

## Microbes and Infectious Diseases

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## **Continuous Medical Education Forum (CME from EB)**

## Continuous medical education activities; Case No. 2

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Keywords: COVID-19 Risk Infection control Recently, healthcare workers (HCWs) caring for patients with coronavirus disease 2019 (COVID-19) are exposed to an increased risk of viral infection. Five clinical scenarios are presented here. In each, a different risk exists:

Clinical Scenario No. 1. A 60 years old patient was admitted to the emergency room "ER" with radius and ulnar shaft fractures. He was eligible for surgical corrections. Routine preoperative chest X-ray raised a high clinical suspicion of COVID-19. the patient was isolated, COVID-19 is confirmed. In ER, the orthopedic surgeon was wearing a mask. In operating room "OR", the anesthetist was wearing a scrub only. The orthopedic surgeon was wearing a surgical mask, a sterile gown, and gloves (To be continued...).

Recently, healthcare workers (HCWs) caring for patients with coronavirus disease 2019 (COVID-19) are exposed to an increased risk of viral infection. Five clinical scenarios are presented here. In each, a different risk exists:

Clinical Scenario No. 1. A 60 years old patient was admitted to the emergency room "ER" with radius and ulnar shaft fractures. He was eligible for surgical corrections. Routine preoperative chest X-ray raised a high clinical suspicion of COVID-19. the patient was isolated, COVID-19 is confirmed. In ER, the orthopedic surgeon was wearing a mask. In operating room "OR", the anesthetist was wearing a scrub only. The orthopedic surgeon was wearing a surgical mask, a sterile gown, and gloves.

Clinical Scenario No.2. Pediatric resident doctors were

suspected as being COVID-19 patients and admitted at an isolation hospital. Their colleagues in gynecology and obstetrics "G/O" departments were in frequent contact with them during the two days preceding their admission. G/O residents were worried of catching SARS-CoV2 infection.

Clinical Scenario No.3. A patient underwent laparoscopic ERCP. Surgeons were putting on surgical gowns, surgical masks, and sterile gloves. During postoperative period, the patient was admitted to the intensive care unit. The X-ray revealed a high suspicion of COVID-19.

**Clinical Scenario No.4**. A recently graduated doctor (wearing a surgical mask) in his first shift in G/O outpatient clinic. The patient (with a cloth mask on her face) needed IUD insertion. After one day, he was informed that the patient was COVID-19.

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Clinical Scenario No.5. During his shift, the intensivist A [Wearing surgical mask, face-shield, gown and gloves] dealt with a patient "x" and intubated him. Three days later, the patient was diagnosed as COVID-19. During the same shift, the intensivist B [Wearing surgical mask, face-shield, gown and gloves] dealt with a patient "y" and intubated her. One day later, the patient was diagnosed as COVID-19.

In your opinion, for each of the five cases could you tell:

- **Q1-** Who is at risk?
- **Q2-** What is this risk category?
- Q3- What should the HCWs do after identifying the risk?

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