

## Briefly Discussion of the Adult Protective Care Unit

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### Abstract

As in all areas of life, operating rooms and postanesthesia care units (PACU) have seen certain adjustments as a result of the COVID-19 epidemic. Additional safeguards have been put in place to safeguard medical personnel and stop the virus from spreading among patients. In addition to oxygen masks or nasal cannulas, it is advised that patients wear protective face masks during tracheal extubation following surgery. Face masks are said to help stop the spread of COVID-19 by the World Health Organisation and the Centres for Disease Control and Prevention. Furthermore, children older than 3 years old are advised to wear protective facial masks, according to the Italian Paediatric Society. Despite their protective qualities, some individuals think that masks might injure children and even put their lives in danger since they limit breathing, lower oxygen intake, and lead them to inhale their own carbon dioxide, which can lead to hypercapnia.

**Keywords:** Postanesthesia care; Techniques; Organisation Safety; COVID-19

### Introduction

The significance of facial (respiratory and eye) protection equipment (FPE) has been highlighted by the coronavirus disease 2019 (COVID-19) pandemic. Front-line employees, including ED clinicians, will be able to adjust to the heightened demands and abilities needed during an infectious disease epidemic more quickly and safely if FPE is used as effectively as possible in non-outbreak conditions [1]. The need for medicinal and aromatic plants is rising, and due to their numerous uses in cosmetics, cologne, food, drink, cookery, and medicine, essential oils are in high demand. The seeds, stems, leaves, petals, flowers, bark, and roots of a plant are just a few examples of the sections from which these oils are generated [2].

Essential oils are extracted using a variety of techniques, including infusion, maceration, microwave extraction, and ultrasonic extraction. Inhalation, transdermal application, and oral consumption are the three primary methods by which essential oils are absorbed into the body. Lavender essential oil is distinctive among the many varieties of essential oils that can be applied in clinical practise. The Lamiaceae family has 39 species in the genus *Lavandula*, with *Lavandula angustifolia* (also known as true lavender), *Lavandula latifolia* Medik. (often known as spike lavender), *Lavandula stoechas* L. (sometimes known as Spanish lavender), and *Lavandula x intermedia* Emeric ex Loisel. (also known as lavandin) being the most widely grown [3].

### Methods

The analysis of a contemporaneous descriptive and analytical study using deidentified data prospectively gathered for administrative statistics and quality benchmarking received approval from the local institutional review board. Due to the retroactive nature of the study and the deidentified collected data, the Comité Ético Científico of the Servicio de Salud Metropolitano Central, Santiago de Chile (Acta 423/2021), accepted this report while waiving informed consent. Government-funded Hospital El Carmen de Maip serves 521,627 residents of the Maip and Cerrillos districts of Santiago de Chile's Metropolitan Region [8]. These districts are categorised as intermediate and upper-middle human development indices, respectively. It is a general hospital with 500 beds that sees 17,000 admissions annually and offers both adults and children comprehensive medical care. The majority of internal medicine, women's health, and paediatric health specialisations are available at our hospital. Cardiothoracic, solid

organ, and stem cell transplants are not available due to its generic classification because these procedures are centralised in certain facilities within Chile's national health system. Seven beds, one bed per box, are available in the PICU. 30% of the 300–350 kids hospitalised each year use mechanical ventilation [4].

### Occupational safety

According to the organisation Safety, Work, Safety, Work, 2.8 million deaths globally occur each year due to workplace-related causes, representing a loss of 67.8 million years of life. Furthermore, non-fatal occupational illnesses and injuries result in 55.5 million years of disability. The estimated economic expenses of fatal and non-fatal accidents add up to 3.9% of global GDP when multiplied by the average output of a worker.<sup>2</sup> In addition to the output loss, work-related illnesses and injuries impose more financial strain on social security and public health care systems in ageing countries. As a response, broad policy measures like those of the Commission, Commission, as well as steps particularly intended to protect employees from COVID-19, have been created in an effort to promote workplace safety and health as keys to extending working lives and promoting healthy ageing [5].

### Efforts and readiness

Students' employment choices and motivation to continue pursuing hospitality degrees have been significantly impacted by the COVID-19 epidemic. In addition, concerns about the attraction and retention of students in hospitality programmes are being raised in light of the anticipated hospitality labour shortage in 2022 and the general trend of dropping student enrollment. In order to produce high-quality graduates for the hospitality industry while also ensuring student satisfaction with their chosen course of study and campus environment, higher education institutions feel an urgent need to

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develop pertinent academic programmes that meet industry and student needs [6].

### Variables

Each day, records of the staff, available beds, and technical resources were kept. Additionally, patient information was prospectively documented for benchmarking and administrative purposes. Demographics, comorbidities, respiratory assistance, gas exchange, length of stay, and outcomes were among the variables. Additionally, ourworldindata.org provided information on daily COVID-19 instances in Chile. The behaviour of larval zebrafish is a common endpoint in toxicology and pharmacology. Zebrafish are an excellent test subject for high-throughput experiments due to their size, fertility, and low cost. Additionally, because behaviour and nervous system function are closely related, researchers can use behavioural changes to identify and explain changes in the nervous system's growth and function [7].

### Statistical Analysis

The median (IQR) and percentage for continuous data are displayed based on the distribution of the data. The Mann-Whitney U test and the chi test were used to compare proportions and continuous variables, respectively. P 0.05 was used to determine significance [8].

### Result

#### Regarding Preparedness

- Regarding Preparedness: Risk perception for COVID-19, a key factor in determining how well public health policies are followed.
- There are no research on the health precautions and risk perceptions of older CALD Australians.
- A dread of contracting COVID-19 and experiencing its effects was noted.
- Failure to adhere to homebound living, avoiding high-risk demographics, and avoiding buying in bulk and storing food [9].
- Medical staff recruitment and education: At the Universidad de Santiago de Chile, education modules for all medical staff in the PICU, paediatric emergency room, paediatric wards, and paediatric residents were completed. These modules covered topics such as adult MV and shock, blue code drugs, and PPE sessions with real PPE. Special attention was paid to training staff members from low-acuity fields who might later work in the PICU as a result of medical staff members' illnesses or an increase in the number of available beds (general practitioners).
- Healthcare professionals working in intensive care units (ICUs) are more likely to contract the coronavirus disease 2019 (COVID-19) due to a lack of personal protective equipment (PPE), prolonged contact with infected patients, increased workload, and an increase in aerosol-generating procedures (AGPs), among other factors. According to our initial survey, PPE preparedness—defined as following rules, training HCWs, buying PPE supplies, and acting correctly in times of suspicion—is essential for protecting HCWs against illnesses.
- Regular equipment: One benefit of having a PICU in a regular hospital is that adult patients can receive care from auxiliary services including radiography, speech therapy, and occupational therapy. Additionally, there are clinical supplies including central catheters, mechanical ventilator circuits, and endotracheal tubes available.

#### Regarding Credentialing:

- The COVID-19 pandemic's burden on healthcare workers exacerbates already severe levels of burnout and psychiatric problems. Emotional tiredness, a sense of diminishing personal connection to patients, and a diminished sense of personal accomplishment are all signs of professional burnout in healthcare practitioners. In some contexts, the prevalence of acute emotional weariness was estimated to be as high as 50% prior to the pandemic. Compared to the overall population, there were also increased rates of depression and suicide.

- National Health Ministry issued a special decree granting powers to paediatricians and paediatric intensivists to oversee medical care for COVID-19 patients of any age. Our department's philosophy was that paediatric intensivist qualifications were expanded to include caring for COVID-19 adult patients who were severely unwell. For intermediate care patients (those who didn't need MV), general practitioners were also covered under the same restrictions. For COVID-19 adult critical care patients, the qualifications of paediatric respiratory therapists and paediatric intensive care nurses were fully expanded. Additionally, general nurses' and respiratory therapists' credentials were awarded following brief training and oversight by licenced nurses. (Figure 1)

#### Organisation for protecting adults:

- When compared to younger patients, older hypertension patients had approximately twice the prevalence of depression.
- Older widowed hypertensives, those who did not practise a religion, and those who gave a poor rating to their health were more likely to experience depression.
- The rate of depression was considerably higher among hypertensive patients who led unhealthy lifestyles and were unemployed.
- Comprehensive care plans at our medical facilities that offer patients with hypertension psychological support may reduce the risk of depression and enhance patients' general health.
- Progressively more beds were added to the COVID-19 unit. In order to accommodate 10 ventilated COVID-19 patients for two weeks, the remodelled anaesthesia recovery facility included an open-concept bed configuration. The changeover was initially anticipated to last only a short while—2–3 weeks—until new critical care units could be opened to accommodate the estimated total amount of space needed. As admissions across the country skyrocketed, it became clear that we could not return to caring for children, and furthermore, an expansion was urgently required for crucial COVID-19 cases owing to a serious bed shortage. For two weeks, we were on a geriatric unit that had been modified, and for that time, we had 23 critical beds (15 MV) available [10].
- Decrease in bed capacity: 11 weeks later, we returned to our original location and turned over control of our COVID-19 critical care unit to an adult critical care team. We spent three weeks operating as a 7-bed adult critical COVID-19 unit back in our unit.
- Re-conversion to paediatric care: Twenty weeks after our first adult admission, we hospitalised two critically sick children with complex diseases once more, and over the course of two weeks, we gradually released post-COVID-19 adults to intermediate care.

### Discussion

According to this study, EtCO<sub>2</sub>, SpO<sub>2</sub>, RR, and HR were unaffected by wearing a protective face mask underneath or on top of the OxyMask

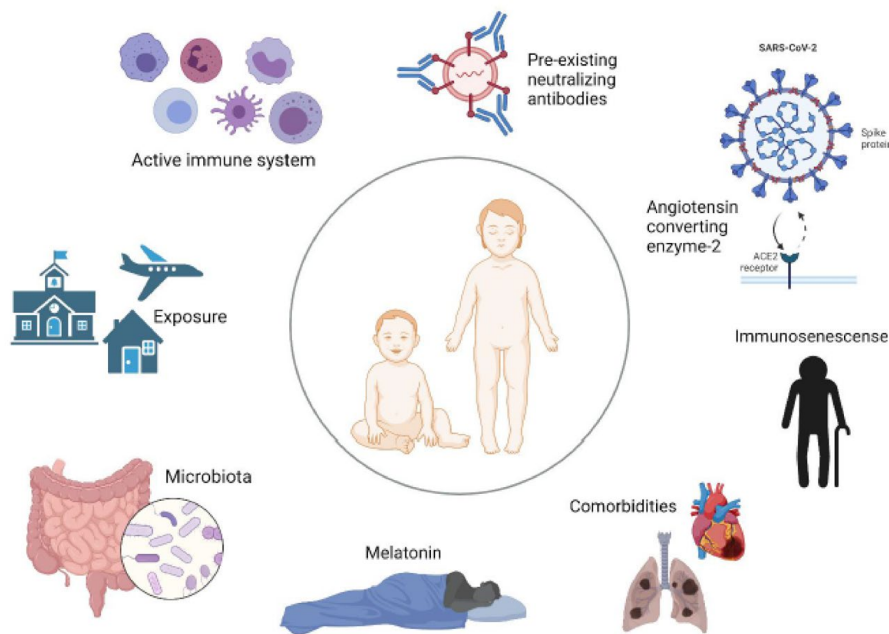


Figure 1: Aspects that are suggested to prevent severe paediatric COVID-19.

in the PACU. Additionally, each value fell within the paediatric age group's normal range. The EtCO<sub>2</sub> readings considerably dropped in both groups during the initial 30 minutes of the follow-up in the PACU, despite the fact that there was no difference in EtCO<sub>2</sub> means in the intergroup comparison. This decline can be brought on by the patient's increased muscle strength during the healing process and the respiratory parameters reaching their physiological limits. Although the P-values began to approach significance at 15 to 30 minutes and 30 to 45 minutes, the group effect on the tendency for a reduction in EtCO<sub>2</sub> over time was not statistically significant. Nonetheless, this effect might become apparent later.

The participants wanted to be more active in the change from the ICU. Transitions can be difficult, and better planning is required, as was previously mentioned. If at all feasible, family members should be present throughout the transition. Information should also be provided in writing. A patient, family, and staff conference should also take place before the change to help ease the move for patients and family members. It was interestingly noted that regular units would have particular difficulties due to a lack of information and communication. Therefore, issues with leaving the ICU cannot be resolved alone in the ICU; rather, it may be best to work more closely with the ordinary units.

## Conclusion

We have demonstrated that the early postoperative phase does not result in detrimental alterations to respiratory and hemodynamic parameters when paediatric patients are wearing protective surgical face masks. Protective surgical face masks for paediatric patients aged 3 to 10 years can be used safely during surgery during the COVID-19 pandemic.

## Acknowledgement

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