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Providing Nursing Care to someone who is undergoing Covid-19 treatment at the Hospital: Case Report

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ABSTRACT
Covid-19 cases in Indonesia are still increasing. Covid-19, both symptomatic and asymptomatic, needs special handling so that the healing process runs with procedures. This case report discusses a patient who was confirmed positive for Covid-19 at the hospital after undergoing 14 days of self-isolation at home. The patient was admitted because the CT value did not change from the first day to the 14th day and after taking the X-ray the results showed pneumonia. The patient was asymptomatic but had high blood pressure at the time of examination at the hospital. This case report discusses nursing care in this patient.

Keywords: Covid -19, Hospital, Case Report, Nursing Care

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BACKGROUND

Indonesia reported its first case of COVID-19 on March 2, 2020 and the number continues to grow until now. Based on research conducted by the Chinese CDC, it is known that the most cases occurred in men (51.4%) and occurred at the age of 30-79 years and the least occurred at <10 years old (1%). As many as 81% of cases is a mild case, 14% severe, and 5% critical (Wu Z and McGoogan JM, 2020). People who are elderly or who have congenital diseases are known to be more at risk for developing more severe disease. Old age is also thought to be associated with mortality rates. The death rate is also influenced by the presence of congenital diseases in the patient. A rate of 10.5% was found in patients with cardiovascular disease, 7.3% in patients with diabetes, 6.3% in patients with chronic respiratory disease, 6% in patients with hypertension, and 5.6% in patients with diabetes. (Directorate General of Disease Prevention and Control, 2020).

The majority of patients with mild symptoms do not require hospitalization unless there is concern about the possibility of rapid deterioration and in accordance with medical considerations (Directorate General of Disease Prevention and Control, 2020). Patients with mild, moderate or severe / critical symptoms can be treated at a COVID-19 referral hospital or other hospital that has facilities according to predetermined service standards, while patients with mild to moderate symptoms can also be treated at the Field Hospital / Home Emergency sickness, especially for patients who can be independent / self-handling while being treated (Directorate General of Disease Prevention and Control , 2020) .

This study will present a case description of adult patients who are confirmed positive and hospitalized with a positive PCR value after 14 days of self-isolation.

PATIENT INFORMATION

A 34 year old man was treated in a covid-19 isolation room with a diagnosis of Covid-19 with pneumonia and hypertension. The patient previously did not have a history of hypertension, did not smoke, and had undergone independent isolation for 14 days at home because of the PCR (+) test with a CT value of 26. After 14 days on the PCR test the CT value did not change with a value of 26 and finally carried out an examination. blood lab tests and x-rays. X-rays showed pneumonia, there was a spot on the left lung, so the patient was finally treated in an independent isolation hospital.

CLINICAL FINDINGS

The patient entered at 9:48 p.m. with no complaints and said the PCR value after 14 days of self-isolation at home had not changed and was advised to be treated in the hospital by the health laboratory staff. The patient was examined with blood drawn, at a blood pressure of 170/100 mmHg, temperature of 36.5 C, Oxygen Saturation (SPO2) of 97%, and the installation of fluid therapy through 500 mL RL infusion therapy in the right hand. Patients have dinner at 22.00, after entering the room at 23.00, they are given a skin test on their left hand to see if there is a drug allergy or not, and are given two types of oral drugs. The patient looked anxious, and said that it was the first time he was admitted to the hospital and was given an IV. The patient is Muslim and says how do I pray his prayers because an IV is attached, whether by tayamum. The nurse suggested to cover with dust around the room. The patient fell asleep at 24.00.

The second day the patient was examined by the nurse at 06.00, namely BP: 200/100 mmHg, temperature, 35 . 6 C, and 98% Oxygen Saturation. The patient said that the morning prayers were performed with tayamum, and there was no tightness, no dizziness, and no chest pain. The patient looked worried because he could not pray as usual and this was the

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first time he was admitted to the hospital alone in an isolation room. The patient said that maybe I was stressed because it was the first time that my blood pressure went up, even though I didn't have high blood pressure. At 7.00 the patient was given rice food and balanced nutrition, fruits and vegetables, was given collaborative drug therapy through an infusion of two pumpkins, and given 6 kinds of collaborative oral drug therapy.

Table 1.Clinical Findings of Covid-19 Patients in Hospital Isolation Rooms

Day	Hour	TD	Temperature	SpO2	Evaluation
1	22.00	200/95 mmHg	36.5	97%	The patient looked worried because he was first infused and was hospitalized by himself in the isolation room, asking about how to worship.
2	06.00	130/80 mmHg	35.6	98%	The patient says there are no complaints, (-) chest pain, (-) shortness of breath, (-) dizziness, the patient still asks about dust for tayamum for worship.
	07.00				Collaborative drug therapy via iv, and oral after meals.
	11.00				Collaborative oral drug therapy after meals
	16.30	150/90 mmHg	36	98%	There are no complaints, looking worried because they haven't prayed with ablution, they are still tayamum and the nurses provide tayamum dust facilities for prayers.
	19.30				Collaborative oral drug therapy after meals
	24.00	140/90 mmHg	36.7	100%	No complaints, (-) chest pain, (-) shortness of breath, (-) dizziness, The patient said he had a bad stomach, and felt nauseous after taking the medicine.
3	06.00	130/80	36	100%	(-) chest pain, (-) shortness of breath, (-) dizziness, deep sleep, still feeling nauseous, can pray at dawn on time. Patients can BAK and defecate regularly.
	07.00				Collaborative drug therapy via iv, and oral after meals. The patient does light exercise in the room.
	11.00				Collaborative oral drug therapy after meals The patient performs personal hygine independently with the hand attached to the infusion.
	16.30	148 / 90mmHg	36.7	97%	There are no complaints, looking worried because they haven't prayed with ablution, they are still tayamum and the nurses

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					provide tayamum dust facilities for prayers.
	17.30				Collaborative oral drug therapy after meals
	24.00	118/80 mmHg	35.5	99%	No complaints, (-) chest pain, (-) shortness of breath, (-) dizziness, The patient said he had a bad stomach, and felt nauseous after taking the medicine. The patient looked worried because he was alone in the hospital in the isolation room and worried about his illness
4	06.00	123/80 mmHg	36.5	98%	(-) chest pain, (-) shortness of breath, (-) dizziness, deep sleep, still feeling nauseous, can pray at dawn on time. Patients can BAK and defecate regularly.
	07.00				Collaborative drug therapy via iv, and oral after meals.
	11.00				Collaborative oral drug therapy after meals The patient performs personal hygine independently with the hand attached to the infusion.
	17.08	148/85 mmHg	36	98%	There are no complaints, the patient can perform ablution with water, even if the infusion is attached.
	18.18				Collaborative oral drug therapy after meals
	24.00	118/80 mmHg	35.5	99%	No complaints, (-) chest pain, (-) shortness of breath, (-) dizziness, The patient said he had a bad stomach, and felt nauseous after taking the medicine. The patient looked worried because he was alone in the hospital in the isolation room and worried about his illness
5	06.30	132/80 mmHg	36	99%	(-) chest pain, (-) shortness of breath, (-) dizziness, deep sleep, still feeling nauseous, can pray at dawn on time. Patients can BAK and defecate regularly.
	07.00				Collaborative drug therapy via iv, and oral after meals. The patient does light exercise in the room. Patient performs personal hygine independently.

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	11.00				Infusion therapy on the loose, Collaborative oral drug therapy after meals
	16.30	117/85 mmHg	36.2	97%	No complaints, (-) chest pain, (-) shortness of breath, (-) dizziness
	17.30				Collaborative oral drug therapy after meals. Giving sodium chloride plabots to be given when waking up is gargled and sprayed into the nose, because tomorrow will be a PCR swab test.
	24.00	140/90 mmHg	35.7	98%	No complaints, (-) chest pain, (-) shortness of breath, (-) dizziness, The patient said he had a bad stomach, and felt nauseous after taking the medicine. The patient looked worried because he was alone in the hospital in the isolation room and worried about his illness.
6	06.00	115/80	36.5	98%	(-) chest pain, (-) shortness of breath, (-) dizziness, deep sleep, still feeling nauseous, can pray at dawn on time. Patients can BAK and defecate regularly. The patient performs personal hygine independently, and gargles, spray the nose with sodium chloride solution three times each.
	07.42				Oral collaborative drug therapy after meals.
	08.00				PCR swab test and X-ray test were performed.
	11.00				Collaborative oral drug therapy after meals
	16.30	120 / 80 mmHg	36	98%	No complaints, looking worried because the results haven't come out yet.
	17.30				Collaborative oral drug therapy after meals
	20.08				No complaints, (-) chest pain, (-) shortness of breath, (-) PCR results are negative (CT Value above> 30) The patient does not look anxious, and is calm because the results are negative.

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NURSING DIAGNOSTIC

Nursing diagnoses that appear are

1. Anxiety bd situational crisis, threats to death
2. Spiritual distress bd, receiving bad news about health, dd feeling guilty, unable to perform religious activities, clinical conditions related to covid disease.

ASSESSMENT

WHO recommends molecular testing for all patients suspected of being infected with COVID-19. The recommended method is the detection method molecular / NAAT (Nucleic Acid Amplification Test) such as the RTPCR examination Until now, there is no vaccine and specific drug to prevent or treat COVID-19. Treatment is aimed at symptomatic therapy and supportive. There are several vaccine candidates and certain drugs that are still being researched through clinical trials.

The patient in this case was included in the criteria for symptoms without symptoms (asymptomatic) , no clinical symptoms, the patient did not show any symptoms. Patients are subjected to investigations Investigations are carried out in accordance with clinical manifestations, between other:

a. Laboratory: Complete blood / routine blood, ESR, Blood Sugar, Ureum, Creatinin, SGOT, SGPT, Sodium, Potassium, Chloride, Blood Gas Analysis,
Procalcitonin, PT, APTT, Bleeding time, Bilirubin Direct, Bilirubin
Indirect, Total Bilirubin, RT-PCR laboratory tests, and / or
all types of MO (aerobic) cultures with anti-HIV resistance.
b. Radiology: Thorax AP / PA

In this case the patient was confirmed to be mildly ill. In principle, the management of patients with confirmed COVID-19 had the same mild illness as a confirmed patient who was asymptomatic. Patients must undergo isolation for at least 10 days from the onset of symptoms plus 3 days free of fever and respiratory symptoms. Isolation can be done independently at home or in public facilities prepared by the Government. Patients who are mildly ill can be given symptomatic treatment such as anti-pyretics if they have fever. The patient must be provided with information about the symptoms and signs of deterioration that may occur and a contact person number that he can call at any time if these symptoms appear (Directorate General of Disease Prevention and Control, 2020).

NURSING ASSESSMENT

Nursing assessment includes anamnesis, physical examination and supporting examinations with the following components:

1. The main complaint
   Symptoms of an acute respiratory infection such as fever or a history of fever accompanied by signs / symptoms of cough, shortness of breath, sore throat, runny nose, mild to severe pneumonia).
2. Condition / history
   a. In the last 14 days before symptoms appear, have a history of travel or live in a country / territory of Indonesia that reports local transmission
   b. In the last 14 days before symptoms appeared, he had a history of contact with a confirmed or probable COVID-19 case
   c. Having severe pneumonia requiring hospitalization and no other cause based on a convincing clinical picture
   d. Close contact with probable cases or confirmed cases of COVID-19.

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3. Psychosocial
   The patient may experience anxiety or stress
4. Spiritual
   The assessment includes religion, belief, worship patterns, spiritual distress
5. Management
   Medicines taken before entering the hospital
6. Vital signs and awareness
   Vital signs include blood pressure; pulse frequency, strength and rhythm; breathing frequency, depth and pattern; body temperature; and oxygen saturation; and level of awareness (GCS) (PPNI, 2020).

During the physical examination, the patient had mild pneumonia: The patient was with pneumonia and there was no sign of severe pneumonia after X-ray examination.

1. History of allergies
   History of allergies to drugs, food, etc.
2. Assessment of pain
3. Risk of falling
   Fall risk assessment using the MORSE Scale
4. Nutritional screening
5. The risk of pressure sores (decubitus)
   Assessment of the risk of pressure sores or pressure sores using Norton or Braden Scale
6. Functional Status
   Assessment of functional status using the Bartel Index
7. Culture
   Cultural studies include ethnicity, customs, dietary abstinence, diet, communication patterns, patient habits when sick, and beliefs about illness.
8. Educational needs and barriers to receiving education
   Assessment of educational needs such as safe hand washing, use of masks, cough etiquette, safe drug use, potential drug and food interactions, drug side effects, diet and nutrition, pain management, and rehabilitation techniques. Barriers to receiving education can occur due to visual disturbances, visual disturbances, emotional disturbances, physical disorders, language limitations, speech, non-literacy.
9. Radiological examination
   Radiological examination in the form of chest x-rays aims to show the presence of infiltrates in the lungs
10. Laboratory examination
    Peripheral blood examination (monocytes, lymphocytes, neutrophils, ESR, CRP) and rapid tests or RT-PCR SARS-CoV-2
11. Discharge Planning (PPNI, 2020).

NURSING INTERVENTION

a. Anxiety reduction
1) Monitor for signs of anxiety (verbal and nonverbal)
2) Accompany the patient to reduce anxiety, if possible
3) Listen to patient complaints attentively
4) Use a calm and reassuring approach
5) Discuss realistic plans of future events

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6) Describe the procedure to be performed, including any sensations that may be experienced
7) Encourage expressing feelings and perceptions
8) Practice relaxation techniques such as deep breathing, and guided imagery.
b. Support for the implementation of worship
1) Identification of the need for the implementation of worship according to the religion being held
2) Facilitating the implementation of religious according to the religion held (for example facing the Qibla, preparing worship equipment)
3) Encourage appropriate to conduct religious worship and believe

Patients are given interventions with support for the implementation of worship by applying tayamum dust. When meeting and saying goodbye to the patient, he greeted him with Assalamualaykum wr wb, asked him how he was, gave supportive support by always being patient, smiling and cheerful even though he was using grade three PPE. Listen to patient complaints attentively . Nurses do approach a calm and reassuring , mend iskusikan site planning to be realistic about the event dating, and m e nje laskan procedure to be performed, including sensations may be experienced .

NURSING OUTCOME

After nursing intervention, the level of anxiety decreased with the criteria of decreasing restless and tense behavior, verbalization of worry due to decreased conditions, improved concentration, improved sleep patterns.
As for spiritual distress after nursing intervention there is a decrease in signs and symptoms of spiritual distress, an increase in the client's ability to perform spiritual rituals.

DISCUSSION

The patient was admitted to the hospital because after 14 days of independent isolation the PCR results were still positive with a CT value of 26 that did not change. A person who tested positive for the COVID-19 virus as evidenced by an RT-PCR laboratory examination. Confirmation cases are divided into 2:
a. Confirmation case with symptoms (symptomatic)
b. Asymptomatic confirmatory case (PPNI, 2020).

The patient is admitted to a confirmed case asymptomatic. Symptoms are usually mild and appear gradually. Some people who are infected don't show any symptoms and still feel well. The most common symptoms of COVID-19 are fever, feeling tired and dry cough. Some patients may experience aches and pains, nasal congestion, runny nose, headache, conjunctivitis, aches throat, diarrhea, loss of smell and smell or skin rash.
According to data from countries affected by the start of the pandemic, 40% of cases will have mild disease, 40% will have moderate disease including pneumonia, 15% of cases will develop severe disease, and 5% of cases will be in critical condition. Patients with mild symptoms were reported recover after 1 week.

CONCLUSION

The patient had two nursing diagnoses, namely anxiety bd situational crisis, threat to death and spiritual distress bd, receiving bad news about health, dd feeling guilty, unable to perform religious activities, clinical conditions related to covid disease. A diagnosis of

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spiritual distress requires assessment and nursing care provision by nurses to patients when the patient first enters the hospital. Patients after six days of PCR (-) therapy with a CT value above> 30 indicates effective nursing care in the treatment of Covid-19 patients in hospital isolation rooms.

INFORMED CONSENT

The patient has provided informed consent.

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