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ESTABLISHMENT OF COVID-19 RESPIRATORY INTENSIVE CARE UNIT ---AN ARDUOUS EFFORT

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INTRODUCTION

- The Corona virus 2019 was declared as a pandemic in March 2020 by WHO
- During the first wave of Covid-19 due to the non-availability of evidence based protocols globally establishing an RICU was a challenging task
- Preparing protocols, implementation and Educating staff about patient care and personal safety
- Clinical management and training from O2 therapy to rehabilitation
- Optimal resource Management, both Manpower and equipments
- Psychological aspects and emotional liability of health care professionals



METHOD

Retrospective Data was collected from the Hospital Information and Management System from June 2020 to June 2021 after approval from ethical committee
Data collected from single tertiary care centre designated covid centre by Government

S.NO	VARIABLES	FIRST WAVE OF COVID-19	SECOND WAVE OF COVID-19
1	TOTAL NUMBER OF PATIENTS ADMITTED TO THE ICU	102	163
2	TOTAL NUMBER OF PATIENTS RECOVERED FROM ICU	70	94
3	TOTAL NUMBER OF DEATHS	32	69
4	NUMBER OF PATIENTS VENTILATED	32	70
5	NUMBER OF PATIENTS ON NIV	89	51
6	NUMBER OF PATIENTS ON HFNOT	37	41
7	NUMBER OF CONVERSIONS FROM HFNOT TO NIV	32	24
8	NUMBER OF CONVERSIONS FROM NIV TO VENTILATION	26	31
9	NUMBER OF CONVERSIONS FROM NIV TO HFNOT		22
10	NUMBER OF PATIENTS PRONED		62
11	NUMBER OF BEDS IN ICU	10	30
12	NUMBER OF STAFF WORKING	41 PER DAY	125 PER DAY

CONCLUSION

COVID-19 Pandemic has taught us that establishing protocols, frequent updating, training of the staff covering all the aspects to provide quality critical care is essential
- Implementation and Upgradation would be easier if there are essential protocols for our services

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DISCUSSION

- During the first wave, a 10 bedded RICU was started with the available resources and staff
- Equipment from National Stockpile was pooled to our Covid ICU
- New protocols were prepared with our clinical expertise and day to day Global information
- Innovative skills of various staff has helped in isolation of the Covid patients as well as safety of health care professionals
- Several new modalities for Intubation and Isolation were adopted and modified during the course
- Webinars and refreshers courses were organized on the ongoing Global variations in the treatment modalities frequently
- Establishment of several committees for the performance of distinguished activities helped in reducing burden on health care professionals





DISCUSSION

- Upgradation of ICU capacity to 30 beds during the second wave was easier due to backup exercises conducted in first wave
- Tripling the efficiency of all the involved health care staff was smooth and non stormy than first wave
- Surge of equipments like ventilators, monitors, CPAP or BiPAP machines, HFNOT devices helped in expanding ICU services in the second wave
- Enhanced man power requirement in the form of non critical care staff was taken care of by conducting crash courses and training programs
- Continuous education and training programs helped in developing special teams for Prone Ventilation and Intra Hospital Transport of patients with at most care and proper precautions
- Safety and psychological support of the staff were addressed in time in view of the anxiety and high work load among staff by separate committee
- It was equally important to maintain critical care services for non covid patients, protect health care professionals and consider the ethical and social implications





