Acta Scientific Neurology (ISSN: 2582-1121)

Volume 3 Issue 10 October 2020

Short Communication

Patient Management Strategy and Resilience in COVID-19 Era

Mohammad Noor A Alam[1], Ruma Parvin[2], Jalal Mohsin Uddin[3], AQM Omar Sharif[4], Umme Kulsum Sharmin Zaman[5], Md Moshiur Rahman[6]* and Mohammad Shahidullah[7]

[1]Professor, Department of Surgery, BIRDEM and Ibrahim Medical College, Dhaka, Bangladesh

[2]Associate Professor, Dr. M R Khan Shishu Hospital and Institute of Child Health, Dhaka, Bangladesh

[3]Assistant Professor, National Institute of Diseases of chest and Hospital, Dhaka, Bangladesh

[4]Consultant Ophthalmologist, Shahid Suhrawardy Medical College and Hospital, Dhaka, Bangladesh

[5]Professor, Department of Anatomy, Delta Medical College, Dhaka, Bangladesh

[6]Assistant Professor, Holy Family Red Crescent Medical College, Dhaka, Bangladesh

[7]Associate Professor, Department of Neurology, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh

***Corresponding Author:** Md Moshiur Rahman, Assistant Professor, Holy Family Red Crescent Medical College, Dhaka, Bangladesh.

Received: August 15, 2020

Published: September 16, 2020

The COVID-19 worldwide pandemic has profoundly affected our everyday lifestyle, yet in addition to human services conveyance and wellbeing frameworks around the world. Each pandemic begins suddenly, unusually and it surpasses the limit of medical frameworks [1]. Throughout this current year, wellbeing frameworks reacted to the pandemic danger with a lifestyle of general wellbeing estimates intended to both treat and sort the disease, yet additionally to forestall contaminations and critically, to set up the wellbeing framework itself for a surge of contaminated patients. One of the most well-known components to build a wellbeing framework and medical clinic limit has been the wiping out or postponement of planned and elective medical procedures. A key worry of medical clinic pioneers during COVID-19 is their association's capacity to be versatile in adjusting to the quickly developing weights of the pandemic, to give protected and successful consideration to their patients [2,3].

In this point of view, the association of medical clinics must be adjusted by making unique pathways for COVID-19 patients while protecting the administration of every other patient. Now surgical procedures should not be used without emergencies. The emergency cases in all subspecialties should just be triaged and intervened to keep away from any moral issues [4]. Surgical or medical subspecialties are specific considerations, managing extreme cases and high paces of crises that can't be intruded on during the COVID-19 emergency. In developing countries, there aren't many specialists. For this reason, patient care is unified in significant urban areas, principally inside medical clinics. Some of the private setups check just specific personnel open divisions in a few distinct medical clinics that channel crisis cases in the locale and other offices in a private emergency clinic. Both open offices grasped a similar expectation to detach the patients from the COVID-19 pathway. Some of the private setups were closed down and saved for COVID-19 patients, with the extra advantage of diminishing emergency units by specific patients. All open private setups were then moved to the subsequent division, where the action was constrained to pressing cases to permit the specific group to oversee patients without being overpowered. At long last, a turnover of the clinical staff was introduced at the beginning stage of this flare-up to help ensure the clinical powers to confront this misfortune.

We, therefore, propose a setup where the patients should be evaluated for COVID-19 in routine cases and necessary precautions to be taken in the outpatient department to prevent disease transmission during this implausible circumstances. The outpatient center movement ought to follow the wellbeing techniques and the accepted procedures created during the crisis stage [5]. All workforce must be continually prepared for a routine selection of PPE and suitable use should be surveyed [6].

Bibliography

1. Margaret E., *et al.* "Emergency Preparedness and Public Health Systems: Lessons for Developing Countries". *American Journal of Preventive Medicine* 34.6 (2008): 529-534.

2. 73 Hospital Leaders in 10 States Hit Hardest by COVID-19 Offer Advice to Colleagues: If You Do Nothing Else, At Least Do This (2020).

3. Leadership in the Time of COVID-19 (2020).

4. Muhammad Sajjad., *et al.* "Letter: Safety Instructions for Neurosurgeons during COVID-19 Pandemic Based on Recent Knowledge and Experience". *Neurosurgery* 87.2 (2020): 184.

5. Cobianchi L., *et al.* "To a New Normal: Surgery and COVID-19 during the Transition Phase". *Annals of Surgery* (2020).

6. Stewart CL., *et al.* "Personal protective equipment and COVID-19 - a review for surgeons". *Annals of Surgery* (2020).