

COVID-19 death case analysis and holistic care

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Background

COVID-19 Epidemic A total of 210 confirmed cases were admitted to our hospital from May to July 2022, and 19 died, accounting for 9% of the death rate. The median age was 69 years old (range 42-92 years old) in the analysis of death cases. Days from onset to death were 9-36 days (median 12 days), 8 cases (42%) did not require oxygen on admission, and 6 cases (26%) were intubated



Method

- 1. Set up a public community account, answer questions from family members and related care information, and establish a communication channel; even talk to relatives before intubation treatment to provide comfort and emotional support
- 2. Provide relatives with sound to play and take photos or videos, guide patients and relatives to say goodbye, use communication interaction to reduce the loneliness of patients and relatives, and reduce the regret of not seeing the last side
- 3. Take "patient and family-centered" care as the starting point. Physicians uphold professional knowledge, give full play to their humanistic qualities, care for patients and their families with empathy, and adopt proactive and regular methods to reduce the psychological worries of family members and patients



Result

During the development of the epidemic, strengthening the communication between doctors and patients, improving the death awareness of medical staff, the resilience of medical capacity, and the quality of end-of-life care are important issues; I hope that in this reflection, in the future, similar care can provide patients and relatives with appropriate relief from severe illness Care and life's final tenderness and blessings



Practical meaning

The COVID-19 epidemic has brought about an opportunity to reflect on the transformation of the medical care model; internalize epidemic prevention measures into medical routines, and establish a new medical ecology post-COVID-19. The condition changes instantly. In addition to severe medical treatment, advance medical care consultation is more worthy of attention. It is hoped that the rolling revision of care behavior can effectively reduce the regret of family members facing the loss of loved ones in the epidemic

Promote patient-centered dignity and the best quality of end-of-life care by strengthening doctor-patient communication and medical staff death awareness and other intervention measures to achieve the goal of holistic health

