

Lo scompenso cardiaco nell'era del COVID-19: la necessità di cambiare l'approccio clinico

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Inviati dal Territorio



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COVID-19 Pandemic Leads to Decrease in Emergency Department Wait Times



Public health and medical officials have been trying to reduce wait times in emergency departments (EDs) for years. Surprisingly, the coronavirus disease 2019 (COVID-19) pandemic seems to have done just that.

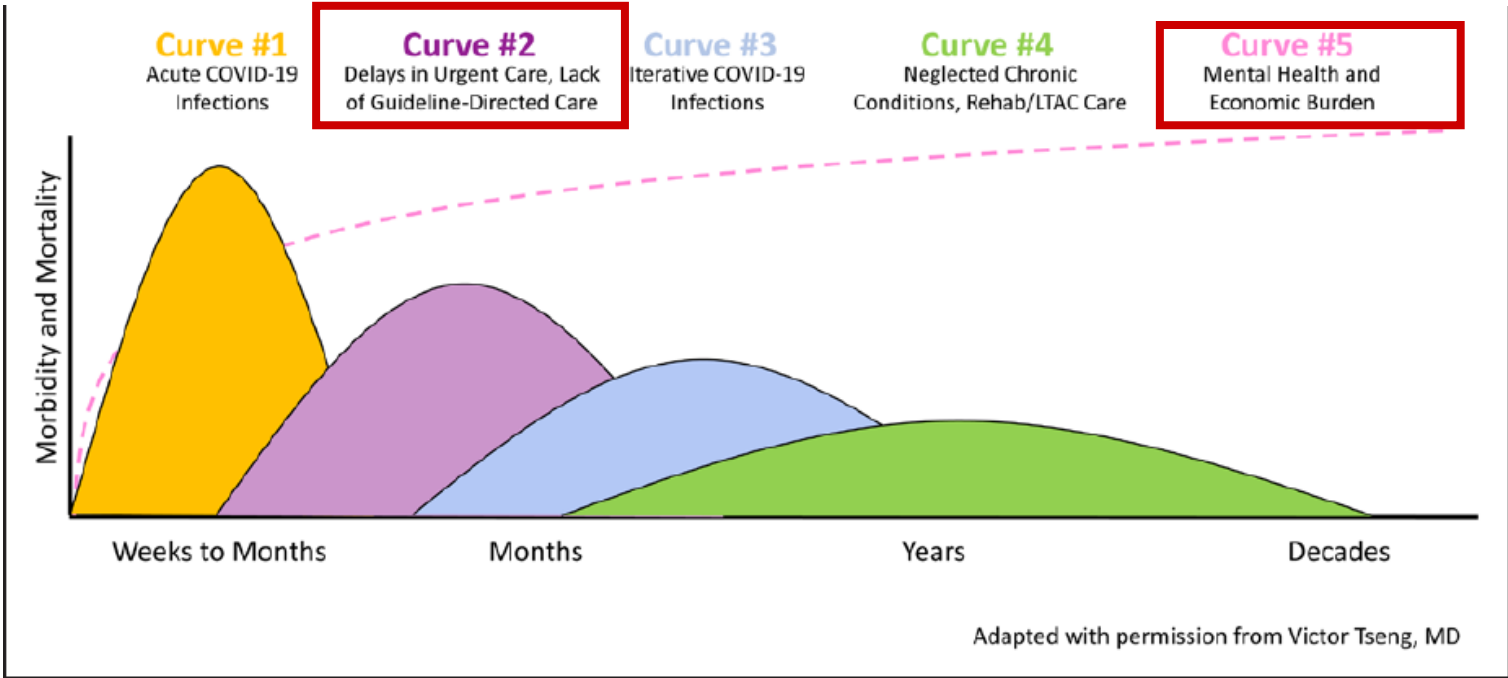
During the month of April 2020 , **ED visits across the country declined** a staggering [42% from the same time in 2019](#)

Unfortunately, ED visits **for actual medical emergencies are declining as well**. Independent of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections, emergency calls for [cardiac arrests increased dramatically](#) in March and many patients were declared dead at the scene.

JAMA Forum COVID-19 *September 17, 2020*

ON MY MIND

Surfing the Waves of the COVID-19 Pandemic as a Cardiovascular Clinician





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Sample SMS Exchange Reflecting a Clinical Escalation

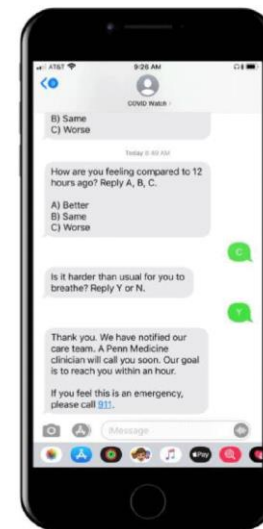
NEJM
Catalyst | Innovations in Care Delivery

CASE STUDY

Remote Monitoring of Patients with Covid-19: Design, implementation, and outcomes of the first 3,000 patients in COVID Watch

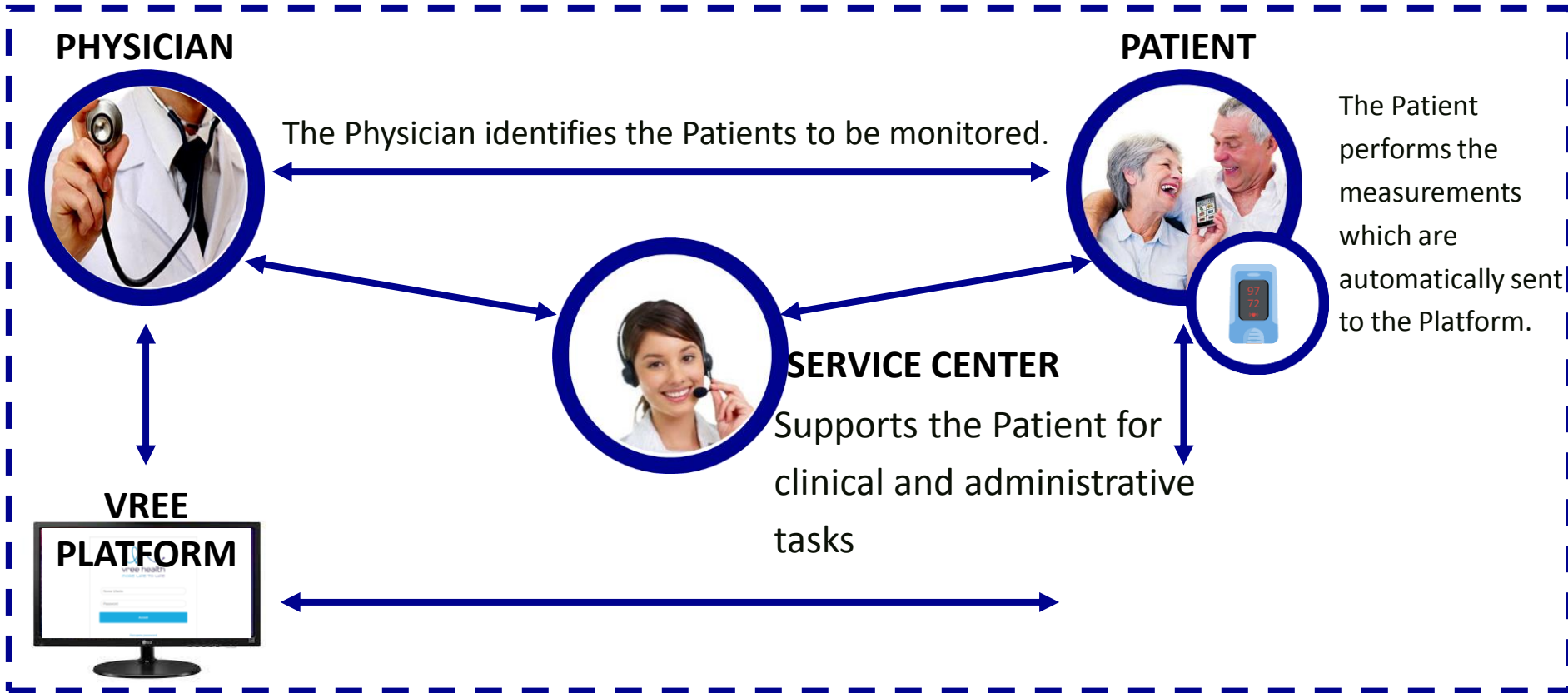
Virtually Perfect? Telemedicine for Covid-19

Judd E. Hollander, M.D., and Brendan G. Carr, M.D.



Source: The authors
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Doctor Plus® Covid-19 allows to monitor positive Patients at Covid-19



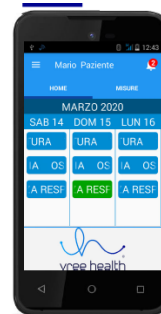
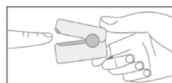
Paziente

All'ora stabilita effettua la misurazione e per eventuali necessità

**Centrale Operativa:
Personale Infermieristico
+ consulenti Medici+MMG
H24 7/7**

Seguendo queste semplici indicazioni, sarai in grado di utilizzare il Pulsossimetro ed effettuare la misurazione di Ossimetria.

Schermo



I riquadri delle misurazioni sono di 4 colori:

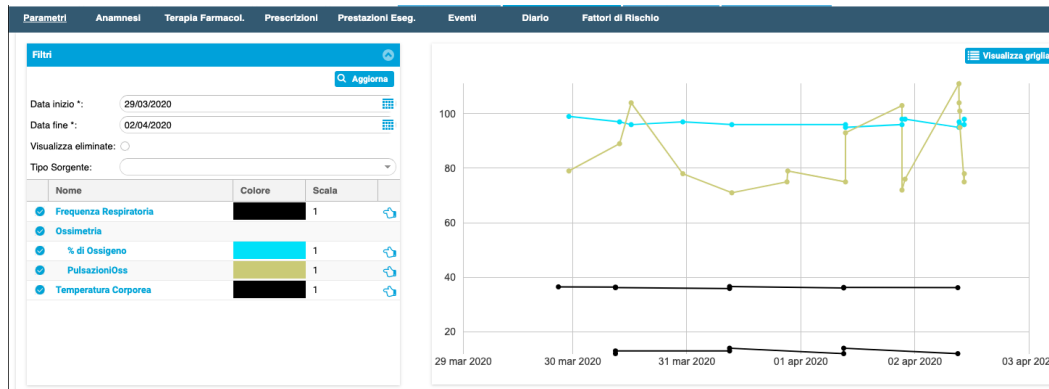
- **Blu:** misurazione non ancora presa
- **Verde:** misurazione presa e correttamente inviata al proprio Medico
- **Rosso:** misurazione dimenticata
- **Arancione:** misurazione presa ma in attesa di essere inviata al proprio Medico

Misura	1	2	3	4	5
Ossimetria SpO ₂ - %	< 86	86 - 90	> 90 - 93	> 93	> 95
FR - atti/minuto	< 10	> 30	22 - 30	17 - 21	12 - 18
FC - bpm	≤ 40 ≥ 160	< 40 - ≤ 50 ≥ 110 - < 160 ≥ 90 < 110 + aritmia	> 50 - < 60 ≥ 90 - < 120 60 - 90 + aritmia	≥ 60 - < 100 non aritmia	≥ 60 - < 100 non aritmia
Temperatura - ° T	< 35	35 - 35,5 - > 39,5	37,5 - 39,5	< 37,5	No febbre
Respiro corto	10	5- 10	3 - 4	0- 2	No Dispnea

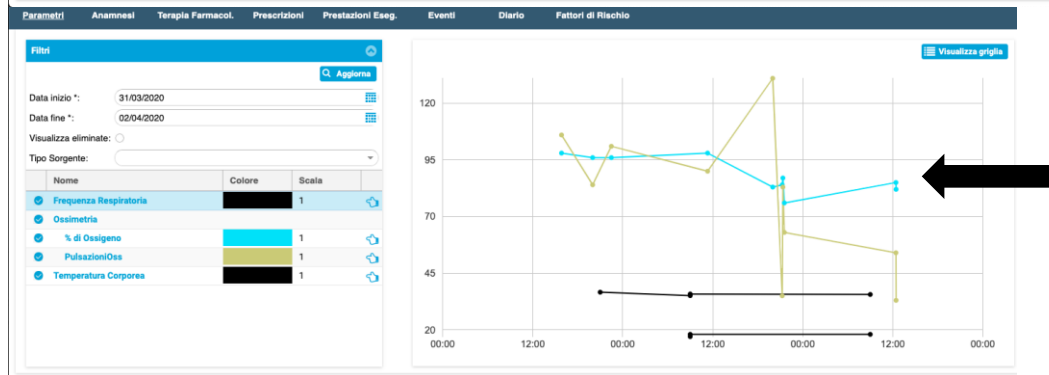


Esempi di TeleMonitoraggio

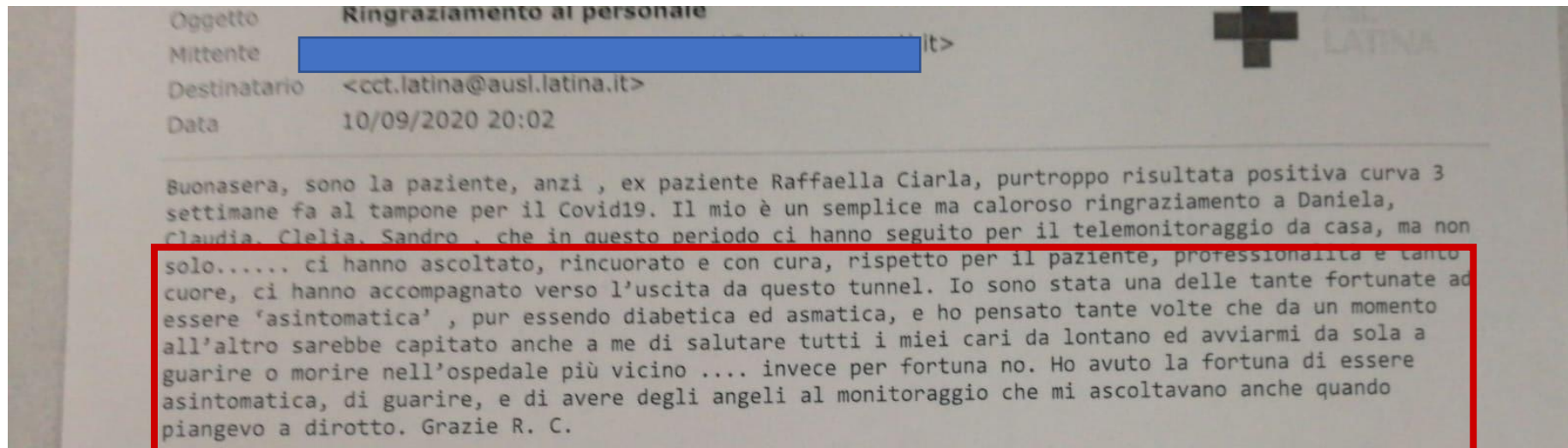
Caso 1: Paziente Stabile



Caso 2: Paziente Instabile



Quando il tuo impegno viene
riconosciuto...dal paziente ..e non solo..



Gentilissimo prof. Di Somma,
le confermo che il vostro progetto è **risultato vincitore nella categoria “Gestione dell'emergenza COVID in ospedale e sul territorio”**
e che può trovare il Comunicato Stampa con i vincitori, che potete riprendere sui vostri canali, a questo link:

<https://www.osservatori.net/it/ricerche/comunicati-stampa/i-vincitori-del-premio-innovazione-digitale-in-sanita-2020-del-politecnico-di-milano> **24.9.2020**

Original Investigation

Cardiology JAMA Forum COVID-19

July 9, 2020

Incidence of Stress Cardiomyopathy During the Coronavirus Disease 2019 Pandemic

Findings This cohort study included 1914 patients with acute coronary syndrome to compare patients presenting during the COVID-19 pandemic with patients presenting across 4 timelines prior to the pandemic and found a significantly increased incidence of 7.8% of stress cardiomyopathy during the COVID-19 pandemic, compared with prepandemic incidences that ranged from 1.5% to 1.8%.

Meaning These findings suggest that psychological, social, and economic stress related to the COVID-19 pandemic was associated with an increased incidence of stress cardiomyopathy.

Fueled by the Covid-19 pandemic, remote heart monitoring could become tech's next big target



Adobe

It was a shift that began long before the pandemic: Tech companies, health providers, and patients alike were increasingly looking to remote devices like miniature electrocardiograms and blood pressure cuffs connected to the internet that let clinicians keep tabs on care from afar.

Now, with virtual care emerging as a safer alternative to in-person care, remote heart monitoring tools may be having a breakout moment.

LINEE DI INDIRIZZO PER LA GESTIONE DEI SERVIZI DI TELEMEDICINA IN AMBITO SPECIALISTICO E TERRITORIALE

REGIONE.LAZIO.REGISTRO UFFICIALE.U.0532942.17-06-2020



**Direzione Regionale Salute e Integrazione Sociosanitaria
 Il Direttore**

GR/39/00

TRASMISSIONE VIA PEC/ E-MAIL

Direttori Generali e Commissari straordinari

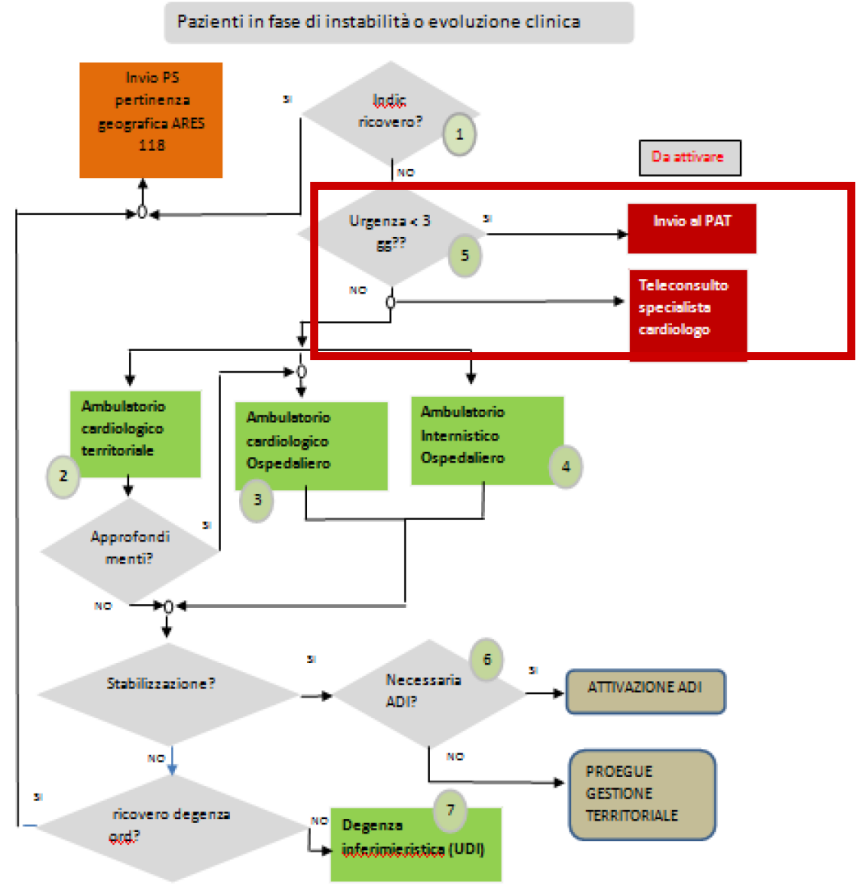
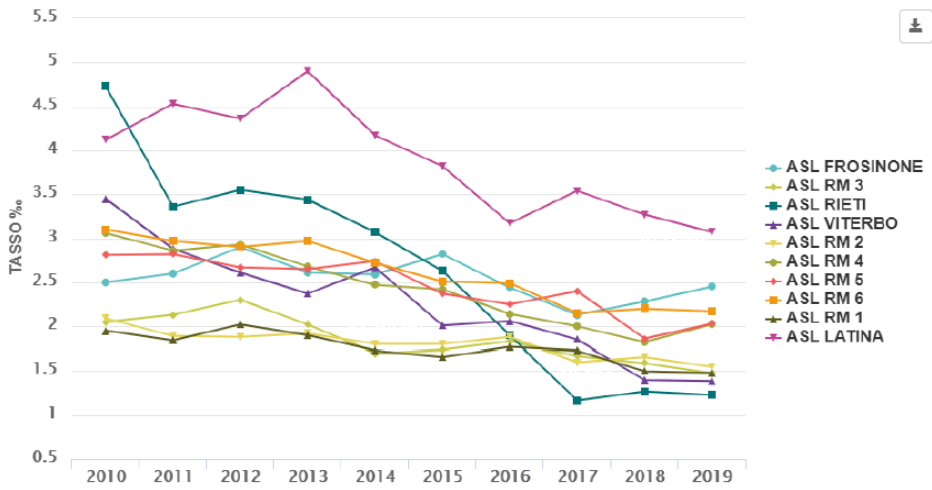
ASL, AO, AOU, IRCCS

Oggetto: Linee di Indirizzo per la gestione dei servizi di telemedicina in ambito specialistico e territoriale.

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PERCORSO DIAGNOSTICO TERAPEUTICO ASSISTENZIALE DEL PAZIENTE CON SCOMPENSO CARDIACO

OSPEDALIZZAZIONE PER SCOMPENSO CARDIACO CAMBIA INDICATORE



Azienda USL Latina – Centro Direzionale Commerciale Latina Fiori Pal. G2 – V.le Pier Luigi Nervi, snc – 04100 Latina Partita IVA 01684950593 – Sito Internet: www.asl.latina.it



Causal relationship between influenza infection and risk of acute myocardial infarction: pathophysiological hypothesis and clinical implications

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KEYWORDS

Myocardial infarction;
Influenza infection;
Plaque rupture;
Influenza vaccine;
Acute coronary syndrome

Presently several evidences support an association between acute myocardial infarction and influenza infection. The pathophysiology rationale rests on the release of inflammation cytokines, rupture of atherosclerotic plaque, and triggering of prothrombotic events leading to coronary artery occlusion. Several observational evidences support a potential role of influenza vaccine in cardiovascular prevention. It is estimated that the efficacy of influenza vaccine in preventing myocardial infarction could range between 15% and 45%. Notwithstanding the clear recommendation of numerous guidelines concerning patients with cardiovascular diseases, vaccination rates are still low in the high-risk groups. Influenza vaccine as preventive measure of cardiovascular disease still awaits support from randomized clinical trials. Nonetheless, considering the favourable cost-efficacy and safety profile of influenza vaccination its use should be encouraged in everyday clinical practice.

Coexistence of Both Infections May Increase Disease Severity and Mortality

Rajeev Gupta, MD, DM (Cardiology) | Mediclinic Al-Jowhara Hospital, Al Ain, UAE

It is great to notice the initiatives. The message is timely and life-saving. **Influenza vaccination is no longer a choice but an imperative during this time.** If influenza complicates any illness like acute myocardial infarction, mortality increases. Likewise it may increase the severity of COVID-19.

[Mary Chris Jaklevic, MSJ](#)

JAMA. 2020;324(10):926-927. doi:10.1001/jama.2020.15444