

The Importance of Continued Primary Carer Input for Down's Syndrome Inpatients' Wellbeing During the COVID-19 Pandemic: A Case Report

1. Introduction

The COVID-19 pandemic has resulted in limitations of hospital visitations and we report a case that highlights the consequent disadvantages, with consideration to the Islamic guidance.

2. Background

A 45-year-old, Pakistani female with a history of Down's Syndrome and end stage renal failure presented with necrosis following infection of a left leg loop graft. Removal of the graft resulted in intraoperative bleeding and Intensive Care Unit admittance, with visits permitted from her mother (primary carer) and sister.

When discharged to an inpatient ward, COVID-19 restrictions resulted in prohibition of carer visiting for 3 days. To overcome this, the patient was put on a safeguarding list.

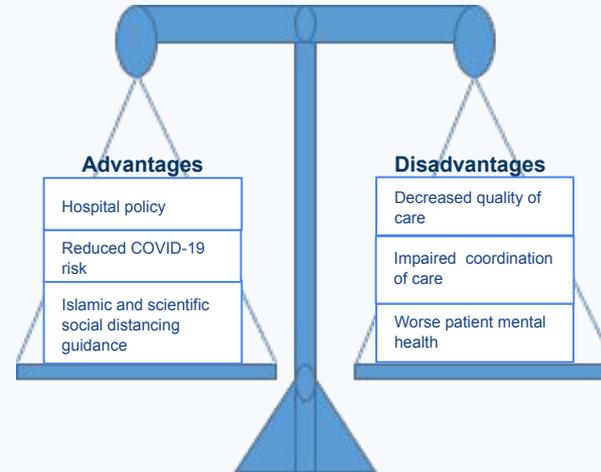
4. Recommendations

- Increase vigilance and awareness of signs of deteriorating mental health in inpatients with Down's Syndrome
- Identify and consider patients with complex needs to be on a safeguarding list to avoid isolation
- Educate patients and families about the risks of COVID from hospital visits, particularly in BAME groups
- Educate healthcare workers about culturally and religiously driven expectations of patients and families in a multicultural society so they may manage these sensitively

References

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Reasons for and against hospital visitations



M. Ahmad¹, A. Hinchcliffe², J. Delaney³, S. Ahmed⁴

^{1,2,3}Newcastle University, ⁴South Tyneside and Sunderland NHS Trust

3. Discussion

The days without carer visits were documented to have a negative impact on the patient's health, as demonstrated by loss of compliance with medication and rapid decline in mood. A stark improvement in these was seen once visitations were resumed.

This is an example of the improved quality of care that can be provided when family members are present as more than visitors, but as partners of care. Muslim patients, as in this case, may present with extended family support units however, scientific guidance advises social distancing¹ and this Hadith can be interpreted as supporting such prevention of disease². This must be considered, alongside the increased COVID-19 related mortality amongst south asians³

The benefits of continued carer support during hospital admissions have been well documented⁴ and this case demonstrates the complexities of simultaneously managing patients' wellbeing, family expectations and public safety. It also emphasises the need to protect the mental health of patients with Down's Syndrome, who are already at increased risk of suffering mental health issues⁵, particularly during the COVID-19 pandemic⁶.

Patient care should carry heavy weighting when making difficult clinical decisions such as these.