

Observations of a locum doctor working at the Asia World Expo Community Treatment Facility

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To the Editor—To combat the fifth wave of the coronavirus disease (COVID) pandemic, the Hospital Authority re-opened the Community Treatment Facility at the Asia World Expo (AWE) in January 2022 to help alleviate the burden on hospitals.

Clinical mindset while working at a makeshift hospital requires some modification. For instance, the threshold at which to transfer a deteriorating patient must be lower, since the AWE is not equipped to care for ill patients. For example, there is no piped oxygen supply. Since oxygen cylinders can provide support for only a limited duration when used in high-flow mode, and oxygen concentrators cannot support flow of more than 4 L/min, resuscitation is more difficult at the AWE.¹ In the author's experience, a patient with SaO₂ <94% on room air already warrants serious consideration for transfer to another unit.

The choice of therapeutics such as intravenous antibiotics will depend not only on the patient's susceptibility but also on ease of use so that workload for nurses is minimised. An antibiotic that can be injected once daily is preferable to a 12-hourly option; and an antibiotic that can be directly injected intravenously is preferable to one that needs pre-dilution with normal saline.

Cough is a prevalent complaint amongst patients attending the treatment facility at the AWE. Chinese herbal medicine provides good symptomatic relief and was welcomed by many patients. For patients with a history of benign prostate hyperplasia, the author will first consult the Chinese Medicine team to establish whether

any herbal medicine has the ingredient ephedra alkaloid (麻黃).² The latter contains ephedrine and may aggravate lower urinary tract symptoms.³ The author learnt from the Chinese Medicine team that the cough remedy “止嗽散合獨參湯加減” contains only a small amount of ephedra, and is safe for use in patients with lower urinary tract symptoms.

Setting up the AWE has been complex with many logistical issues. The administration responsible for the setting up of AWE should be commended for their effort.

Author contributions

The author contributed to the drafting of the letter and critical revision for important intellectual content. The author approved the final version for publication and takes responsibility for its accuracy and integrity.

Conflicts of interest

The author has disclosed no conflicts of interest.

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