most of the cases, the attendants were also infected but healthy enough to take care of their relatives. Even if, they were not infected with Covid, they were willing to stay with their loved one. To deal with the concern of attendants being a source of secondary infection, they were taught the simple hygiene practices like sanitizing hands before and after touching the patient, using head caps and shoe covers and wearing of face mask all the time.

Since, hospitalized Covid patients require good nursing care,² the attendants proved very helpful. They got quickly trained to do basic nursing care as well as monitoring of

the patient. One may expect interference in the treatment from the patient's attendant. On the contrary, the attendants maintained a record of blood sugar, temperature, vitals, input and output, which helped the treating physician in reviewing and managing the patient.

The attendants also provided loving and tender care to the patient. Helping the patient in maintaining cleanliness by assisting in brushing the teeth, urination and defecation, body sponging, changing clothes etc. were willingly done by the attendant. They used to get home-made hygienic and nutritious food according to the patient's preference and helped in feeding them. Timely meals and maintenance of hydration are key factors for a swift recovery of covid patients, which could not have been possible by the meagre working manpower available in the hospital.

Limb as well as chest physiotherapy was taught to the attending family member, which helped a long way in patient recovery. Oil massage and limb physiotherapy helped in maintaining muscle power as well as protected against deep venous thrombosis. Chest physiotherapy and proning helped in improving oxygenation and lung recruitment. The attendants also motivated and helped the patient to do incentive spirometry and breathing exercises. In contrast to 1-2 visits by a physiotherapist, the attendant could manage to achieve 4-6 sessions of physiotherapy and hence a better care.

Most of our patients required high flow oxygen/ non invasive ventilation (NIV) at the time of admission. The attendants got quickly acquainted with BIPAP mask and

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the ventilator. This proved beneficial in the way that if mask got loose, they were able to readjust it themselves instead of creating a panic. Gradually, as the patient started recovering and PEEP requirement reduced, NIV was replaced with High flow nasal oxygen (HFNO). The oxygen flow and concentration were reduced over time as the patient improved. By now, the attending family members knew about monitoring of oxygen saturation and they were also made familiar with the HFNO device. If the SpO₂ dropped during straining and patient had respiratory distress, the attendant could increase the oxygen concentration immediately and then call for help.

At all other places, where the attendant is not allowed, the family is anxious due to uncertainty about the recovery of their loved one. Sometimes, it is difficult to explain the deteriorating condition of the patient by giving a few updates telephonically. But, in our hospital, the attending family members were constantly aware about the patient's condition and were communicated the same 2-3 times daily.

Besides nursing care, attendants were a constant source of psychological support and motivation to the patient and the patient also had an assurance that a close and dear one is with him/her all the time. It is a well-known fact that family members can help the nursing staff in taking care of sick patients in acute care settings. Moreover, the involvement of family member prepares them for home care of the patient after discharge.³ This holds true for the care

of Covid Patients also.

With the third wave already at the door step, the rate of hospital admission of the covid-19 infected patients may rise again. It is strongly suggested to involve an attending family member for providing a better nursing care to the patient, to allay the anxiety and provide psychological support to the patient as well as family and to prepare the family members for after-discharge care at home.

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