

to identify any deteriorating cases promptly and transfer patients to regular hospitals. Body temperatures were monitored four times per day, and respiratory rates, heart rates, and oxygen saturation twice per day. All patients were required to wear masks. Patients were followed up with chest CT and RT-PCR, and were discharged according to our discharge criteria.⁴⁻⁶

In the Sports Stadium Square Cabin Hospital, an open space for patients to perform physical and rehabilitation therapy including dancing, walking, and tai chi was established, and entertainment such as books were also available. Patients had free access to daily necessities, food, and medications, and access to homemade food sent by their families. A decreasing number of new patients and more discharged patients each day were also observed in our unit at the Sports Stadium Mobile Cabin Hospital, demonstrating the benefits of establishing such hospitals. We believe it would be helpful to share our experience with healthcare workers worldwide to combat COVID-19.

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An alternative COVID-19 checklist

COVID-related anxiety has spread quickly through all healthcare specialties and everyone is now working outside of their comfort zones.

I am a GP trainee. However, due to my previous anaesthetic experience, I have returned to help in my local district general hospital.

What is lost among the PPE and endless protocols is the lost, terrified, and lonely breathless patient in front of us. Alongside my anaesthetic skills, I will be taking my toolbox for managing difficult consultations because, as well as donning/doffing and pre-oxygenation, every checklist should also contain a pause to acknowledge, reassure, and provide hope. Our voice may be the last human connection they have.

We are doctors first, specialists second, and I am so proud to be taking my GP experience with me to the intensive care unit. This is a great opportunity for all of us to come together and work as one.

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Smoking pack years calculator

Clinical scoring systems have their limitations but they do create numbers that can be searched by computers or provide thresholds for clinical action. An example could be body mass index rather than using descriptive phrases of obesity. A primary care team wanted smoking use by patients to be easily numerically recorded on the patient records and devised a smoking pack years calculator to simplify this task. Primary care respiratory teams who saw the calculator wanted it widely available. This calculator was placed on the web and is freely available for use. Over 1 million calculations have been made worldwide, which suggests it is popular and useful. Lung cancer screening involves a pack year threshold to be passed to justify the use of radiological imaging. It is disappointing that numerical scoring systems for smoking use have not yet been placed in the UK computer record systems because they could assist with research, screening, and disease detection in general practice populations (<https://www.smokingpackyears.com>).

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Correction

In the Research by Willis BH, Coomar D, and Baragilly M. Comparison of Centor and McIsaac scores in primary care: a meta-analysis over multiple thresholds. *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X708833>, an affiliation for Mohammed Baragilly was missing. The full affiliation details should be Mohammed Baragilly, Institute of Applied Health Research, University of Birmingham, UK, and Department of Applied Statistics, Helwan University, Cairo, Egypt. We apologise for this omission. The online version has been corrected.

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