

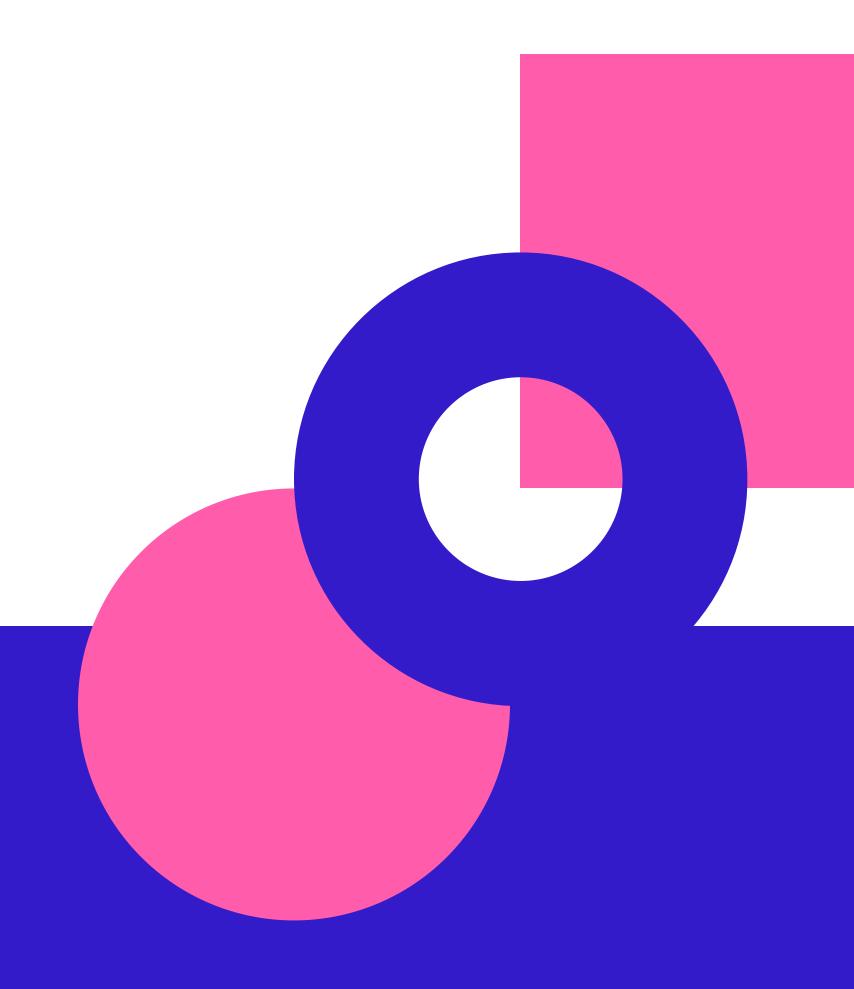


The spirit of Ubuntu -that profound African sense that we are human only through the humanity of other human beings -is not a parochial phenomenon; it has added globally to our common search for a better world

- NELSON MANDELA

- Covid 19 Timeline
- Physician Preparedness
- Practice Rediness
- Management
- Testing
- Treatment

Today's Discussion





Jan 2020- 1st confirmed case of local transmission in the US Feb 26, 2020- CDC confirms first instance of community spread in the US

March 5, 2020- Maryland's 1st case and State of Emergency declared by Governor

March 12, 2020- 1st case of Community spread in Maryland Prince Georges County

March 13, 2020- Sars CoV- 2 declared a National Emergency

March 15, 2020- Ist case in Howard County

March 20, 2020- Partial Shutdown of Office / Lay off 10 employees

March 23, 2020-State of Maryland Shut Down by Gov Hogan/Begin Telemedicine

March 25, 2020- 1st confirmed case in the practice a college student

Physician Readiness

NEWS

Review Guidelines - Govt / State / County/ CDC/WHO/ AAFP videos/webinars and journals on experiences in other countries

TECHNOLOGY

WHATSAPP- joined and formed whatsapp group with other physicians/providers in area/state/county to share ideas and experiences as well as resources

PPE

Protect staff and yourself.

Obtained PPE as well as Testing kits

"IF YOU WANT TO WALK FAST WALK ALONE, IF YOU WANT TO WALK FAR WALK WITH OTHERS"

-AFRICAN PROVERB

Practice Readiness

- Retooling Practice
- Staff Meeting --> Educate staff/ Reassure Staff/ Rapidly evolving disease/ Flexibilty needed by all
- Formulate a Model that will work for the practice with staff input and buy in
- Changed office hours/ Obtained additional supplies
- Telemedicine/ Office visit only on case by case basis approved by MD
- Parking lot to test patients / Triage
- Reassigned Roles (multitasking is key to success)
- Update by text messages and office voicemail and website about new office visit procedure

Bottom line: "Your patients need to know you are available to them ."

COVID-19 Management

Take a good History

Symptoms- fever, cough, ST and SOB

Most of our patients were of African descent with Atypical symptoms

Malaise, fatigue, Headache, chest discomfort

"I feel like I have malaria"

anosmia, loss of apetite, abdominal pain, diarrhea

-

Review new CDC guidelines on symptoms Get work history/contacts **COMMUNITY SPREAD**

Е

EVERYONE HAS THE DISEASE UNTIL PROVEN OTHERWISE

Educate patient on what to expect (Time to reconnect and dispel myths)

- You have to get patient buy in into causation /spread
- Strongly encourage: Mask wearing, Hand washing, Social distancing and Isolation to prevent spread (where possible)
- Reassure patients office/practice availability/ lots of anxiety/ fear of being stigmatized/media

Testing

DIAGNOSTIC TESTS

Molecular Test RT-PCR
Nasal/Or Throat swab
Initally 5-7 days for results
Now 24 hrs
Educate patients they need to
quarantine pending results
PUI (Patients Under Investigation)

Antigen tests
Nasal/throat swab
rapid results
High rate of false negetives

Antibody testing- Lab draw/FS (shows past infection)
No labs

Imaging

- Remember RT/PCR and Antigen tests have a 30% FN (false negetive rate)
- Chest CT/CXR not currently recommended for diagnosis
- CXR- nonspecific mimics other viral pneumonias
- Chest CT- ground glass opacities in peripery suggestive of COVID

What we did- Chest CT

- In patients with neg RT PCR but with symptoms such as SOB / Chest pain
- Atypical symptoms but high risk with one or more comorbid conditions such as HTN/DM/Obesity/COPD/Asthma
- Chest CT- ground glass opacities in periphery suggesting COVID 19
 Pneumonitis in approx 86.9% of our patients

COVID-19 Treatment

- New disease with no known treatment/cure
- Reviewed treatments and recommendatios available from various countries, practices, studies, as well as managment guidelines from CDC, WHO, etc.
- Online webinars were helpful and current

INITIAL TREATMENT

- Hydroxychloroquine and Azithromycin
- Tylenol for pain/ fever
- VitaminC and Zinc.

TREATMENT NOW

- Levaquin/Augmentin,
 Clarithromycin (broadspectrum antibiotics)
- ECASA
- Zinc
- Vitamin C
- Tylenol /Theraflu
- Pepcid if abdominal symptoms
- Nebulizer treatment/ Ventolin MDI with Prednisone if pt wheezing/sob
- Bromfed DM/ Tessalon Pearls for cough
- Encourage fluids/ hot soups
- Sleep prone
- Ambulate as much as possible

Follow Up

PHASE 1

- Weekly check in visits for 2 weeks via telephone or video visit
- 3rd week post treatment - Office visit

PHASE 2

- If on PE patient still
 with lung findings,
 they may need MDI /
 Nebulizer
- 4th week Video visit
- Biphasic Pattern

PHASE 3

- Some patients may continue with cough, SOB, and reoccurrence of symptoms
- Repeat Chest CT
- Retreat with

 antiboitics as well as
 Neb/MDI and
 Prednisone
- Pulmoology
 evelauation for PFTs

Summary

- Be prepared /PPE
- Good Hx/ Remember Atypical symptoms
- Testing where possible
- Tx pt not test in a pandemic with community spread
- Close up with Education
- Self Care



Even the lion, the king of the forest, protects itself against flies.

- GHANIAN PROVERB

It all begins with you. If you do not care foryourself, you will not be strong enough to take care of anything in life

- LEON BROWN

THANK YOU

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