

Extra Shift of a Resident of Psychiatry in COVID-19 Respiratory Emergency

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Received: April, 2020

Revised: April, 2020

Accepted: April, 2020

Abstract

Hard days have come for medical staff. Before the storm, we took some of our dearest colleagues, as well as some of our compatriots, with us and made us sad, but there is no mourning. We have to work even harder than before and fight.

Keywords: Medical Resident; COVID-19; Emergency Room.

Conflict of interest: The author declares no conflict of interest.

Please cite this article as: Kashefinejad S. Extra Shift of a Resident of Psychiatry in COVID-19 Respiratory Emergency. J Ped Nephrol 2020;8(2) <https://doi.org/10.22037/jpn.v8i2.30009>

Introduction

Hard days have come for medical staff. Before the storm, we took some of our dearest colleagues, as well as some of our compatriots, with us and made us sad, but there is no mourning. We have to work even harder than before and fight. I was also proud to be able to be with these loved ones to a great extent in a few hours.

In addition to the hospital emergency room, a shelter has been set up for the triage of suspected patients with corona. Patients who have suspicious symptoms of the disease are referred, and with the examinations and examinations performed by the doctor and the nurse, a decision is made on how to treat them. Here are some interesting points:

Medical staff go through the hardest part of their careers. Before the shift, I thought I might be witnessing inappropriate behavior with people because of their high workload and fatigue. But that was not the case. Each patient was given as much time as needed and explained his or her illness and symptoms. As far as they could, they listened to patients' concerns, although there was not much time for that, given the high volume of work. The staff were very supportive of each other and there was no talk of controversy at other times. They talked, laughed, and in the late hours of the night, with music and jokes and laughter, helped relieve each other's tiredness. Happiness is their most important tool these days.

Their main concern was their families and they worried about viral transmission to their families. Although they sometimes complained to the authorities, they were very pleased with the help that the donors provided in the provision of protective equipment and other assistance.

Another thing that caught my attention was the patients who had symptoms of a panic attack. Unfortunately, some of the symptoms of corona disease completely overlap with panic attacks. Several people came forward whose symptoms and history were a clear indication of a panic attack. The visit only increased their risk of infection. Telephone and online systems can reduce the unnecessary need for people with anxiety and worry about the disease.

Conclusion

Fortunately, this system has been launched in the country since mid-March.

What every society needs in such crises is self-sacrifice and altruism. Something that can be seen in hospitals these days in Iran.

Conflict of Interest

The authors declare no conflicts of interest.

Financial Support

Not declared.