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Surgical Nursing In Coronavirus Pandemia

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Abstract

Coronavirus disease is spreading rapidly all over the world and country managers and researchers, especially healthcare professionals, create various policies and procedures in order to prevent the recurrence of this disease, which is applied in appropriate waves and is rapidly spreading in waves. The surgical nurse is responsible for the preparation of the patient who will be operated on for preoperative surgery, care and preparation during the operation, postoperative intensive care or clinic. In all these processes, the surgical nurse, who is a member of the surgical team, must accept the patients as infected and intervene accordingly. It is necessary to conduct a coronavirus test at regular intervals of the surgical team that provides care and treatment for patients who have positive coronavirus test, to ensure their work with personnel protective equipment, and to minimize equipment shortage, and to update the care and treatment of patients who have positive coronavirus test with in-service training. Joint protocols should be determined to discharge patients with positive coronavirus tests without any risk for both the surgical team and other patients in the hospital. The purpose of this article, which is compiled based on all these literature information, is to contribute to the roles and responsibilities of the surgical nurse in the pandemic process.

Introduction

Coronavirus disease first appeared in Wuhan, China, in 2019 and was declared as an “international public health emergency” by the World Health Organization on January 30, 2020 [1, 2]. Coronavirus disease is spreading rapidly all over the world, and especially healthcare professionals, country administrators and researchers are establishing various policies and procedures to apply appropriate treatment and prevent the recurrence of this rapidly spreading disease [3].

As the world approaches the end of July 2020, the number of coronavirus cases exceeded 16.7 million and the loss of life from the coronavirus exceeded 660 thousand [4]. In Turkey, approaching the end of July 2020 the number of cases in the history of coronavirus 227 thousand, coronavirus-induced loss of life has exceeded five thousand [5]. Symptoms appear in an average of 12-13 days in patients infected with the coronavirus. For this reason, it is emphasized that in order to reduce the risk of transmission of the patient and healthcare professionals, elective operations of patients infected with the coronavirus should be postponed and only emergency surgeries such as cardiac surgery, cancer and trauma should be performed [6].

In the surgical team of the patient is assistant, operating room nurse, anesthesiologist, anesthesia technician and auxiliary staff. The surgical nurse is responsible for the preoperative preparation of the patient to be operated, care and preparation during the surgery, postoperative intensive care or clinical care. In all these processes, the surgical nurse, who is a member of the surgical team, should consider patients as infected and intervene accordingly [7]. In order to be prepared for situations where the epidemic may increase even more during the pandemic process, it is necessary to undergo a restructuring process in surgical outpatient clinics, clinics and operating rooms, to make interdisciplinary communication planning and to review the priorities [8].

Individuals who apply to the hospital for emergency or elective surgery should be diagnosed with the coronavirus by applying a rapid diagnostic test as soon as possible and to the extent possible. In patients with positive coronavirus tests, communication with anesthesia and other surgical clinics should be carried out via electronic and digital systems as much as possible, the contact of infected patients with non-infected patients should be avoided, and surgical materials used in infected patients and operating theaters should be kept separate from clean patients. Surgical nurses caring for coronavirus patients should be kept separate from surgical nurses caring for other patients to minimize the risk of transmission in the hospital. In addition, it is recommended that physicians and surgical nurses who provide care and treatment to infected patients should not enter the living spaces of clean patients during this period. For this, it is recommended to prepare a rotating work list, if necessary, according to the working conditions of the institution [6]. The surgical team, who provides care and treatment to patients with positive coronavirus tests, and who undergoes surgery, should be tested at regular intervals and work with personnel protective equipment. In addition, equipment shortages should be minimized, and information regarding the care and treatment of patients who test positive for the coronavirus should be renewed with in-service training. The clothes, tools and equipment used in surgery should be collected and disposed of properly. It is important that a sketch of the pre-operative preparations, surgeries and post-operative care areas of patients who test positive for the coronavirus is placed on a panel in front of the employees, so that employee awareness will be provided. Surgical nurses should be trained in the correct and effective use of N 95 masks, which are widely used by healthcare professionals in our country as well as all over the world [9-11].

Result

As a result, with the World Health Organization declaring the coronavirus epidemic as a pandemic all over the world, changes have been made in the process of providing surgical services in the world and in our country. It is thought that it would be beneficial to create appropriate guidelines for hospitals to gather on a common ground. Common protocols should be determined for discharging patients with Corona Virus without creating risk for both the surgical team and other patients in the hospital. For this reason, this article, which was prepared on the basis of literature information, is thought to contribute to surgical nursing during the pandemic process.



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