

# Need to keep updated on patient care - ICU doctor at the Covid-19 frontlines

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**CORONAVIRUS** | With the Covid-19 pandemic wreaking havoc across the world, people are paying more attention than usual to intensive care units (ICU), where the worst-affected Covid-19 patients are placed.

Dr Shanti Rudra Deva, a senior intensivist at Hospital Kuala Lumpur (HKL), explained that an intensivist is a specialist who provides comprehensive care for the critically ill. The critically ill often refers to a patient with failing organ systems and is at high risk of dying.

Currently, she said, there are 25 intensivists in the Health Ministry practising in tertiary government hospitals while the others practise in the university and private hospitals.

Under the Covid-19 pandemic, Shanti said intensivists were quickly aware that these were not the typical patients who are admitted with acute respiratory failure, though she clarified that not all patients admitted into the ICU required mechanical ventilation.

Some patients, who only require oxygen support, are lucid and awake despite having low oxygen levels in their blood, she said.

“We were aware that they can deteriorate very quickly, going into acute respiratory distress syndrome (ARDS). Hence, there is a need to monitor them closely in the ICU,” she said to *Malaysiakini* in an email interview.

Shanti said they have also used a technique called "awake proning" on ICU patients as there has been some emerging evidence that this may prevent intubation.

Awake proning is a technique where a patient turns from their back to their belly every few hours while they are awake.

She said they need to explain to patients that laying on the stomach and in different positions will help the body get air into all areas of the lung.

“It is not easy as these are not young patients who could just flip onto their bellies.

“Ensuring the oxygen mask, the ECG and arterial lines do not get entangled while they prone themselves, we try to ensure that they are as comfortable as possible.

“It worked on some and not on others,” Shanti said.



There are also patients in Category 4 or Category 5 of Covid-19 who needed intubation almost immediately when referred to the ICU. Category 4 refers to patients with Covid-19 pneumonia requiring oxygen, whereas Category 5 refers to those who are critically ill with multi-organ failure.

Shanti explained that with the Covid-19 virus being so transmissible, normal workflow processes in the Intensive Care Unit - ranging from prescribing

drugs to performing chest X-rays - had to be changed.

“Transporting of patients outside the ICU for imaging or diagnostic procedures needed detailed planning, similarly with patients needing surgery,” she said.

However, she added, there are still many questions on clinical management in the ICU which remain unanswered, such as the best ventilation strategy, the role of non-invasive ventilation and various repurposed and experimental therapies.

“As intensivists, we need to constantly update ourselves on the evolving management of these patients.”

In general, Shanti said comprehensive intensive care has consistently included compassionate care of the patients, especially those who have been in the ICU for a prolonged period.

“The primary goal of treatment is to return patients to a reasonable quality of life with minimal disability.

“For some patients - when the burden of disease and/or treatment outweighs the benefit of intensive and invasive therapy - care devoted to humane, respectful, compassionate palliative care is advocated and discussed with the family to help patients get through, be it full recovery or dying with comfort and dignity,” Shanti said.

As of yesterday, the number of Covid-19 cases in the country totalled 5,820 total with the death toll at 99.

The number of active Covid-19 cases are at 1,764, with 37 patients being treated in the ICU. Of these 37 patients, 17 require ventilators.