

COVID-19 epidemic: What happens to other routine patients admitted in the emergency department?



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Dear Editor,

The World Health Organization (WHO) Emergency Committee exclaimed a global health emergency concern based on growing case notification rates of the novel coronavirus in Chinese and other international locations (1). Four weeks have passed from the first reported case of coronavirus disease 2019 (COVID-19) in Iran. During the past month, thousands of patients ran into emergency departments (EDs) due to respiratory complaints. The current outbreak of the novel COVID-19 in Iran is a challenging issue for emergency medicine specialists.

EDs experienced crises before the disease occurrence due to a large number of patients. Investigated causes of EDs overcrowding include limited access to primary care due to financial problems, and aging of the population. In addition, EDs encounter elderly patients with multiple chronic conditions (1). To alleviate ED overcrowding, management teams should focus on input, throughput and output based on Asplin et al study (2). To control crowding during COVID-19 outbreak, we should ultimate these components.

In terms of input, the use of social interventions such as hanging educational banners all over the city, designing a robot system for self-evaluation of all population, and activating online answering systems for patients' questions can be beneficial. Concerning throughput, physician-led triage can allocate non-urgent cases and reduce triage to treatment time. Increasing the number of medical and nursing staff and obviously admitting beds in the EDs are essential in this respect (3). Regarding output, access block in relation to implemented national time disposition, bed management and leadership support are helpful.

Full leadership support for the emergency specialist bed management process can decrease the workload on ED staffs. In addition, the workload can be divided among other unit personnel (4,5).

Our academic EDs provide comprehensive and fast services to patients with critical conditions such as active gastrointestinal bleeding, patients with various shock and stroke or myocardial infarction codes (724, 247) and major trauma cases. From the beginning of COVID-19 outbreak, EDs have become particular units for admitting patients with respiratory complaints.

Many private medical offices are closed, so, it is expected to reduce the number of referred elective cases. Besides, accidents have decreased due to reduced number of vehicles on the roads. On the other hand, many non-urgent cases are self-treated such as ankle sprains or gastroenteritis. But the exact cause of septic shock reduction or lesser number of myocardial infarction or stroke is unclear. The period of time is shorter to attribute this decrease to a change in the population life style. The question is "what happens to other routine patients of the ED?" If people tolerate these conditions "if possible", after the eradication of COVID-19, EDs will face a great number of critical ill patients.

Ethical issues

Not applicable.

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