



# Mild COVID-19 Patients as Nursing Workers of the Serious COVID-19 Patients to Overcome the Shortage of Medical Materials When the Disease Worldwide Outbreak

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## Opinion

The virus which has been named “SARS-CoV-2” and the disease it causes has been named “Coronavirus Disease 2019” (abbreviated “COVID-19”) is an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in Wuhan City, Hubei Province, China since December 2019 and which has now been detected in 37 locations internationally. Person-to-person spread has been reported both China and outside China. Reported illnesses have ranged from mild to severe, including illness resulting in death.

Even though a large number of medical personnel have been mobilized from all over the country to help Hubei, there is still a lack of medical personnel, medical protective equipment and medical places. Mild patients are novel coronavirus pneumonia patients with mild symptoms. The mild cases in Wuhan account for 32%. The main treatment measures are isolation and oral medication. The proportion of severe patients in Wuhan is 4.7%, and the proportion of critically ill patients increases with age. Most of the patients with severe illness are old people, many of the work that need to be done by the nurses now because of lack of nursing workers, and the workload of nursing is heavy. In order to alleviate the above problems, it is suggested that mild cases (aged between 18 years and 60 years old, without basic diseases, persistent high fever, and mental disorders, with a PS score of 0) should take care of the self-rescue medical mode of the critical patients on the principle of voluntariness, implement the 4-h shift system, and return to the shelter hospital for isolation and oral drug treatment on the principle of proximity after the care. In addition, priority should be given to the patients who are transferred to the intensive care unit or their immediate family members. This method would firstly, greatly alleviate the shortage of medical staff and medical protective articles; secondly reduce the infection rate of medical staff; realize the sharing of care workers and the reasonable and fair distribution of medical resources which finally effectively shorten the time of epidemic control.

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