Internal Circular: ~~BD/GH/~~ 04/2021

(181)

Director,
PGH Badulla.

5th May, 2021

COVID PATIENT MANAGEMENT GUIDELINE FROM 6TH MAY – 6TH JUNE 2021

1. General COVID Ward Arrangement

   Ward 24 A & B fully declared for COVID 19 positive patient management

   Bed Arrangement (should be ready at all time)

ICU Beds 4	-	Matron, CP, Nursing Officer In-charge (ward 24) and surgical pharmacist responsible for the logistic supply
HDU Beds 8	-	For non-invasive ventilator care
Normal Beds 26	-	Will be allocated by Matron depending on the male female demand

2. COVID patient observation ward

   a. Medical Units

   When medical units unable to cater the demand of observation in next few days COVID cell will decide to declare chest ward (ward 28/29) as the COVID suspected observation ward.

   Chest ward patients will be transferred to ward 15 & 16.

   Neuro surgical patients will be diverted to ward 25 & surgical units only. If demand high ward 1 & 2 can facilitate neuro surgical patients.

   b. Surgical Units

   Suspected COVID surgical patients will isolation the same unit.

   c. Paediatric Units

   When ward 23 isolation facility not adequate can use ward 22 isolation facility. PBU with in the same unit.

   d. Obstetric Units

   Ward 3 isolation rooms depending on the demand observation or positive patients.

   Ward 4 isolation area for isolation patients.

   - Mothers (COVID positive) with more than 24 weeks POA can be kept either ward 3 or ward 24 admission under VOG and medical conditions under RP and COVID cell.

   e. Other Units

   All the other units can arranged isolation units within their wards or can used COVID observation ward. (ward 28/29)

   - After discussion with unit consultants observed patients can be kept in same discipline.

3. Theatre

   Theatre 'A' will be fully facilitate as COVID theatre in case of theatre 'A' failure theatre 'B' will be used as alternative with adequate safety measures. (Facilitated by IC MO and In-charge Nursing Officer OT 'B')

4. ICU

   If ICU care for COVID patients in ward 24 if invasive and non-invasive ICU facility at ward 24 exceeded MICU will be taken up COVID ICU care as it is the most feasible at present.

   a. SICU – Fully operated with 8 beds.
   b. NSICU - Immediate step down of neuro surgical patients from SICU (under the Consultant Anaesthetist and anaesthetic team.)
   c. MICU – Additional COVID ICU operate with the same staff.

5. Human Resources Management
   a. COVID ward (24) and HDU
      Consultant – Resident Physician or on call Visiting Physician
      Medical officers – Three medical officers from medical officer roster
      Nursing officers – Depending on the demand by Matron
      SKS – Depending on the demand by Overseer
   b. COVID ICU care (wd 24)
      Consultant – On call Consultant Anaesthetist
      Medical Officers – Four medical officers from anaesthesia rosters
      Two RHOs from RHO roster
      Nursing Officers - 3x2 form nursing pool
      Physiotherapist – One
      SKS – 2x2 from the pool
   c. OPD 'C' room – Triage will continue 24hrs and 2 medical officers will be allocated with rest of the staff.
   d. Bindunuwewa Centre - 3 RHOs for a turn
   e. Other Centres (For Hospital staff)
      Consultants – On call VP
      Medical Officer – COVID roster medical officer
      NO – 1x2 (Depending on the demand by Matron)
      SKS – 1x2 (Depending on the demand by Overseer)

6. COVID Management Staff Force
   a. Consultants
   b. Medical officers
   c. Nursing officers and other staff
   d. S.K.S.

All the staff will be taken into a staff pool as a task force depending on the level of service down and availability of staff. This staff force will be utilize to;

1. Patient management of other treatment centres.
2. Strengthen COVID roster duties and other needs.
3. Give outreach and mobile care
   *Without interrupting basic care level and services can take leave for 1/3rd staff of each unit.

Routine ward admissions and clinic works will maintain for the essential basic level.

Surgical units and theatres will operate lifesaving and essential surgeries. Routine surgeries can postponed depending on the theatre availability. All effort should be taken to minimize risk and resources saving therefore, theatre lists should be discussed with consultant anaesthetist and arranged depending on the availability of anaesthetic medical officers.

Thank you.

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