

Mucormyosis: Risk factors, treatment challenges and optimising management



Disclaimer

- *Unapproved products or unapproved uses of approved products may be discussed by the faculty; these situations may reflect the approval status in one or more jurisdictions*
- *The presenting faculty have been advised by touchIME to ensure that they disclose any such references made to unlabelled or unapproved use*
- *No endorsement by touchIME of any unapproved products or unapproved uses is either made or implied by mention of these products or uses in touchIME activities*
- *touchIME accepts no responsibility for errors or omissions*

The COVID-19 pandemic in the UK: Challenges and lessons learned

Dr Sonali Kinra

Clinical Associate, NHS England, UK



Challenges during the onset of the COVID-19 pandemic

- Uncertainty during each wave due to lack of knowledge about the virus
- First wave involved overnight switch to remote consultations to provide adequate protection and infection control
 - Physicians needed to develop different communication skills
 - Issues with connectivity for video calls; need to be able to see and assess patient
- Keeping up to date with changing guidelines
 - As we developed knowledge, guidelines changed frequently
- Assessing and communicating with the patient
 - Reassuring patient when required
 - Safety netting so patients knew when to seek further medical help

Factors affecting the decision to send a patient to hospital

Clinical assessment – heart rate, breathing rate, O₂ saturation, blood pressure



Comorbidities/risk factors – diabetes, heart disease, age etc. conferred greater risk for disease severity



Lack of improvement – deterioration in second week



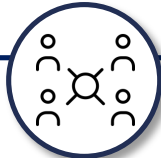
Intuition – best to liaise with hospital if intuition suggested potential problems



Lessons for the future



Remote consultations – provided reassurance, monitoring and infection control.

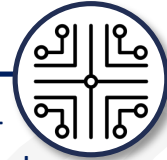


Organizing 'hot hubs' – contained spaces were created for COVID-19 patients. These had adequate PPE and clinicians who soon developed expertise.



COVID Oximetry @home - pulse oximeters are provided to patients to support them at home. This has been a game changer.

What was done well?



Standardized pathways – when to escalate treatment. These were communicated to wider medical community, keeping everyone involved and engaged, and standard operating procedures were regularly published.



Collaborative approach – use of volunteers to help elderly/vulnerable with access to food/medication, wider collaboration with pharmacists, social care etc.