Providing Medical Services Online to Children With Chronic Kidney Disease During the COVID-19 Pandemic

The coronavirus disease 19 (COVID-19) pandemic has thrown up unprecedented challenges for child care the world over [1-3]. In Kerala, government policy entails that children below 10 years are not allowed in public spaces. As government hospitals are handling the majority of COVID-19 cases, child-care areas and child-care professionals in these hospitals have been diverted to adult healthcare.

Thus, children with chronic kidney disease, who require regular follow-up, have been badly impacted. Being immunosuppressed, both due to the inherent nature of their disease, as well as their medications, they cannot attend regular outpatient services at the hospital. The pandemic has forced health professionals and patient-caregivers to find new ways to cope. Guidelines for the same have been published recently [4].

At our center, the follow-up clinic for pediatric renal disease was modified to adapt to the situation. Whatsapp was used to keep in touch with patients and caregivers. The social worker acted as liaison between caregivers and clinicians. Follow-up appointments were given as was usual in non-COVID times, acute problems were assessed via text- and voice-messages, and images, when necessary. Prescriptions were photographed and sent on Whatsapp, as were reports of laboratory investigations and recordings of weight, height and blood pressure. If face-to-face consultation was deemed necessary, it was fixed in the ward or the casualty, and duty worker acted as liaison between caregivers and clinicians. Follow-up appointments were given as usual in non-COVID times. We handled 633 visits during March-November, 2020 in this manner, as compared to 391 physical visits in whole of 2019.

Expensive or less easily procured drugs were made available using government schemes. This was not easy for children staying in other districts who needed to travel long distances to reach the hospital. In such cases, liaison was established with the Reproductive and Child Health (RCH) officer of those districts, or the doctors in peripheral rural hospitals, who went out of their way to make the drugs available locally.

Patient information material, as documents, pictures and videos were circulated, such as procedure for testing urine, balanced diet and exercise routines. A Google form was used to check compliance with drugs, immunization and lifestyle modifications.

REFERENCES