Sushruta Journal of Health Policy & Opinion

The Coronavirus Collective

How I overcame COVID-19 infection and went on to defeat the surge by working in Intensive Care

Priyanka M Lakhani MBChB MRCP

Curated by Triya Chakravorty (triya.chakravorty@queens.ox.ac.uk)

Keywords
COVID-19, Intensive care, Coronavirus Collective

Article Information
Submitted 07 Jun 2020
Published 11 Jul 2020

Full Text

It was the start of the pandemic, and we had very few cases in the UK. I work in Northwick Park Hospital, which was later to become the epicentre of the outbreak in London. In March, I developed a headache, dry cough, fever, and myalgia. I also noticed anosmia, now confirmed as a pathognomic feature of COVID-19.[1] I immediately sought help and I received an antigen test. I remember how uncomfortable the test was, especially the nasal aspect.

Three days later, self-isolating at home, I received a phone call – I had tested positive for COVID-19 PCR. My initial feeling was that of shock and surprise – I only knew of one other doctor in the hospital who had tested positive. I wondered how I had acquired it, but I am pretty sure it was nosocomial. I took the diagnosis seriously, measuring my oxygen saturation and temperature regularly at home. GPs from NHS 111 called me every 36 hours. Of course, this was early on in the crisis, little did we know how the situation would unfold.

After one week, I returned to work after clearance by occupational health. Although I was training in rheumatology, I was redeployed to intensive care! Duty called, and the patients needed my help. I did not have a second thought about going to ITU. I was one of 80 "surge" ICU SHOs. [2] I was saddened to see the impact of Covid-19; it reminded me of a war zone type situation that we regularly see on television, with numbers escalating rapidly.

I vividly remember my first day in ICU, which was a converted anaesthetic recovery ward. My role became more apparent: I had to adapt to do whatever was needed, whenever and wherever. I rapidly learned nursing roles included washing of patients, positioning, drawing up medication such as noradrenaline and propofol and documenting ICU charts. One thing is clear from this crisis – I could not have done my job or looked after patients without support from ICU nurses. The rapid rise in patients requiring ICU care meant that we had to transfer out stable patients to other hospitals, including NHS Nightingale.[2]

My emotions fluctuated daily. It was distressing to see so many patients die from Covid-19 without their loved ones by their side. But I also witnessed the joy of several tracheostomised COVID patients successfully weaned and stepped down to the ward, to be discharged home. End of life care needs to be done well, especially in ITU setting, to provide a dignified death. I was proud of my colleagues who set up an iPad video service to allow families to see their loved ones.

I noticed how the majority of patients I looked after were from BAME groups. Data shows that being a member of black or minority ethnic group (BAME) increases the risk of mortality from covid -19. [3] Ninety five percent of doctors who have died from COVID were BAME. [3] This was alarming to note, but I must state that all times I had full PPE available to me with good training and

support, which was reassuring. This experience has changed me forever. I am proud to be a member of the medical profession and the NHS. We became united to fight a common enemy and I saw at first hand the leadership shown by doctors in tackling the surge through service delivery, research and innovation, often beyond the call of duty and at personal risk to themselves and their families.

At around the same time, I received good news that I had been successful in gaining an ST3 training in number in my dream specialty – Rheumatology!

References

1. Lost or changed sense of smell [Internet]. nhs.uk. 2020 [accessed 4 June 2020]. https://www.nhs.uk/conditions/lost-or-changed-sense-smell

2. ICU surge capacity in a busy London district general hospital during the COVID-19 pandemic. Association of Anaesthetists [Internet]. Anaesthetists.org. 2020 [accessed 4 June 2020]. https://anaesthetists.org/Home/Resources-publications/COVID-19-guidance/ICU-surge-capacity-in-a-busy-London-district-general-hospital-during-the-COVID-19-pandemic

3. COVID-19: review of disparities in risks and outcomes [Internet]. GOV.UK. 2020 [accessed 4 June 2020]. https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes.

Conflict of Interest
None declared