

COVID-19 Pandemic: How Some AANEM Members are Handling Patient Care

In order to gauge the direct and immediate effect the pandemic is having on AANEM member physicians, AANEM staff sent a brief survey to some key practice-related AANEM committees, as well as to the Board of Directors. Below is a summary of some of the major themes that rose to the top:

- **Postponing EDX Testing**: Just over half of the respondents indicated that their practice or institution has postponed ALL EDX testing during the pandemic except for those considered to be urgent; while a large majority indicated that have at least postponed outpatient EDX testing. Nearly $\frac{3}{4}$ of all respondents indicated that the postponements are for an indefinite period but the situation is being reassessed weekly. The EDX tests that are still being performed are most often to evaluate:
 - Progressive/acute weakness, rapidly progressive bulbar weakness.
 - Severe neuromuscular disease where the results would influence the patient's current management.
 - Possible motor neuron disease.
 - Acute inflammatory myopathy.
 - CIDP.
- **Special Precautions for EDX Testing and Other NM Patient Exams**: For those that are still performing EDX testing (or examining other NM patients), 75% of respondents indicated that they are using surgical or other medical masks on all patients (50% indicated that all physicians were wearing masks of some sort), and the majority indicated that the physicians were wearing gloves. On the inpatient side, physicians are wearing N95 masks and full gowns when examining a patients with a positive or suspected positive COVID-19 test.
 - Many respondents also indicated that they are questioning patients about travel history, any potential COVID19 symptoms and taking the temperature of all patients.
- **Disinfecting EDX Equipment**: A large majority of respondents indicated that they are cleaning EDX equipment between each patient. Most are wiping down all surfaces and equipment with wipes, as well as using antibacterial/antiviral spray (such as Oxivir and 70% alcohol solution). Many also noted that they are using disposable electrodes.
- **Performance of Other NM-related procedures (e.g., Botulinum toxin injections)**: The majority of respondent indicated that were not performing other NM-related procedures at this time. Of those who were still performing such procedures, some of the procedures included: injections for painful cervical dystonia, migraines, severe spasticity, and "Botulinum toxin for spasticity/dystonia/pain where stopping treatment would result in the patient needing urgent care/accessing ED."
- **Utilization of Telehealth**: The case majority of respondents indicated that they are using telehealth in new ways since the start of the COVID-19 pandemic. The most commonly used methods for telehealth included: Doxy.me, Vidy (through Epic), Haiku/Cantu (Epic), Zoom, Skype, Facetime, doximity dialer for privacy during telephone calls.

- **Handling of Neurology or PM&R Residents and Fellows:** Most respondents indicate that they are utilizing neurology or PM&R residents and fellows differently in light of the pandemic. A large number of respondents indicated that residents and fellows, like medical students, have been sent home in an effort to limit potential exposure. Some respondents explained that senior residents have been moved to non-COVID internal medicine care or to assist in inpatient or stroke services. Most have been removed from their EMG rotations.

For more information related to the COVID-19 pandemic, please visit our website [here](#). You may also contact the AANEM policy department with COVID-19 related questions: policy@aanem.org.