

Short Communication

General Measures of Telemedicine in the Outpatient Department, a Response to the Global Crisis

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The pandemic COVID-19 has introduced a huge burden to the healthcare sector over the globe. By conventional in-person hospital visits, it has brought immense danger to both patients and health services providers in this time. For all the subspecialties outpatient departments, telemedicine has opened a door to protect from the expulsive COVID-19. Telemedicine is shutting the physical distance between doctors and patients by connecting them virtually. For the outpatient visits, numerous patients and doctors went to telemedicine; since it keeps patients and suppliers connected efficiently while maintaining a healthy physical distance. This global pandemic causes extreme diseases like respiratory diseases that even lead to death (Zhou F et al.). Since social distancing has been constrained the country over, various specialists have obtained telemedicine for certain outpatient visits. The spreading of COVID-19 may play a major role to get infected during outpatient management. This letter discussed telemedicine in the outpatient department during the COVID-19 period.

The undeniable benefit of telemedicine visits during the COVID-19 pandemic is the ability to continue services in a protected manner which reduces the danger of the infection being transmitted. COVID-19 spreads through the air, which may play an important role in infecting people during outpatient management. Proper ventilation systems, proper air conditioning, adequate

room space, quality PPE availability, adequate hand sanitizer, and proper disposal management systems also play a major role in preventing infection with COVID-19. As of now, doctors are readily accessing clinical assets via mobile phones. In middle-income countries, local guidelines, and resource distribution in outpatient departments changed the patient flow management in hospitals. It is of great concern that healthcare professionals with insufficient personal protective equipment are becoming more contaminated during face-to-face registration or due to the generation of aerosols in the waiting room of the hospital (Ng K et al.). It is not always possible to use all screening methods for asymptomatic patients in the outpatient department, especially in countries with low resources. In this current alarming time, the clinic visits are very unsafe (Basil GW et al.). The pandemic has rapidly accepted the telemedicine administrations in the human services frameworks (Mann DM et al.). Telemedicine applications are used in low-paying nations and locations with the appropriate establishment to connect human administration providers with specialists. It can support typically underserved situations because it overcomes separation and time limitations between doctors and patients. Resource distribution in the COVID-19 period should be based on six principles: optimizing health benefits; prioritizing health workers; not allocating first-come-first-served bases; adapting to evidence-based medicine; and applying the same approach to all COVID-19 and non-COVID-19 patients.

In Egypt, telemedicine ventures face a lot of challenges with almost no distributions about applied experiences (Hussein R et al.). Facilities around the globe are being adjusted to the novel coronavirus 2019 pandemic utilizing telemedicine to serve the necessities of their patients. The evident benefit of telemedicine visits during the COVID-19 pandemic is the ability to continue treatments in an ensured way that reduces the risk of transmission of the contamination.

Some patients need appropriate history taking, clinical assessment intently, assessment of previous records, and designation of another treatment plan that builds a lot of presentation time. For some physically disabled patients, some additional time may be needed and at these instances, social separating around 2 meters and presentation time under 10 minutes can't be kept up precisely (Tsermoulas G). For any individual patient, the suspension of proper intervention sometimes can lead to severe problems and even demise. COVID-19 necessitates that doctors balance the needs of patients experiencing severe maladies, with the need to apportion medical clinic assets. Correspondence with the patients by telephone has helped to reduce pointless visits, distinguish inconveniences early, and react rapidly to crises. This is a fact that doctors now get numerous calls about non-urgent issues that could be talked about later using telemedicine visits. But it builds a level of disappointment among healthcare workers that the patients call doctors whenever they need (Gogia SB et al.). By instructing the patients about the potential difficulties of the fact, this problem might get overcome.

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