

COVID 19 – Understanding & Prevention

AJ Nguyen MD
KUDO CARE CENTER

3.13.20

COVID 19

- CoVid 19 (SARS-CoV2) – Range from common cold to respiratory distress
- Transmitting
 - Respiratory droplet – like the flu.
 - Incubation 2-14 days – Peak at 5 days
 - Fever/dry cough/shortness of breath (mild)
 - Pneumonia/Respiratory Distress/Shock (severe)

Prevention

- For household
 - Know the sign & Symptom & Educated others
 - Stay home when sick & limited visitor
 - Call your MD & use protective precaution (wash hand, wipe down surface, wear mask)
- Evaluate your co-morbidity risk
 - Diabetes, Hypertension, Chronic Liver/kidney/Heart condition, Pregnancy, Auto-immune disease, Asthma, COPD
 - Elderly & seek help via telecommunication.

Prevention

- For school/church/adult day care
 - Stay home when sick
 - Know sign / symptom & educated other
 - Know your CDC & Health Dept. Hotline #
 - Limited large gathering
 - Regular health check by nurses (fever, cough, fast heart rate, respiratory rate)
 - Use Personal Precaution protection (gloves, wipe down surface area, masks)

Prevention

- HealthCare Hospital & Clinic
 - Telephone Triage/Telemedicine appointment
 - Risk assessment in the front
 - Assign unique personal protective equipment (PPE)

FAQ

- Tracker by John Hopkins
 - <https://coronavirus.jhu.edu/map.html>
 - Death Rate Comparison
 - US : 38/1323 – 2.8%
 - Korea: 66/7869 – 0.08%
 - Japan : 16/639 – 2.5%
 - Higher in Europe & China
 - China 3.9%
 - Italy 6.5%
 - Iran 4.2%

Data from CDC

AGE	DEATH RATE confirmed cases	DEATH RATE all cases	PRE-EXISTING CONDITION	DEATH RATE confirmed cases	DEATH RATE all cases
80+ years old	21.9%	14.8%	Cardiovascular disease	13.2%	10.5%
70-79 years old		8.0%	Diabetes	9.2%	7.3%
60-69 years old		3.6%	Chronic respiratory disease	8.0%	6.3%
50-59 years old		1.3%	Hypertension	8.4%	6.0%
40-49 years old		0.4%	Cancer	7.6%	5.6%
30-39 years old		0.2%	<i>no pre-existing conditions</i>		0.9%
20-29 years old		0.2%	SEX	DEATH RATE confirmed cases	DEATH RATE all cases
10-19 years old		0.2%	Male	4.7%	2.8%
0-9 years old		no fatalities	Female	2.8%	1.7%

Clinical & Disease Course

- Peak at 1 week – start to deteriorate
- Most cause Pneumonia – ARDS
- 20-30% require Ventilation & ICU

Our Goal

- Reduce morbidity & mortality for patients
- Minimize disease transmission in community
- Protect health care staffs
- Preserve healthcare function

Our Office & What we do

- Screen ALL patient on the phone the day before
- Change **HIGH RISK SICK** visit to Telemedicine & Phone consultation, if possible – Ask MDs for each case
- Walk-in patient - Screening question up front
 - Travel to China/Europe/Cruise or CA/NY/WA in 30 days
 - If POSITIVE on Any Question – immediately bring patient to Designated Isolation Room.
- Front Staff & Medical Staff need masks/gloves & provide patient with masks (cough, fever, shortness of breath)

Screen Positive

- One on One Contact only
 - 1 MA , 1 MD – to 1 Patient , **make all decision & plan before walk out of the room include follow up plan**
 - Mask on / Gloves on/ Wipe Down before & after
 - Test for COVID 19 Swap if need
 - MDs will determine Home Isolation vs. Hospital Transfer. (NO chest X-ray need if Hospital transfer)
 - Rx antibiotic/Antiviral if need & preferably Mail order to limit contact
 - Report to CDC & follow up

Handle Specimen

- Biohazards trash – COVID 19 – double bag, no leak , no spill, no over flow, WRITE “CV” On the box
- Sent for Labs – Quest & CPL
 - Inform patient they will be bill directly from labs
 - Collection specimen – M4 Blue / Red top , swap both nose & throat. Put both swap in the same top. Do Separate Specimen form.
 - If ran out blue/red M4 top- use sterile urine cup & collect Sputum.
 - ALL SPECIMEN NEED refrigerator

Questions

- Please contact CDC for more info
- Call our office 972-639-5836
- Or text us at 817-800-6715