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Letter to Editor

Prevention and control of patients in surgical wards of local hospitals facing COVID-19

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To the Editor,

Since December 2019, a number of pneumonia patients infected with a novel coronavirus (2019-nCoV) have been reported in Wuhan City, Hubei Province.1 2 With the spread of the disease, similar cases recorded in other parts of the country are increasing. Subsequent studies have noted that the epidemic shows a faster outbreak pattern than previous epidemics and has spread more rapidly.3 4 Some of our experiences in the prevention and control of this disease among patients in our surgical ward are present below.

Specific entrances to, and exits from, the surgical ward have been established for general patients, together with specific passageways for infected or suspected patients, staff entrances and exits. After a hospitalized patient enters the surgical ward, his/her body temperature is measured, and the relevant information is recorded. The physician in charge collects the medical history from the patient and a detailed contact history in the epidemic area and completes the investigation and registration of the epidemiological history. All newly admitted patients without fever are placed in relatively separate temporary wards for centralized management. After observation for 3 days, if the patient has no fever, he/she is transferred to the general ward. Newly admitted febrile patients are placed immediately in the temporary febrile ward and managed separately. During the whole medical observation period, if the patient has no relevant symptoms and the novel coronavirus nucleic acid test is negative, excluding COVID-19, he/she can be transferred to the general ward. New febrile patients are placed in the temporary fever ward, where it is determined whether they have undergone the necessary tests at an outpatient or emergency department, including chest computer tomography (CT), C-reactive protein (CRP), routine blood tests, and virological testing. If a suspected case (one that meet the case definition) is identified, the patient is isolated immediately, and members of the COVID-19 expert group are consulted urgently. Respiratory or blood samples are collected to test for nucleic acids of the novel coronavirus, and the patient suspected of infection is transferred to a designated hospital for standardized treatment as soon as possible. To reduce inpatient numbers and facilitate the prevention and control of the epidemic, the principle of only undertaking emergency operations and limited essential operations, and suspending elective surgery, is implemented. An emergency operation is undertaken to save a patient’s life. These patients are treated in the same way as patients diagnosed with or suspected of COVID-19 infection. The collection of samples for the novel coronavirus nucleic acid test must be completed before surgery.

At present, there are no confirmed or suspected cases of infection in our surgical ward, and there is no cross-infection. Therefore, the measure described here can effectively prevent the occurrence and spread of the epidemic in hospital wards and protect the lives of patients and medical staff. The epidemic status of novel coronavirus infections is grim. Every medical staff member must actively educate themselves about this novel coronavirus, improve their vigilance, and optimize the processes of diagnosis and treatment, to win this battle of epidemic prevention and control.

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Declaration of competing interest

None declared.

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