



Seven days and seven nights

Abstract

The editorial narrates the experience of treating symptomatic Covid-19 patients admitted in a tertiary care general hospital.

Keywords: Personal Protective Equipment. Intensive Care Unit. Mental Status Examination. Rapid Antigen Test. Real-Time Reverse Transcription-Polymerase Chain Reaction.

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Received: 27 October 2020

Revised: 12 March 2021

Accepted: 25 March 2021

Epub: 31 March 2021

DOI: 10.5958/2394-2061.2021.00030.6

THE BEGINNING

“Can you increase the temperature of the air conditioner? It is cold here,” said one admitted Covid-19 patient. The patient in a nearby bed replied, “Cannot you see what sirs and madams are wearing (referring to the doctors and sisters in personal protective equipment [PPE]) and imagine how uncomfortable it will be in increased temperature!”

THE MIDDLE PART

The setting was the Covid-19 Super-specialty Hospital at Gauhati Medical College (GMC), Guwahati, Assam, India. The duration was 19 to 25 October 2020.

Day 1: 19 October 2020

We started round in the morning after donning PPE. There are 13 patients in the ward and nine in the intensive care unit (ICU) of third floor. Seventy nine patients in second floor are then attended. First floor has 64 patients. All of them are symptomatic and many are having comorbidities. Respective specialists of various departments are attending them on call on as needed basis. After concluding round, we came out in the afternoon after doffing. This is the red zone. One doctor each in first and third floor, and two doctors in second floor continued attending their respective patients in three shifts: morning (0800 to 1600 hours), evening (1600 to 2400 hours), and night (2400 to 0800 hours). Two doctors each in these three shifts are working from the green zone. We joined them. From here, a team of doctors from Anaesthesiology as well as Emergency Medicine and Critical Care is also operating through coordination with the ICU

teams of the first and fourth floors where there are 50 severely ill patients undergoing treatment. The control room and the communication cell in the ground floor complete the pieces of the puzzle. All together is running this well-oiled system in close coordination with a team spirit.

Day 2: 20 October 2020

Each day new patients are getting admitted and recovered ones are getting discharged. After donning PPE, we started in the morning with round of second floor having 86 patients. Third floor has ten patients in ward and nine in ICU. There are 63 patients in first floor. We concluded round in the afternoon and thereafter doffing. Work in red and green zones with close contact from control room and communication cell continued smoothly.

Day 3: 21 October 2020

We donned PPE and started morning round from first floor having 63 patients. There are 85 patients in second floor. Nine patients each are there in ward and ICU respectively of third floor. After round, we doffed in the afternoon. In the evening, we had a briefing from the institutional head who advised for a psychiatric assessment of the indoor Covid-19 patients as we are attending them in-person on a daily basis.

Day 4: 22 October 2020

Donning PPE in morning, we started doing mental status examination (MSE) of the patients during round. In morning, there are 61 patients in first floor, 82 in second, 17 and eight in ward and ICU respectively of third. We doffed in afternoon. During afternoon, we assessed subjective mental health status of

the patients. In afternoon, there are 53 patients in first floor, 80 in second, 13 and seven in ward and ICU respectively of third.

Day 5: 23 October 2020

The previous day's exercise continued, i.e. in between donning and doffing PPE, during morning round, MSE of the inpatients was carried out in-person. In morning, there are 54 patients in first floor, 77 in second, 14 and nine in ward and ICU respectively of third. In afternoon, the assessment of subjective mental health status was done. In afternoon, there are 48 patients in first floor, 74 in second, 13 and six in ward and ICU respectively of third.

Day 6: 24 October 2020

We donned and began round in morning. Patients who are to undergo testing (either rapid antigen test [RAT] or real-time reverse transcription-polymerase chain reaction (RT-PCR) are shorted. Those who are supposed to receive convalescent plasma therapy (CPT) are identified. Completing the round, we doffed in afternoon. There are 50 patients in first floor, 72 in second, 12 and seven in ward and ICU respectively of third.

Day 7: 25 October 2020

To better utilise the existing resources including manpower, patients from third floor are shifted either to first or second. Those requiring ICU care are moved to either first or fourth floor ICU under Anaesthesiology as well as Emergency Medicine and Critical Care. Thus, there are two doctors in first floor like in the second, instead of one each in first and third. After donning, our round consisted of these two floors till donning in afternoon. There are 55 patients in first floor and 82 in second.

After more or less similar number of patients in the initial four days (164 on day one, 168 on day two, 166 on day three, and 168 on day four), the number gradually decreased

over the next three days (154 on day five, 141 on day six, and 137 on day seven). This resulted in accommodating all the patients in two floors instead of three and thus, utilising the resources, including manpower in a better way.

Revisiting the beginning

On day five of quarantine, we did testing; both RAT and RT-PCR results were negative. Proper donning and doffing of PPE in red zone is the key along with wearing mask, hand sanitisation, and physical distancing in green zone.

In 'Goosebumps', Jack Black says, "Every story has a beginning, a middle part, and a twist." [1]

THE TWIST

"We thought it to be a false propaganda. Therefore, we moved around public places without wearing masks. Only the sufferers know what Covid-19 is! Never to take it lightly," concludes a newly admitted patient who is gasping for oxygen in room air and can only breathe normally through oxygen mask.

ACKNOWLEDGEMENT

India-US Fogarty Training in Chronic Non-Communicable Disorders and Diseases Across Lifespan Grant #1D43TW009120 (SS Bhandari, Fellow; LB Cottler, PI).

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Das S, Bhandari SS. Seven days and seven nights. *Open J Psychiatry Allied Sci.* 2021;12:81-2. doi: 10.5958/2394-2061.2021.00030.6. Epub 2020 Mar 31.

Source of support: Nil. Declaration of interest: None.