

How to Protect Older Adults With Comorbidities During Phase 2 of the COVID-19 Pandemic: Nurses' Contributions

To the Editor:

On December 31, 2019, China reported a cluster of pneumonia cases of unknown etiology caused by a new coronavirus (SARS-CoV-2) associated with respiratory disease to the World Health Organization (WHO), which was later termed COVID-19. As of August 6, 2020, there were 18,614,177 confirmed cases worldwide since the beginning of the epidemic and 702,642 deaths (WHO, 2020).

The literature shows that age and some chronic diseases (e.g., cardiovascular, respiratory, hypertension, diabetes) seem to be linked to the pathogenesis of COVID-19 (Yang et al., 2020). Hypertension is prevalent in approximately 17% of patients with COVID-19, whereas diabetes, cardiovascular disease, and respiratory system diseases are prevalent in 8%, 5%, and 2% of cases, respectively (Yang et al., 2020).

At this time, when the majority of affected nations are entering a phase of coexistence with the virus (Phase 2), nurses could be one of the central points for protection of older adults. Nurses have the knowledge and skills to promote educational projects for the population dedicated to the correct use of individual safety devices; correct behavior, such as hand washing, cleaning, and disinfection of high contact surfaces; and social distancing (Di Pasquale, 2020). Nurses are also able to promote campaigns for flu vaccination for people at risk and health care workers, as indicated by the American College

of Cardiology (Di Pasquale, 2020). In addition, telephone triage and telemedicine (Tolone et al., 2020) can be implemented to identify infected patients with comorbidities that put them at higher risk, as well as to monitor older adults living alone and those affected by the diseases indicated above. Nurses can also identify cases of "COVID-19 chameleon" (Nickel & Bingisser, 2020), defined as patients who are older and tend to present with nonspecific symptoms, such as weakness and fatigue. Nurses also monitor behaviors that could endanger frail older adults (Casanova et al., 2015), and measure biomarkers of cardiac damage that can help identify patients with possible cardiac lesions to predict the worsening clinical picture of COVID-19 (Di Pasquale, 2020). Nurses should also be involved in the preparation of programs and plans to ensure that they are ready to avoid or respond to more widespread virus circulation (Johnson et al., 2020).

All of the above-mentioned measures should be considered to prevent a possible second peak of COVID-19 that would once again put health care systems all over the world in crisis.

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