REMOTE MANAGEMENT OF COVID-19

Remote management of covid-19: we could do more, more widely

Andrew J Ashworth GP and occupational physician

Greenhalgh and colleagues’ useful guidance¹ on the remote management of covid-19 using home pulse oximetry and virtual ward support might further be improved by embracing new technology and thinking.

Provision of suitable pulse oximeters to patients in their homes could easily be organised with a firm such as Amazon (decent negotiators would organise a no-profit arrangement with good PR for the company) and might also include home sphygmomanometry. Pulse might also be collected and included as a clinical indicator that the body is working too hard to maintain PaO₂ and so may quickly convert fatigue to hyperaemia. Many, perhaps most, of the over 64 target group have access to smart phone apps, such as WhatsApp, that permit video assessment and therefore collection of data on variables such as respiratory rate.

The alleged concern that oximetry may lead to an increase in anxiety, and that monitoring should be stopped in those cases, ignores the polyvagal theory of anxiety.² This theory implies that heightened anxiety could be an indication of interoception, reflecting increased visceral sympathetic drive and, therefore, a red flag for deterioration.

The guidance provided in this paper for covid-19 might be applied in other conditions and even postoperatively to provide an intermediate service between primary and secondary care.

Competing interests: I carry out private medical assessments using a combination of questionnaire data on a secure website and video consultation using home sphygmomanometry.