

A Psychiatry Resident's first experience in COVID Ward at Patan Academy of Health Sciences

Dear Editor,

COVID-19 an acute respiratory infectious disease has emerged as a pandemic affecting more than 16 thousand people in Nepal and more than 16 million people globally as of now.^[1] It has become one of the most serious challenges to the health system worldwide.^[2]

Patan Academy of Health Sciences (PAHS), a leading health service provider of Nepal has been designated by Ministry of Health and Population as a level 2 centre for COVID positive patients' management. PAHS has allocated certain groups of its residents for management of patients with COVID-19 while mobilizing other residents for day to day health services.

Being a first year resident I was ready to experience my first rounds at COVID ward of psychiatric patient. I had received detailed handover of the patient from my colleague. As I was getting ready, I was contemplating what I would do when I would be examining a COVID positive patient and whether I would be safe or not. I had multiple questions on how to enquire about patients' condition, their medical history and progression and to conduct a Mental State Examination (MSE).

On arrival, I was instructed by nurses outside the ward to follow proper donning procedure which started with putting on inner gloves followed by boots, gowns, masks, face shield and outer gloves. I was instructed to sanitise my hands on each steps of donning.

As I wear a prescribed glass for Myopia, as soon as I had put on the mask, my glasses were already fogging. It was affecting my visibility but I was conscious not to touch my glasses. This increased my nervousness even more as I started having palpitation, dry mouth and feeling extreme heat. I was not able to find boots of my size so I had difficulty in walking. As I got inside the elevator to get to the second floor where COVID ward was situated I was even more fearful, because of the closed space and was sweating profusely mainly because of the heavy PPE with little contribution of the fear

that was persistent in my mind of contracting COVID-19.

As I got off the lift and was entering the ward I calmed myself taking deep breathes. I went to the nursing station and asked the designated nurse where my patient was and about his condition. I was then taken to the patient and his visitor who was also COVID positive. I introduced myself and asked him about my patient maintaining distance. According to him the patient was improving. However the distance between us and the PPE I was wearing made it difficult for him to understand my questions and I had to repeat myself multiple times. He was getting irritated because of that but eventually I was able to extract all the information I needed and thanked him for his cooperation. I went and checked my patient maintaining distance and tried to perform MSE. It was difficult to complete my examination so I was only able to assess general appearance and behaviour. After that I instructed the attending nurse about changes that had to be made in the patients' medications and instructed her to inform the duty doctor if she faced any issues regarding the patients' health status. Then I went to the doffing area where I cautiously removed my boots followed by my outer gloves. Then I had to disinfect my inner gloves following which I removed my gown, face shield, mask and finally my inner gloves. Hand sanitisation was followed in each step.

As I was returning back to my ward, I began thinking about the things that I had done in COVID ward from donning till doffing. I made mental note of things we needed to improve to provide optimal patient care like arrangements of audio visual equipment for better communication, use of antifogging glasses, an identification technique like photo identification in order to make patients aware that they were being properly attended by medical staff. I also wondered what measures could be taken for residents, to decrease the prominent fear of contracting COVID-19 or any other disease in general, need for proper isolation of psychiatry patients and actions to be taken ensure they adhere to preventive measure like use of masks^[3], hand sanitization, maintaining appropriate distance. I also realised a need to address measures to limit exposure so as to

prolong the duration of services and cover more patients overall in departments like ours who are not directly involved to day to day treatment of COVID positive patients.

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