



# **Covid-19**

## **Handling demand for home visits**

Presentation by:  
Dr Nataliia Mishyna  
family practitioner  
Istanbul , November 13,2020

- I am a medical practitioner working in a private clinic in Kyiv Ukraine
- Our clinic deals with patients from all walks of life
- In my practice I deal with Covid patients on a regular basis and I oversee patient testing, treatment and follow up.
- Doing home calls is an integral part of our clinic and often I go to the patient home for medical treatment and support.
- Covid patients are not your typical patients, these are patients who were mostly healthy before the onset



In Ukraine we now have over 515 755 cases of coronavirus and 9 422 deaths and this number is changing daily.

80 % of these cases are mild cases and patients are treated as outpatients (not hospitalized) .

However due to the increase numbers of patients who need hospitalization and because of insufficient number of hospital beds, patients with serious form of Covid-19 stay are receiving treatment at home by a family doctors.



Tracking Home

Critical Trends

Global Map

U.S. Map

Data in Motion



## COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins Universit...

Global Cases

515 755

Cases by  
Country/Region/Sovereignty

515 755 Ukraine

511 806 Iraq

452 291 Indonesia

443 113 Czechia

437 364 Netherlands

427 198 Bangladesh

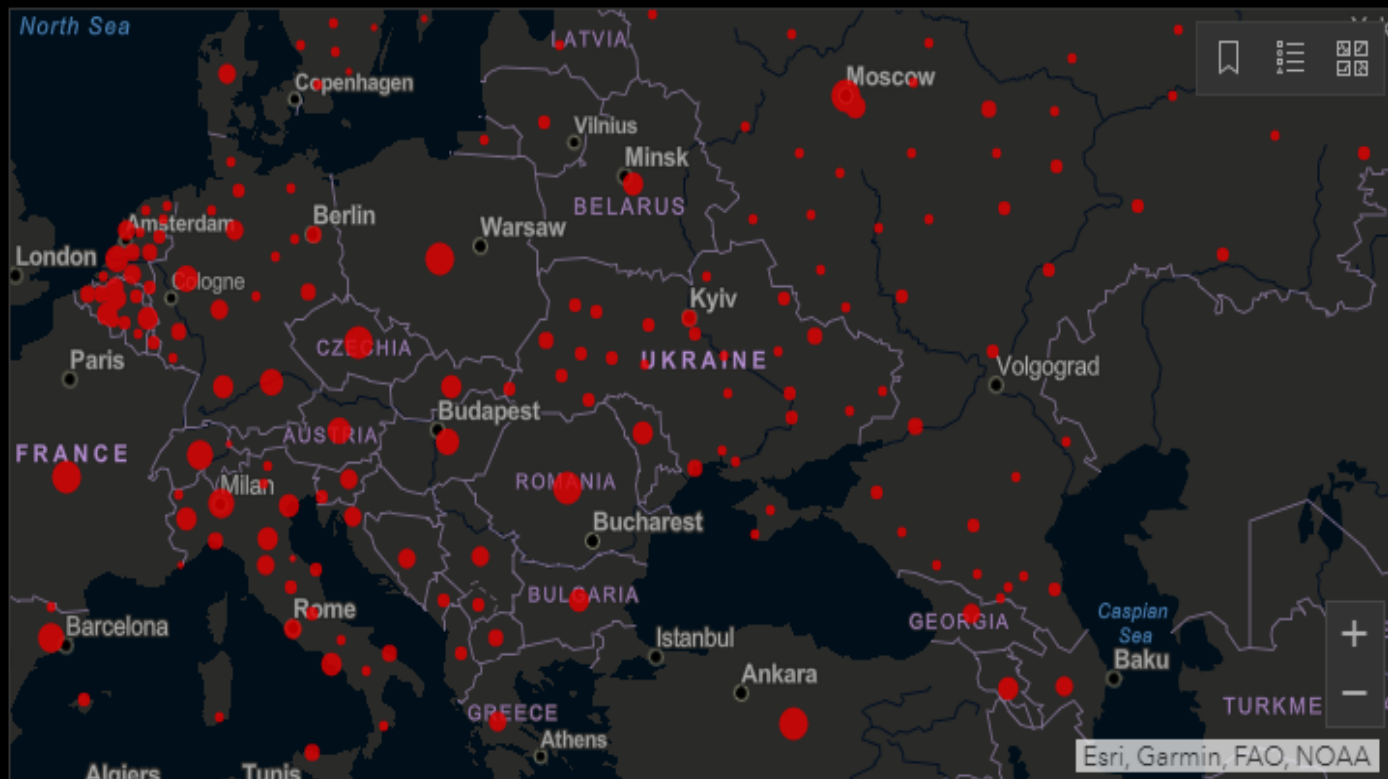
404 894 Turkey

402 820 Philippines

Admin0

Last Updated at (M/D/YYYY)

11/12/2020, 10:25 PM



Cumulative Cases

Active Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

203

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#).

Lead by JHU CSSE, Technical Support: [Esri Living Atlas team](#) and [JHU API](#). Financial Support:

Global Deaths

9 422

9 422 deaths  
Ukraine

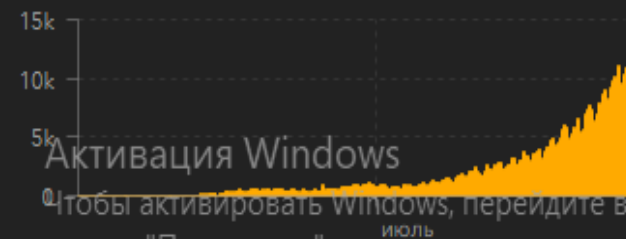
US State Level

Deaths, Recovered

33 848 deaths, 81 020  
recovered  
New York US19 474 deaths, 831 800  
recovered  
Texas US18 113 deaths,  
recovered  
California US

Global Deaths

US Deaths, R...



Daily Cases



# Diagnosis:

We classify our patients based on their risk levels.

We use laboratory diagnostic that includes: C- reactive protein, procalcitonin, d-dimer, general blood analysis and coagulation test.

Despite its diagnostic accuracy ,we try not to use CT scan diagnosis in mild condition patient. We do physical examination on the patient including auscultation and we make our decision based on symptoms, laboratory analysis and patient condition.

Sometimes we use lungs ultrasound

We have been starting use ultrasound of leg veins to exclude deep vein thrombosis



## Treatment:

once we have the laboratory results, we decide on the level of treatment:

We have two categories of patients based on their symptoms and risk level.

### 1. Mild symptoms conditions :

- We use just symptomatic treatment. Such as nasal drops, tablets for dissolve, painkillers, vitamin D/C/zinc.
- We also give our patients information about breathing exercises and nutritional recommendations



## 2.Moderate and sever conditions:

- **In co-infection cases**, for example if the procalcitonin level more than 0.5 mg/l in this case we give the patient antibiotics.
- We start with Macrolides (Josamycin 500 mg twice a day) and after three days we assess the results.
- If the patient conditions doesn't get better, we add Cephalosporins III generations ( Cefixime 400 mg per day) to the treatment.
- If this treatment doesn't help, we give our patient Fluoroquinolones (Levofloxacin 500 mg per day).
- In case of long fever and oxygen saturation levels (<94%),we prescribe Dexamethasone(4-8 mg)per day for 7-10 days and we give oxygen 5 liters per minute
- If the D-dimer >3000 - Rivaroxaban 20mg per day





## Home visitation during the Covid-19

As a doctor, I am experiencing an increase in demand for home visits as a result of the COVID-19 outbreak.

- We use home visitation if a sick patient requires a face-to-face appointment.
- There are important concerns for the health and safety of both the doctor and the patient, especially during COVID-19. We use standard operating procedures .





## Examples of our procedures

- We use a team approach of staff suitable to undertake the work, following procedures relevant to our own health needs, to ensure that we are not exposed to a patient with COVID-19 symptoms and getting infected.
- We also take a 'team' approach to any visit, minimising the number of staff visiting where possible
- We contact the patient to understand the physical environment and making sure there is a way to wash hands or hands prior and after the visit



- We ensure the home visiting team has appropriate personal protective equipment .
- We ask about the current health of the patient and we confirm whether anyone in the household has symptoms of, or has tested positive for, COVID-19
- We keep two metres or more away from household members, minimising the surfaces we touch and we wash our hands prior and immediately after the visit
- When arranging a time to visit; we offer a time frame rather than a set appointment time to ensure flexibility
- We do follow up with our patient throughout and after the treatment cycle



## Our findings (alarming facts)

- When the virus started in early 2020, we did not know much about it.
- Many in the medical community assumed it was a respiratory disease ,but now we are discovering that it's affecting not only the respiratory system but other organs in the human body
- We are also finding out that although ventilators are useful in sever cases but there are cheaper ,convenient and easier way to achieve patient support and oxygen ventilation
- We are also seeing that patients who recovered from the disease are finding themselves with similar symptoms few months after recovering



- Some of our patients are still suffering from some of the original symptoms of chest pains and breathlessness.
- Chronic fatigue seems to be a symptom
- Other patients are having new symptoms such as headaches, nausea and vision problems.
- Some patients are having anxiety, despair or depression

Sadly, not much research has been done to determine the reason for these multi organ symptoms.

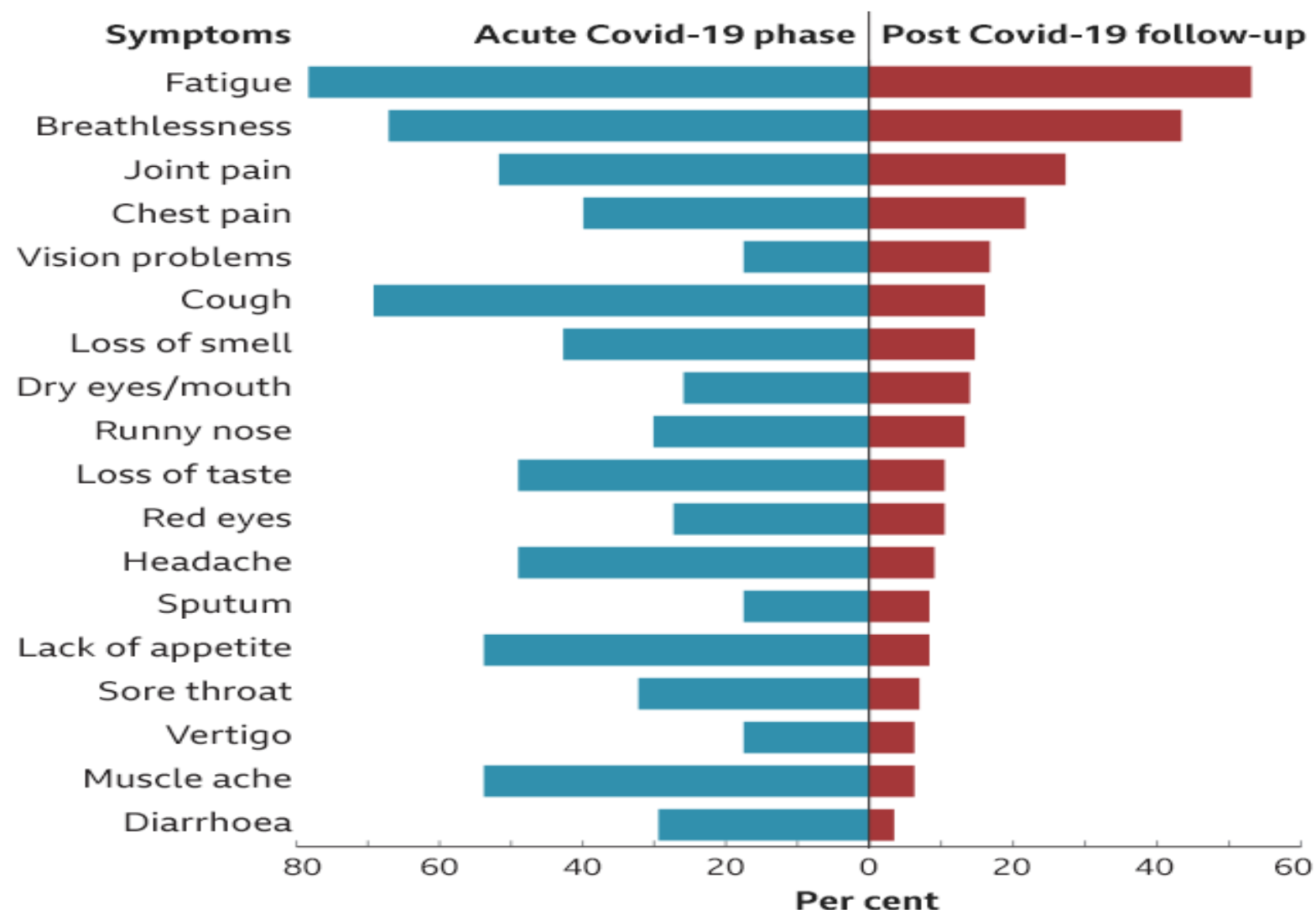
A recent Italian study shows and confirms what we are seeing.





# Persistent symptoms in Covid-19 patients

Patients followed up on average 60 days after first symptoms\*



\*143 patients assessed in Rome in April and May 2020

Source: Jama/Carfi, Bernabei, Landi et al

BBC

- An interesting question that needs to be asked is why covid-19 recovering patients are suffering from these symptoms despite their recovery.
- Researchers ,I am sure will find and develop treatments for these symptoms,
- In the meantime, we need to develop questionnaires for Covid-19 patients as a follow up with each of them, before and after recovery,
- We need to determine ,frequency, symptoms onset, severity and duration of symptoms
- And finally, we need to find a long-lasting solution to this illness



*Thank You!*