Student/ Resident corner

Experiences of floor duty residents in Covid ward

Dr. Swati

Corresponding author:

Dr Swati

Senior Resident 1st year,
Department of Neurology,
IMS BHU, Varanasi-221005

I, Dr. Swati, Senior resident in Department of Neurology would like to share my experiences in Covid ward (4th floor CSSB) during my posting from 12th April to 25th April, 2021.

There were 72 beds in 4th floor. 60-65% patients were oxygen dependent either on face mask, nasal cannula or reservoir bag. Patients were very apprehensive. As a doctor during the rounds it is not only our duty to see the vitals, signs and symptoms of the patients but we should spare more time in comforting them. I have seen even the mild covid pneumonia patients are very apprehensive, they repeatedly ask us why we are not sending their D dimer, CRP and other markers, why the cough is not subsiding, why the fever is not subsiding, they ask for paracetamol infusion if their temperature is 100 degree F. Many patients and their attendants insist us to give them Remdesivir and Tocilizumab. It has happened many times patients with mild covid pneumonia have certain tests done from outside like IL6, CRP and if these reports are somewhat above the normal levels they just keep on asking us when will they get Remdesivir injection. In these situations we need to inform them even the latest guidelines don't ask us to do these markers in case of mild covid patients. These markers can be elevated but we have to decide the treatment on clinical basis. Patients and attendants just crave for Remdesivir and Tocilizumab without knowing anything about these drugs. They think this is the curative for Covid 19. It has happened many times when we tried to explain the prognosis of the patient to the attendants regarding deteriorating health condition and unavailability of ICU beds, they will ask us to give Tocilizumab without understanding the fact that at that time ventilator is more important than Tocilizumab. Most of these attendants are educated. So, we have to assure them as a doctor we know what is best for them, they need not panic and have trust on us. Most of the

patients are in a state of mental agony. We accept such a pandemic is taking a huge toll on the mental health of patients. The pain of staying away from your near and dear ones, not able to enjoy the home food, seeing the nearby patients dying, repeat swabs coming positive, etc increases their apprehension and agony. During daily rounds we used to ask them if they have phones or not, whether they have interacted with their family members or not, whether they have received their food and water on time. These small things make them less anxious and they also understand we care for them.

Most of the attendants were also very apprehensive. It is our duty to assure them the patients are getting the best form of available treatment. During my morning shift, we spared around one half to two hours to inform the attendants about the wellbeing of their patients (in the ground floor near the main gate).

There is a phone in all the covid wards. All the attendants used to ask the health condition of their patients. We used to respond to all their queries over phone. Most of the interdepartmental calls were well attended on time. Good standard PPE kits were provided. All the staffs were sincere.

I would like to thank Dr.S.K. Bharti, Dr. Lalit Aggarwal and Dr. Sanjay Saroj who guided us well during this period.

Here are some of my suggestions to make our duty smoother:

1. Attendants should be repeatedly assured their patients are getting all the medications. As they don't purchase it, they think their patients are not getting them properly.
2. There were no pulse oximeters or digital or manual sphygmomanometers inside the ward. It was really difficult to manage work without these two things. We used to drag monitors from other patients and check saturation and BP of others who had no monitors. It really consumed a lot of time.
3. Many times there was shortage of glucometer strips. Adequate strips should be provided.
4. During my time one intern was posted who was covid positive. She was absent for 14 days but inspite of our repeated requests for a replacement we never got one. Kindly ensure all the required number of residents are provided.
5. During my night shift there was lack of sanitizer in the doffing area. It is difficult to manage work without it. When we asked the nurses on duty, they said only in-charge nurse will give it and she will come in the morning.

6. Kindly ensure the admission slip comes along with the patient once he is admitted. It has happened a number of times especially in the night shift, patient has been declared dead and admission slip was received after 3-4 hours.
7. Kindly ask all the residents to write “DOCTOR” on their PPE kit. Most of the patients complain doctors have not visited them as they are unable to distinguish doctors, nurses and ward boys as all of them are in the same uniform.
8. Many a times swabs collected have been wasted as ID was not generated on time. Kindly ensure ID’s for Covid RT-PCR are generated on time.
9. It will be better if the Covid profile (s. ferritin, CRP, D Dimer, s. fibrinogen, IL-6) is done in our hospital. Most of the times blood samples were collected on time but as these tests were sent outside and the attendant doesn’t turn up at the right time, there is unnecessary delay or wastage of the samples.
10. Kindly ensure there is adequate supply of Remdesivir, most of the patients and attendants complain they have not received the dose on time.

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