

COVID-19

In Response to “The Novel Use of Home Pulse Oximetry”: An Australian Offer of Support

Related articles appear on pages 681 and 785.

To the Editor,
We write to thank Shah et al.¹ for sharing their article “Novel Use of Home Pulse Oximetry Monitoring in COVID-19 Patients Discharged From the Emergency Department Identifies Need for Hospitalization” and provide an international perspective from Australia.

From our antipodean vantage, we have watched with concern the rapid spread of the disease through North America and the devastating toll it has taken on colleagues, health infrastructure, and the broader community. The combination of the adoption of early public health interventions and our relative isolation have left us in good stead to attenuate, or at least defer, the ravages of this disease domestically, just as they did for us during the 1919 influenza pandemic.²

Independent of Shah’s work, we have established a cache of local pulse oximeters to service our community particularly in the event of a significant surge of patients, with similar aims to identify silent clinical deterioration and rationalize emergency department attendances.

The lack of an early clinical surge has allowed us to develop a computer application that prompts patients via SMS to enter their vital signs including oxygen saturations via a smartphone, notifies clinicians of clinical deterioration, and advises patients to present to emergency based on certain triggers, all while conserving direct clinician interaction.

Our system was built within the REDCap research electronic data capture platform, and we offer it free for use and adaption to any health institution that feels it may be of utility.³ We hope this may be of assistance to our international colleagues.

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