

APPROACH TO POSITIVE COVID-19 PATIENTS IN CARE WITHIN THE FAMILY STRATEGY

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Abstract: The work on screen seeks to address the multidisciplinary role played by health professionals in the Family Health Strategy, glimpsing the worrying reality triggered by the COVID-19 pandemic that has become a global challenge. In order to comply with the proposal, research was carried out in the Virtual Health Library with pairs crossings. Fundamentals and data were also sought in various virtual libraries, focusing on works produced between the years 2009 and 2022. Finally, it was possible to observe effective measures of reception and treatment of patients fulfilling the objectives proposed by Primary Care and adapting to the new reality required by the pandemic caused by SARs-CoV-2.

Keywords: Coronavirus infections. Primary Health Care. Family Health Strategy. Family and Community Medicine.

INTRODUCTION

The Family Health Strategy (ESF) is considered the gateway to the Unified Health System - SUS. The patient must seek health care through the ESFs, in which the operation of Primary Care is organized, with proposals for measures that seek to promote health, prevent diseases, diagnosis (especially early), ideal treatment. for each case and rapid rehabilitation, advocating meeting the principles of the SUS (Unified Health System).

Given such importance and relevance of the SUS, the COVID-19 pandemic brought a series of challenges to the pre-existing model of organization of the ESFs, as professionals had to increasingly cover the patient in a general context, including people who surround them and the environment in which it is inserted.

THEORETICAL FOUNDATION

At the end of 2019, in the city of Wuhan in China, several cases of respiratory infections caused by a new highly transmissible virus

called SARS-CoV-2 (severe acute respiratory syndrome coronavirus) were identified. In Brazilian territory, the first cases were reported to the Ministry of Health - MS, at the end of February 2020, diagnosed in patients who were returning from international trips from countries such as China, France and Italy, for example. In a short period of time, the Ministry of Health received records of internal transmission within the country, starting in the cities of São Paulo and, later, in Rio de Janeiro.

Infections caused by this virus are acquired by the transmission of droplets, mainly from coughing and/or sneezing, and may occur through direct contact between patients or through indirect contact. When in contact with contaminated surfaces, the virus reaches the upper respiratory tract. The syndrome can progress to more serious manifestations, such as pneumonia and bronchiolitis, putting the patient at a potential risk of life.

As a result of this phenomenon, the ESFs played a key role in health promotion in the pandemic context, addressing issues related to: physical, mental, nutritional and dental health, especially during the period of social isolation.

METHODOLOGY

The present work consists of a qualitative literature review that sought to address results found in research about the work of the Family Health Strategy and the care in the face of the pandemic reality of COVID-19, whether in a comprehensive, orderly or systematic way. To carry out the work, the following steps were followed:

- 1) Selection of the corresponding themes;
- 2) Selection of samples found and used;
- 3) Analysis of the characteristics of the original research;
- 4) Analysis of the results obtained;
- 5) Conducting the review.

The databases of scientific literature and techniques used in carrying out the review were Google Scholar, Scientific Electronic Library Online (SciELO), Virtual Health Library, Latin American and Caribbean Literature on Health Sciences (LILACS), using the following search engines: “COVID-19”, “COVID in primary care” and “Coronavirus infections”.

Thus, the present work seeks not only to analyze the interface of the involvement by COVID-19, but also to highlight the various contents on the subject in question, aiming to shed light on an educational path, clarifying possible ways to treat COVID-19 by linking the Family and Community Medicine.

RESULTS AND DISCUSSIONS

At the beginning of the year 2020, when the virus arrived in Brazil. The country was not prepared to face the disease, as well as other nations, given the number of peripheries present in Brazil. The difficulty of coping was aggravated by the lack of preparation of several professionals for such a situation, in-depth ignorance of the virus and the high degree of social discrepancy that exists in Brazil. This reality caused a worrying and dark situation, increasing the severity of the pandemic.

COVID-19 is a syndrome caused by the respective virus, given directly or indirectly between patients or contaminated surfaces. The incubation period of the virus after contamination is, on average, 3 to 5 days, with situations that lasted up to 14 days, causing various symptoms, ranging from the mildest to the most severe.

As mild symptoms, there are reports of fever, dry cough, myalgia, headache, diarrhea, sore throat. There were other symptoms, namely: dyspnea, anosmia, cacosmia, hypogeusia, ageusia and dysgeusia. In more severe reports, there may be respiratory distress syndrome and even the need for care

in intensive care units.

Due to its wide variety of symptoms, COVID-19 is characterized as a public health problem due to possible confusion with other diseases. In this context, the Family Health Strategy (ESF) is configured as the gateway to the Unified Health System (SUS), that is, the first contact of the individual with the health service, being, initially, highly sought after by patients who felt symptoms of COVID-19, but were not yet diagnosed.

In Brazil and in several other countries where the SARs-CoV-2 situation has become critical, some viral containment measures were adopted, such as closing universities, airports, schools, shopping malls, reducing the circulation of bus lines. intercity and interstate, associated with the closing of other places that could stimulate agglomerations of people.

With the spread of the COVID-19 virus, certain health care demands emerged, mainly due to the new epidemiological reality caused by the pandemic. Thus, the multidisciplinary work of different fronts within the health area has become increasingly integrated, acting in a gradually more critical, reflective, creative and humanized way. To this end, incipient health professionals in the labor market are increasingly prepared for “whatever comes and goes”, in order to know how to deal with the different complications that may arise throughout their professional life.

In order to deal with COVID-19, respecting the principles of equity, the Brazilian population had to deal with several issues, even considered a taboo in public health, such as sociodemographic differences. It was also necessary to change the health policy in the public sphere, with the elaboration and respect of health protocols, with the aim of promoting health for all, trying to mitigate the differences between different realities that may exist.

For the treatment of COVID-19,

health professionals must understand the mechanism of action of the virus and viral transmission, the forms of contagion, the social proportion that the phenomenon can cause, the psychological and financial damage that can occur, associating promoting health, preventing the condition and not spreading it.

Health professionals, including doctors, nurses, nutritionists and psychologists, develop technical skills increasingly focused on humanized care, addressing every reality in which they are inserted, since patients are human beings from different contexts. These victims of the pandemic had not only their physical health affected, but also their mental health, in which many developed psychiatric disorders, eating disorders and losses in their personal and financial spheres.

It is worth mentioning that the integral body that works in the Family Health Team (ESF) is composed of 01 doctor (generalist or specialist in Family and Community Health), 01 nurse (generalist or specialist in Family and Community Health), 01 surgeon-dentist (generalist or specialist in Family and Community Health), 01 psychologist, 01 nursing technician or assistant, 01 oral health technician and community health agents.

Faced with this sudden change in reality, the Primary Care provided in the Health and Family Strategy had to undergo a series of adaptations. Therefore, the ESF reorganized itself to the point of addressing the different social realities found in Brazil and the needs that were required by the pandemic period.

The great damage caused by COVID-19 made Brazilian public health adapt to increasingly meet the needs of patients, working more and more on “seeing, “acting” and “feeling”. There was, therefore, a change in reality, taking more care of individuals and giving them security, seeking to treat the patient in their social context, not just with an individual apart.

The measures adopted in the face of the pandemic context sought to organize the ESF in the best possible way, serving patients with care and complying with the health actions proposed by the Strategy. To the patient with COVID-19, a humanized care must be spent, listening to what he has to say, analyzing his signs and symptoms, guiding in the proper way and forwarding to the respective responsible fronts, according to the severity of each case. In addition, health education must be promoted, establishing a multidisciplinary work among the professionals of the unit that are necessary.

The entire ESF team above must jointly track and monitor infected people, as well as close people who had contact with the patient with a positive diagnosis. When carrying out this process, professionals must guide the establishment of social isolation, recommended by the World Health Organization (WHO). To this end, the patient with a positive diagnosis must avoid contact with people domiciled together and community contacts, reducing contagions, following the following measure:

- Asymptomatic patients with 5 days of diagnosis by viral test (antigen or PCR): repeat the test. If negative, released from isolation. If positive, prolong the isolation.
- Asymptomatic patients with 7 days of diagnosis by viral test (antigen or PCR): It is not necessary to repeat the exam, being released for contact with the community.
- Symptomatic patients with 7 days of diagnosis by viral test (antigen or PCR): A new viral test must be performed. If it is negative, the patient is released from social isolation. If positive, isolation must be maintained.
- Asymptomatic patients with 10 days of diagnosis by viral test (antigen or

PCR): It is not necessary to repeat the exam, being released for contact with the community.

- Symptomatic patients with 10 days of diagnosis by viral test (antigen or PCR): the responsible medical team must assess the need to prolong social isolation for up to 20 days, analyzing the patient's respective signs and symptoms.

ESF professionals must be aware and constantly updated on COVID prevention, treatment and diagnosis measures, as well as the way to treat each patient who obtains a positive diagnosis, providing the ideal care for each type of patient and their respective needs.

FINAL CONSIDERATIONS

In view of the above, the importance of multidisciplinary work, carried out in Primary Care in the Family Health Strategy (ESF), is drawn up, developing care with the patient as a social individual. The patient cannot be given care that considers him as a unique and isolated being. A broad approach, addressing it as a whole, is essential, especially when it comes to COVID-19.

In this context, it is extremely important that the ESF provides the population with effective care, performed by professionals trained to work in Primary Care in order to adopt measures, such as health education. Also noteworthy is the need to pay attention to the signs and symptoms presented by the patient and refer him, if necessary, to the responsible health unit.

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