

Short Communication

Experience of Covid 19 disease in the head nurse of the infectious ward of Masih Daneshvari Hospital in Tehran, Iran

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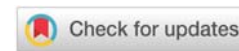
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To the Editor

On January 30, 2020, the World Health Organization announced that the new corona virus, or Covid-19, is an epidemic health crisis of international concern [1]. On April 12, 2020, more than 1796298 people were infected with Covid 19 and more than 11026 deaths were registered in the world due to this disease. Iran was ranked eighth in this epidemic with 71686 patients and 4474 deaths.

Studies have shown that the most common pathological symptoms of this disease include fever (86%), cough (63.9%), weakness and fatigue (34.7%) [2].

During the outbreak of COVID-19 and other infectious diseases, the implementation of infection prevention and control (IPC) in health care settings, especially among the medical staff of health care centers is of great importance [3,4]. Health care workers are one of the most vulnerable people to

Covid 19 disease. As of April 8, 2020, 22073 Covid-19 Health care workers from 52 countries had been notified to the WHO [5]. The exact number of patients with Covid-19 disease in the medical staff throughout Iran has not been announced yet. Masih Daneshvari Hospital is a specialized hospital for lung diseases in Tehran, the capital of Iran. It was the first hospital to treat patients with Covid 19 disease. This article presents the experiences of the head nurse of the hospital's infectious ward who has Covid 19 disease.

According to the activity of 553 nursing staff in Dr. Masih Daneshvari Hospital, 9.5% of this number has been patients with Covid-19 for about 2 months. The head nurse of the infectious disease department, who had a close relationship with patients with Covid 19, shared her experience with us due to the prevalence of severe symptoms of the disease. Examining the experiences of these people can reveal their emotional, mental as well as physical needs to improve and enhance the management and treatment system.



My problem started with weakness and lethargy. So in the first day or two I felt tired. My legs were weak when I tried to get up from a sitting or sleeping position, my eyes went black, and if I did not take care, I would fall. I got BP control. 70/110 was perfectly normal. Even on normal days, I had 20–30MMHG lower pressures, and this was the highest pressure I ever had.

On the third, fourth and fifth day, in addition to the above problems, I had a disorder in the digestive system, so that my appetite was completely reduced and I realized that I could not feel the taste and smell of food and the smells around me at all. Whereas before I had high olfactory power.

I had reflux, defecation that happened every morning, was delayed for 2 days and my abdomen was slightly swollen and bloated, and despite bloating, no gas was excreted at all, and after 2 days, the third day after gastrointestinal disorders, I had diarrhea. As a change in stool tissue (not watery) but it was done many times. After a week from the onset of the disease, my general condition improved, but it did not last more than 2–3 days. It turned out that 80% of the people I knew who had covid 19 disease reported this complication.

Then I had a severe headache that mostly targeted the eye socket and led to nausea, but there was no vomiting at all. I touched the skin of my face and forehead and noticed that it was hot. I put the thermometer at 38.2 and I was so weak that I wanted to fall several times and I could not sit. I was admitted to the doctor, the PCR culture was negative and I took ceftriaxone, azithromycin and apotel. My arteries quickly became phlebitis and damaged and bruised. The vessels were very fragile. I had chest pain but no breathing problems at all.

After 3 days, at my own insistence and in a better (not good) general condition, I was discharged with a fever. The fever continued for 7 days and did not exceed 38.5.

After 20 days, because I could feel my heartbeat and checked

with pulse oximetry (91–93% at the time of admission), p: 127 and 5 minutes later it reached 56.

I checked the PCR again, which was positive. I tested the M and G antibodies again 10 days later, and both were positive.

There is still body pain, joint pain and knee pain and a feeling of heaviness in the chest. Arrhythmia is very, very noticeable. O₂SAT is normal and good (96–97%).

After 2 months, PCR was checked again and CT of the lung was checked, which was negative and CT was normal. Arrhythmia persists. Myalgia and back cramps sometimes occur in the neck, sometimes in the scapula.

I have one of the symptoms every day. One day a sore throat, 2 days later shortness of breath and lethargy, but in general I get tired with a little movement and after a while I realized that my eyesight and hearing have also become weaker. I'm nervous, I'm getting mad quickly, and I'm very, very bored.

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