

Essential Health Care: A Strategic Weapon in the Fight Against the Coronavirus

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Short Communication

In a circumstance of wellbeing and social emergency, for example, the one we are encountering due to the Covid pandemic, the wellbeing frameworks of the apparent multitude of nations where it influences are being tried, and in Spain with a united PHC we are having the test, which was absent in the other influenced nations beforehand (China, Italy, South Korea) who didn't have a framework like our own, as they didn't have an organized essential consideration organization.

It was assessed that over 80% of COVID-19 patients build up a gentle or simple symptom, roughly 14% a genuine symptom requiring hospitalization, and 5% expect admission to an emergency unit. In extreme cases, it very well may be confounded by intense respiratory misery condition (SARS), sepsis and septic shock, kidney disappointment, and heart inclusion. Progressed age and comorbidity (particularly cardiovascular illness, diabetes and COPD) are hazard factors for seriousness and passing. Therefore, we should confront it contrastingly to have a superior administration of the circumstance. The principal level of care accepts wellbeing accountability, which infers:

1. Goal limit: Interdisciplinary groups that assurance admittance to quality administrations.
2. Information on the populace: Health needs and singularities (financial portrayal, social significance, specific dangers and defensive elements).
3. Information on the region: Community elements, dangers and assets.
4. Early distinguishing proof and danger order (individual, family and network) and care procedures: Care plans, case the executives, self-improvement, among others.

To do list centers must be redesigned:

- Trousers at the entryway of the Center with a hospital that order respiratory side effects and send those patients,
- A respiratory emergency discussion (with specialists with stricter insurance measures, PPE that are obvious by their nonattendance)
- Other discussions with your family specialist as well as attendant are helped with a careful cover, assessment gloves, continuous hand washing and cleaning with 1:10 sodium hypochlorite on the table and console a few times in interview with window opening each 3 or 4 patients. For constant patients with some crisis because of decompensation of their pathology as well as routine treatment.
- And others at home, realizing that they are constrained by their PCP as well as medical caretaker who will take care of them by phone.

In all focuses, it is important to set up a respiratory interview with sufficient individual security, have PPE for homes with respiratory doubt (significant in Primary Care given that the most wellbeing laborers are influenced and expired is at this level), and improve step by step the administration of phone interest, a phone channel has just been set up by the Health Service Management that channels a medical attendant and is alluding her PCP or potentially medical caretaker to settle the remainder of the critical vis-à-vis pathologies that are normally settled in essential consideration.

Luckily, the clinical staff is remarkable and more in crisis cases that do something extraordinary for themselves, in spite of the afflictions of seeing partners who are falling with COVID-19 positive and even suggestive, yet at the same time the groups stroll a similar way. Who have great inner correspondence, when the work leaves, educational gatherings are held to survey what has been done and to keep progressing?

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