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Short Communication

Quality care in COVID ICU patients-beyond medicine

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We would like to draw the attention of medical professionals towards the need to improve the perceived quality of life of patients in COVID ICU and measures to achieve it. Evidence suggests that due to negative impact of COVID 19 on patients' physical and mental health, it has led to lower quality of their life.¹ Comprehensive health and wellness of patient can be restored by small persistent little acts of love, compassion, empathy and ensuring human connections along with quality healthcare. Consequently, improved quality of patients' life will lead to overall reduced morbidity, feeling of safety by patients and their family members. It will also result in patients' adherence to treatment, perceived satisfaction and positive adaptation despite adversity (resilience).² Moreover, it will instill hope of survival and sense of wellbeing among patients and their caretakers.

COVID ICU patients are usually 'Happy Hypoxic'³ throwing a great challenge to the intensivist for choosing appropriate mode of ventilation and hence oxygenation. The main challenge faced by the intensivist is to decide which device should be used to minimize patient's discomfort. Making patients' mouth free by Intermittent alternate device use, early use of HFNC, BiPAP, using nasal BiPAP mask (instead of face mask) and avoiding collapse of airways due to continued high FiO₂ by providing PEEP wherever required can mitigate challenges during communication, feeding, performing oral care, incentive spirometry and

proning, without hampering oxygenation. Providing bedside defecation chair assistance will further help in avoiding gaps in oxygenation and tackling increased oxygen demand during walking for urination or defecation. Other methods to improve patient's perceived quality of care include avoiding subcutaneous injection (low molecular weight heparin or insulin) on abdomen to make proning less painful, providing symptomatic care for headache, sore throat and oral ulcers.

Segregation of patients according to disease severity can be done to decrease unnecessary stress. It may be better to keep them away from bad news and data about deaths due to COVID. Timely update of patient condition and scope of improvement may be discussed with patient and their family to establish shared decision making. This will help to build trust between patient and treating doctor. Feeding, good glycemic control and nutrition of patient is of utmost importance. Regular chest and limb physiotherapy by physiotherapists can be done and they may motivate and teach patient about these exercises. Incentive spirometry and balloon inflation exercises can give visible clue to patients about their progress.

Additionally, COVID ICU patients are isolated. Therefore, they have reduced access to support from family, friends, and social support systems. Anxiety about the health of family members adds to the distress of patients. Maryam Shaygan et al.² found that online multimedia psycho-education via cognitive behavioral therapy, stress management technique, mindfulness based-stress reduction, positive psychotherapy improve resilience,

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and reduce fear, stress, insomnia, irritability, low mood, depression, anxiety. Positive psychotherapy exercises included were ‘positive reminiscences’ (think about past events that evoke positive emotions), ‘Hope, optimism, and post-traumatic growth’ (think about times when important things lost, but other opportunities arrived), ‘Gratitude text exercise’. Hence, measures to optimize mental health need to be taken. Hamideh et al.⁴ found that allowing family visits leads to lower heart rate, respiratory rate and improved arterial oxygen saturation during visit and within 30 min after the visit in Myocardial Infarction patients. These physiological and psychological benefits of family support can be harnessed in COVID ICU patients for improvement of overall patient condition. Novel and innovative ideas can be included to provide family support to patients. This can be achieved by keeping mobile device like smartphones and tablets with patient to facilitate audio or video communication with their family.⁵ Also at the same time, we need to reassess the continued need for restrictive family visitation policies.

Entertainment and distraction of patients from their illness can be facilitated using audio-video provision with multimedia of patients’ choice. Newspaper and magazine’s availability will make their time less miserable. Spectacles should be available with patient all the time. The treatment of COVID ICU patient should include treatment of COVID-19 with improvement of quality of patient life. As a good Doctor will treat disease, but a great Doctor will treat the patient having the disease.

1. Conflict of Interest

None.

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