**Corona Virus Self Care Recommendations for Our Neighborhood**

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Hello,

My name is Andrea Packard, and I am a Registered Respiratory Therapist at Albany General Hospital here in Albany Oregon. I've been thinking about what I could do for my community that would enable them to best take care of themselves outside the hospital, and how to determine when we should ask for help. So, I decided to create this document. Take or leave the information as you like. This flier contains information I've used in my own experience and have collected from RTs and Physicians that are 20+ years seasoned in this business.

**General Information**

1. If you have just a runny nose and sputum (junk from your lungs), you have a common cold

2. Coronavirus pneumonia is a **dry** cough with no runny nose. Some have experienced a runny nose in the beginning, but it goes away. Most think it is due to allergies.

3. This new virus is not heat-resistant and will be killed by a temperature of just 80.6°F. It hates the Sun.

4. If someone sneezes with it, it takes about 10 feet before it drops to the ground and is no longer airborne. In a closed room, aerosolized particles can stay suspended for up to 3 hours. This is why it is important for anyone suspected of having this, separate themselves away from the rest of the family, preferably in a closed room with access to their own bathroom. If not, all surfaces and high-touch areas should be wiped down before leaving, to protect others, and mask should be worn if possible. If not, avoid coughing when out of room if possible.

5. If it drops on a metal surface it will live for at least 12 hours - so if you come into contact with any metal surface - wash your hands as soon as you can with a bacterial soap.

6. On fabric it can survive for 6-12 hours. normal laundry detergent will kill it.

7. Drinking warm water is effective for all viruses. **Try not to drink liquids with ice!**

8. Wash your hands frequently as the virus can only live on your hands for 5-10 minutes, but - a lot can happen during that time - you can rub your eyes, pick your nose unwittingly and so on.

9. You should also gargle as a prevention. A simple solution of 1/2 tsp salt in 8oz warm water will suffice. Gargle 2xs a day without symptoms, 5xs a day while symptoms persist. You can also use Mucinex. Mucinex is designed to move accumulation of mucous out of the lungs, which is primarily what happens in pneumonia. Drink LOTS of Water, or Mucinex won't work!

10. Can't emphasize enough - **DRINK PLENTY OF WATER!!!** Water thins the mucous so it can move up and be coughed out of the airway easier.

***You MUST COUGH!***

Coughing is the best thing you can do. Even if it hurts, and you're tired, **DO IT!** We do this in the hospital, it is called pulmonary toilet, and yes, I've yelled at patients to do it. Because I know it is saving their life. **Now is NOT the time to be a WOOSE!!**

11. You can try laying on one side for a while, then coughing. Switch sides and do the same. We call this postural drainage.

12. You can also try boiling a pot of water and putting some citrus peel in it, put a towel over your head

and inhale the steam. This should help thin and loosen mucous as well.

13. DO NOT TAKE Ibuprofen for fever. Take Tylenol.

There is an idea currently circulating that ibuprophen increases the number of ACE2 receptors, which are found in lung tissue among other places, and this is the receptor the virus attaches to. I don't care what WHO and CDC recommendations are, this is information from friends on the ground back east in New York. Just play it safe to be safe right now and go with Tylenol. (03/25/2020)

14. Take at least 25 mcg of Vitamin D3. Our systems are depleted of Vitamin D3 during the winter months due to lack of sun exposure. Get it naturally by spending at least 20 minutes in the sun daily. Vitamin D3 aids in replacement and repair of the epithelial cells (top layer of tissue) on the inside of the lungs.

**THE SYMPTOMS**

1. It will first infect the throat, so you'll have a sore throat lasting 3/4 days, like I said before, some experience a runny nose that resolves.

2. The virus blends into the nasal fluid that enters the trachea and then the lungs, this is what causes pneumonia. This happens around days 5-6.

3. With the pneumonia comes high fever and difficulty in breathing. **If fever cannot be managed to stay 102°F and below with fever reducing medication and cold bath, Call Your Physician.**

4. The nasal congestion is not like the normal kind. You feel like you're drowning. **If you're experiencing this kind of shortness of breath, it's imperative you then seek immediate medical attention**.

**Signs/Symptoms of Oxygen Deprivation**

1. Pale, purplish or bluish tinge to skin. Some may see this in their nailbeds on a regular basis, confirm with pale skin, and look at the lips.

2. Increased heart rate. This happens with fever, and also in low oxygen, it is the body's natural mechanism to pass more blood through the lungs in order to pick up more oxygen.

**IT IS A GOOD IDEA TO KNOW WHAT YOUR HEART RATE AND RESPIRATORY RATE ARE AT BASELINE WHILE YOU ARE WELL.**

**Normal Heart rate = 50-100**

**Normal Respiratory Rate = 14-20**

**(**these values are for adults)

These are measured by beats per minute, and breaths per minute respectively.

3. Confusion is another symptom.

4. Increased respiratory rate, due to shortness of breath. Again, the body's natural mechanism, attemption to bring in more oxygen.

5. Some experience tingling in the extremities.

**Comorbidities that increase your chances of acquiring this virus**

-**Smoking** (this paralyzes and destroys the cilia, microscopic hairs constantly moving mucous up and out of your respiratory tract)

-**Hypertension** (simply put, taxes the body, and in turn lowers immune robustness)

**-Autoimmune diseases** (decreasing the strength of the immune system and patient simply cannot recover because immune defense simply isn't strong enough)

-**Cancer/chemotherapy medications** (chemotherapy medications suppress the immune system. Chemotherapy suppresses the ability of cells to reproduce. Chemo suppresses reproduction of normal cells too. This why most chemotherapy patients become nauseated, because the stomach lining is unable to replace cells. Also why patient's skin eventually appears dry, hair loss, and other symptoms not as apparent.

-**Asthma and COPD** (simply because the respiratory system is already compromised with these diseases)

**-Obesity** (there is a lot of inflammation associated with obesity, inflammation is an immune system response, this taxing the immune system. Anything taxing the immune system, increases your chances of acquiring this, because you don't have a "full deck" to work with going into this.)

**About Mask Use**

And finally, a word on mask use.

This virus is what's called a droplet transmission virus.

**Droplet/Surgical** masks are only good for blocking droplets. The only way you would be close enough for droplets to hit you, is if you're standing less than 6ft away from someone that is coughing in your direction.

What they ARE good for, as far as the public is concerned, is if someone already sick wears it, to prevent their sputum and particulate droplets traveling that distance of 6 ft.

This is Not an airborne virus. Airborne viruses such as TB, chicken pox, shingles, and measles are airborne viruses. This means particulate size is small enough to travel on air currents. This is not the case with COVID-19.

**THE ONLY PLACE N95s are Mandatorily needed is in the health care setting.**

**Why? Here's why.**

When I nebulize a breathing treatment for someone in the hospital, nebulizers aerosolize medicine. The virus hitchhikes on the aerosolized particles and is blown out into the air through exhalation ports on the nebulizer. At this point I am Exposed without an N95 over my mouth and nose, and my eyes shielded or sealed off from these particulates now floating in the air.

There are several pieces of equipment that I work with, that aerosolize air from the patient's airway, into the air I can't escape from when I have to be in the room with them.

You, outside the hospital will never be in a situation where you'll be exposed in this way while out in public.

If you have N95s, the **most humanitarian thing you could ever do at this very moment, is donate any N95s you can get your hands on** to your local hospital. They will not turn you away!

I hope this information proves helpful, and allays your worry of airborne transmission of this virus.

As everyone else has been saying, WASH HANDS, DON'T TOUCH EYES, NOSE, or MOUTH without washing first. Leave shoes outside, strip clothing directly into washer, wash your hands and head straight to the shower as soon as you come back from being out in public.

This is exactly what I do when I come home.

A good source of information, unbiased by politics:

-Dr John Campbell on YouTube (he is doing this for free, no money is being made from his videos!)

He is a nurse with a doctoral degree in the UK. He discusses how to measure your own vitals, and is a wealth of information on current numbers, how the body works to combat this virus and things you can do to boost it and protect yourself. Even has a video on how the immune system works if you're nerdy enough to be interested.

Currently, all hospitals are able to do for you is provide supplemental oxygen if needed, manage with fluids to flush this thing out as fast as possible, put you on a ventilator and manage your breathing for you (maximizing oxygenation, the best we can with what you have going on; healthier lungs stand the best chance!), keep you comfortable with fever reducing medications, and perform pulmonary toilet (which you can do yourself at home). Unless me yelling at you in the hospital to do it for extra $ helps you.

Please take this information seriously...

It could very well save your life.

**Samaritan Hospitals General COVID-19 CALL CENTER**

**541 - 451 - SICK (7425)**