COVID Case Studies
Case 1

- Patient in their 50s, BME background
- Psychotic disorder
- T2DM, Obesity
Case 2

• Patient in their 20s with first episode psychosis
• No PMH
• Developed dry cough
COVID Outreach
The Problem

• Not all COVID infections are symptomatic
• Many new admissions high risk for infection due to disinhibition/poor self-care
• Staff on the other wards were not confident to perform the swabbing
COVID Outreach Team

- Swabbing all asymptomatic inpatients
- Chasing the results
- Training the staff on other wards to swab
  - New admissions can now be swabbed by their own ward
Challenges

• False negatives
• Patients declining swabs
• Delays with results – external laboratories
Going forward

• Wards are now trained to perform their own swabs
• Clear processes in place for management of patients with suspected/confirmed COVID for possible 2nd wave
• All new admissions are swabbed for COVID-19