Expert Consensus on Nurses’ Human Caring for COVID-19 Patients in Different Sites*

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Summary: This study aims to develop the expert consensus on nurse’s human caring for Corona Virus Disease 2019 (COVID-19) patients in different sites, and thus provide a guideline on providing whole process and systematic caring for COVID-19 patients. Based on the frontline experiences of human caring for COVID-19 patients and the review of literature, the initial draft of consensus was made and finalized after online meeting and revisions. The experts reached consensus on the following parts: terms and definitions, principles of human caring for COVID-19 patients, and human caring measures for COVID-19 patients in different sites. The expert consensus is practical, concise, and reasonable for guiding the nurses providing human caring for COVID-19 patients, as well as other similar infectious diseases.

Key words: human caring; nursing; expert consensus; COVID-19

The current novel Corona Virus Disease 2019 (COVID-19) outbreak, which began in December 2019, presents a significant challenge for the entire world[1]. With a high infection rate, rapid spread, and uncertain clinical course duration, the COVID-19 can lead infected patients into critical conditions, and even death[2]. The unexpected infection of COVID-19 not only threatens the patient’s health and life, but also seriously affects the patient’s psychological state[3–5], such as the fear and irritability caused by the uncertainty and the unknown outcome of the disease, the loneliness and helplessness resulting from the prohibiting of visit by family members and friends during hospitalization and isolation, the anxiety and depression in knowing about the infection of their relatives and friends. The patients with COVID-19 may go through several stages in different sites, such as fever clinic visiting, mobile cabin hospital, designated hospital treatment, centralized medical isolation observation, home isolation, even rehabilitation clinic visiting[6–11]. Regardless of the sites and the stages, patients are continuously exposed to the difficulties and pressure, and prone to negative emotions and psychological problems, which strongly call for personalized human caring[12, 13].

Currently, many nursing experts have explored the human caring measures for COVID-19 patients in different sites, but the standardized and whole-process human caring measures for COVID-19 patients are not available. Therefore, the experts were invited to develop a consensus on delivering human caring in different sites, thus to provide guideline for the human caring to COVID-19 patients as well as other similar infectious diseases during the whole process of treatment and recovery.

1 METHODS OF CONSTRUCTING THE EXPERT CONSENSUS AND THE SCOPE OF THE CONSENSUS

1.1 Methods of Constructing the Expert Consensus
Nursing administrators from Hubei, Fujian, Beijing, Sichuan, Shanghai, Guangdong, conducted a systemic search and thereafter collected the related literature from several electronic databases: PsychINFO, CINAHL, PubMed, Web of Science and
and suffering of patients, to protect patients’ lives and
complexity of COVID-19, as well as the difficulty
of interdisciplinary expert meetings by invitation
were organized in April 2020 to revise the draft and
finally reached the consensus. Thirty-two experts from
multiple medical institutions participated.
1.2 The Scope of the Consensus
The consensus can be applied in different sites
(fever clinic, hospital isolated ward, mobile cabin
hospital, isolation observation center, rehabilitation
clinic) where COVID-19 patients get medical treatment.
Moreover, it can also be used as guideline for patients
with other similar infectious diseases in different sites.

2 CONTENTS OF THE EXPERT CONSENSUS
2.1 Terms And Definitions
COVID-19 refers to the disease caused by the
novel coronavirus began in 2019.

Human caring, attention, and understanding of
human nature, which satisfies human needs, protects
human dignity and interests, and embodies human
value from the perspective of human needs and desires.

Fever clinic, a specific medical area in the
outpatient department of a hospital during the
prevention and control of acute infectious diseases
according to the instructions of the superior. It is
particularly established for the screening and diagnosis
of suspected or infected patients, and provides a
specific medical area for observation and treatment of
patients in need.

Hospital isolated ward is the medical department
for the treatment of severe and critical patients with
COVID-19.

Isolated unit in mobile cabin hospital is the
temporarily built and renovated medical institution for
the temporary treatment of the COVID-19 patients with
taking the Chinese People’s Liberation Army (PLA)’s
field mobile medical system as a model.

Centralized medical isolation observation centers
are the specialized places for medical isolation and
observation of COVID-19 patients after discharge and
before returning home.

Rehabilitation clinic is a special established
institution that provides services for patients with
COVID-19 during the discharged recovery stage, such
as consultations, follow-ups, and physical and mental
rehabilitation.

2.2 Principles of Human Caring for COVID-19
Patients in Different Sites
(1) Nurses should be highly aware of the severity
and complexity of COVID-19, as well as the difficulty
and suffering of patients, to protect patients’ lives and
health and make them feel warmly supported.

(2) Nurses should be responsible and kind-hearted
to patients, treat patients as if they are the family
members, or even assume the roles of their family
members if necessary.

(3) Integrate human caring into the whole process
of treatment and recovery, while meeting patient’s
individualized human caring needs.

(4) Deliver human caring with professional and
creative measures[14].

(5) Treat nurses themselves as the most important
resource, and comprehensively utilize the available
resources to provide human caring[15].

(6) Highlight the mobilization of patients’ self-
care and motivate their potential capacity to facilitate
self-healing, and encourage the support and human
caring between patients[16].

(7) Pay attention to patients about the infection
of their family members, and provide prompt
psychological support if the infection or death occurs.

(8) Nursing staff should conduct standard
procedure of self-care and self-protection in order to
ensure both physical and mental health, and report any
negative feelings and emotions, as well as symptoms,
therefore, to avoid the occurrence of relevant accidental
incident.

(9) Write or stick the name and role noticeably on
the outer protective suit to make it easy for patients to
identify and call.

2.3 Human Caring in Different Sites
2.3.1 Human Caring for Patients in Fever Clinic
(1) Receive patients forwardly and warmly with
polite manner and moderate voice, and introduce the
name and role to patients; (2) Provide masks for patients
and their companions, and teach them the right way to
put on the mask; (3) The triage nurse should arrange
patients visiting orderly, and timely register the basic
information, then measure and record their vital signs.
Prioritize the appointment of critical patients, recognize
the abnormal symptoms of patients in time, and assist
in treatment if necessary[17]; (4) The triage nurse should
actively provide guidance and help to patients, assist
patients with critical conditions or mobility problems
in registration, physical examination, picking up
medicine; (5) Keep the environment clean, make the
guidance signs clear, decorate with proper posters,
and disinfect regularly; (6) Provide comfortable seats
for waiting patients. Ensure one room, one physician
and one patient during consultation to prevent cross-
infection and protect patients’ privacy; (7) Identify the
negative emotions of patients, care for the depressed
patients, comfort the emotional patients, and provide
psychological support. Take on the role of their family
members for the patients lacking family support
because of their families suffering from COVID-19.

Accompany the patients to make them feel safe
and warm; (8) Visit patients frequently during the treatment, care for the patients forwardly and assess the health status actively, and take measures to relieve the pain and discomfort. Remind the patients of their safety to avoid falls, and tell the patients to call for help from the nurses if needed; (9) Arrange the patients in observation reasonably according to their conditions, and provide a single room when possible. Patients with common fever, suspected infection, and confirmed COVID-19 infection, should be classified and managed in different ways by following guidelines; (10) Assess the basic needs of patients, and provide warm food and warm water according to their needs. Report the unsolved problems to head nurse or seek help from other departments; (11) Set up a green channel for critical patients. Assist in transferring the patient to other areas or hospitals according to the conditions; (12) Record and hand over the patients’ special caring needs or measures to the next shift;

2.3.2 Human Caring for Patients in Hospital Isolation Ward  (1) Receive patients forwardly and warmly with polite manner and moderate voice, and introduce the name and duty to the patients; (2) The duty nurse should daily communicate with the patients appropriately at the bedside. Assess the needs of patients proactively and fulfill their reasonable needs. The unsolved problems by nurses should be reported to the head nurse, doctor or other related people to seek help; (3) Identify the patient’s physical discomfort through monitoring, questioning, and observing. Apply professional knowledge and skills to relieve patients’ suffering and facilitate their comfort, even organize relevant specialist nursing consultation; (4) Communicate proactively with the patients and listen to them in daily work, and evaluate the psychological status with PHQ-4 if necessary to figure out the abnormal conditions. Timely comfort, accompany and encourage the patients with anxiety and fear, even act as a temporary role of patient’s family member, and the psychologist can be invited to help to deal with the particular problems. Encourage and facilitate the caring and communication between the patients, and assist the patient in communicating with their families and friends; (5) Deliver nursing operations normatively, correctly and timely, and inform and communicate with patients during the operation, even if the patients are unconscious. Close the door or cover the patients body during the operation to protect the patients privacy; (6) Provide necessary knowledge of disease and health to the patients. Provide and instruct the patients to put on masks. Teach the recovering patients to start breathing training to promote the lung function; (7) Assist the patients in daily life and medical treatment, and prepare daily necessities for them. The items provided by their relatives and friends should be delivered to the patients timely. When the patients get out of bed, the nurses should pay close attention or give support to avoid accidents such as falling. (8) Pay attention to the nutrition of patients’ diets, prepare delicious and warm meals, and try the best to provide personalized meals according to patients’ needs. Prepare fruits, milk and other foods appropriately. Provide microwave ovens in the ward for heating foods at any time. Encourage and assist patients without swallowing disorders to eat by themselves. Provide enteral and parenteral nutrition for patients with eating problems. Take away the left food and plates as soon as patients finish eating; (9) Keep the wards clean and warm, and ventilate and disinfect regularly; (10) Assist in or implement bed bath and other hygiene care for the patients to keep clean and comfortable; (11) Encourage the patients in the recovery rehabilitation and activities involvement, and express the appreciation for the patient cooperation; (12) Record the special caring needs or measures of patients on the whiteboard and handover between each shift; (13) Provide wake-up service for coma patients four times a day, and play audio materials with patients’ favorite music, the blessing, and encouraging words from relatives, colleagues, and friends; (14) Provide detailed guidance on medication, isolation, condition report, and follow-up for discharged patients. Provide channels for consultation such as telephone or message platforms; (15) Provide support to the patients in their terminal stage. Express respect to the dead while delivering death care. Inform their family members about the unfortunate news and related information with appropriate manner[18].

2.3.3 Human Caring for Patients in Mobile Cabin Hospital  (1) Receive patients forwardly and warmly with polite manner and moderate voice, and introduce the name and duty to the patients; (2) Guide the patients to the cabin and assist with taking the luggage if needed; (3) Introduce the environment and staff information to the patients, especially the functional area like doctors’ office, nurse station, toilet, bathroom, to facilitate their adaptation to the environment; (4) Create a friendly living environment, maintaining cleanliness, disinfecting regularly, and ventilating efficiently. Decorate the isolated unit with positive and inspirational posters and slogans to encourage patients to fight with the disease, and use proper equipment to protect the patients privacy; (5) Enquire about the patients needs on living and medical service, provide necessary supplies for their daily use, and improve the service and facilities for living environment. Ensure patients get living belongings from family members as soon as possible. Report to the head nurse or other managers if there are any unsolved problems; (6) Greet patients at the bedside on shift change and handover the patients’ special caring demands and measures between nurses; (7) Implement treatment measures correctly and timely, and protect
patient’s privacy during operating procedure; (8) Visit the patient regularly, report to the doctor if the patient gets worse, and assist with the patient’s transition when needed; (9) Organize diverse recreational activities to enrich the patients’ daily life in the cabin. Encourage the patients to participate in activities or volunteer work, thus to make them feel valuable and confident with recognition and encouragement; (10) Evaluate the mental status of the patient, comfort the patient who feels anxiety or down, and assist them in communicating with their families and friends in different ways according to their needs, ask the psychologist for help if necessary; (11) Assist the patient to sort out items and provide personalized discharge guidance upon discharge. Thereafter, lead the patient to the doorway with appreciation and best wishes, and hand over with community staff.

2.3.4 Human Caring for Patients in Centralized Medical Isolated Observation Centers (1) Treat the patient warmly and politely with cordial greeting, and assist in carrying personal belongings to the room; (2) Introduce the environment and living facilities to the patient, as well as the precautions and work procedures to facilitate adaptation; (3) Keep the room clean, hygienic, and warm, and disinfect the room regularly; (4) Establish convenient and multi-party communication channels for nurses and patients to make it easy for the patient to report the living needs, disease change, and treatment needs at any time; (5) Assess the patient’s physical conditions and medical service needs daily and provide health education and suitable treatment; (6) Assist the patient in seeking medical treatment outside the cabin hospital; (7) Provide convenient services like delivering items, assisting in receiving medicines, purchasing items, and guiding medication usage. Assist the isolated person with life difficulties or self-care disabilities and assist them in eating, washing, and doing activities. Ensure the accompanying guardian and safety of the children; (8) Guide the isolated person to start appropriate rehabilitation activities such as lung function rehabilitation exercises; (9) Teach the methods of isolation and disinfection at home to the isolated person, and explain the knowledge of disease prevention to improve the awareness and ability of protection; (10) Assess the psychological status of the patient, encourage peer support and family engagement in the psychological support for the patient.

2.3.5 Human Caring for Patients with Home Quarantine (1) Conduct regular follow-up to assess the discharged patient’s recovery and needs with politeness. Leave a message or call again in 2 h for the lost-call; (2) Inquire about the health status, medication use, check-up, diet, and rehabilitation of the patients, and provide corresponding guidance and help; (3) Assess the patient’s isolation conditions and protection measures, and remind the patient if necessary; (4) Provide home care for the patient when needed. Remind the patient to seek medical help if any patient’s condition changed dramatically, and arrange the ambulance to transfer the patient while necessary; (5) Listen to the patient, answer the patient’s questions patiently, and provide help within the ability during the follow-up. Seek help and support from the relevant specialist for special difficulties; (6) Relieve the patient’s bad mood, and show empathy to the patient’s suffering during the follow-up. Invite the psychologist or relevant specialist to intervene for severe psychological problems; (7) Assist patients in arranging further consultation and other matters; (8) Record the patient’s special problems or conditions for other healthcare workers to pay attention to in future follow-up; (9) Provide necessary assistance for patients to return to their work;

2.3.6 Human Caring for Patients in Rehabilitation Clinic (1) Receive patient forwardly and warmly with polite manner and moderate voice, and introduce the name and role to the patients; (2) Keep the clinic area spacious, and decorate the area with clear signs, warm colors, green plants, and positive energy posters; (3) Design a quick physical examination process, guide the recovered person to finish the examination at different times. Provide personalized examination program for the recovered people like elderly people, infants, postpartum women and those with basic diseases; (4) Provide a comfortable environment with the necessary facilities. Ensure that the waiting area is equipped with specialized seats for the recovered person to rest, and other supplies like hand sanitizer, towel paper, disposable cups, medical masks, wheelchairs should be provided. The heating equipment should be equipped and set to an appropriate temperature; (5) Provide nutritional, safe, and warm food catering for the patients at a specific time; (6) Take care of the patient when the patient is rehabilitating, and stop the rehabilitation in time if the patient feels uncomfortable. Additionally, handle emergencies happened to the patient timely; (7) Assess the health needs of patients, launch various health education programs, and provide health guidance, such as dietary guidance, sleeping adjustment, self-monitoring after taking medication, caring for COVID-19 related symptoms, person and home environment disinfection methods, to improve patients’ self-care ability; (8) Teach the recovered patient to master the six-character breathing tactics and traditional Chinese medicine exercises, such as Baduanjin and Taijiquan, to improve the lung function and immunity function; (9) Pay attention to the psychological and emotional state of the patients. The nurse can use relevant scales to evaluate and find abnormalities during this process, and intervene timely. Ask the psychologist to intervene for special psychological problems; (10) Make connections
actively with the community, hospitals, and other institutions to provide extended care for the patient. Conduct remote rehabilitation and health guidance by phone, WeChat, and videos to provide support for patient treatment and recovery according to the needs of the patient.

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Conflict of Interest Statement

The authors have no conflict of interest.

Appendix

Expert Consensus Panel on Nurses’ Human Caring for COVID-19 Patients in Different Sites (in alphabetical order of surname)
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