Dear Editor-in-Chief

The 21st century has faced one of its biggest challenges. The emergence and logarithmic rise of emerging diseases have obscured the future of communicable diseases due to drug resistance, genetic mutation and contagion. Outbreaks of coronavirus such as Morse and SARS have killed more than 10,000 people, including nurses who care for these patients. But the prevalence of the new coronavirus (COVID-19), transmitted by respiratory droplets and direct contact, is much more contagious (1). In the care of patients with COVID-19, the primary goal is to minimize the risk of infection transmission between nurses and patients. Even the WHO has considered infection control necessary in patients with suspected or confirmed COVID-19. Therefore, self-care education is the best option for the treatment of infectious diseases (2).

Tele-nursing is one of the most important technological events of the late twentieth century as the gateway to modern nursing care. Tele-nursing aimed to improve quality of care, patient safety, and quick access to nursing care by overcoming geographical barriers. The use of telephones, mobile phones, SMS and communication technologies are part of tele-nursing (3).

On the one hand, increasing technology growth and on the other hand, increasing access to nursing services, the use of tele-nursing in patient care seems necessary (3). Historical experience of caring for suspected or confirmed patients with SARS shows that evaluating and caring for these patients is costly and requires a great deal of equipment and manpower. In addition, caring increases the risk of transmitting the disease to other patients, nurses and medical staff (4). The results of systematic review study showed that the use of SMS, telephone, mobile, and videophone were effective in treatment outcomes in all studies (5). Whereas, the many positive effects of tele-nursing such as promoting quality of care, treatment outcome, reducing medical costs, reducing the need for visits, patient and family involvement in care decisions, the possibility of careful patient monitoring, acceptance of recommended care, in various studies it has been confirmed and currently, with the increasing prevalence of COVID-19 in Iran, hospitals are facing a serious challenge due to the shortage of nurses and preventive, diagnostic, therapeutic equipment, especially the lack of adequate bedding relative to the population and the impossibility of hospitalization of all patients. Tele-medicine seems to be a new opportunity in the COVID-19 Pandemic crisis to reduce these problems, in particular, reducing costs and transmitting infection. In addition, patient education, as one of the most important roles of the nurse, is an essential strategy in controlling the disease process and reducing the complications of the disease.

Patients with COVID-19 need regular follow-up, even after treatment. Distance education is one
of the appropriate tools in this regard. The needs of these patients include educational needs regarding adherence to drug treatment, drug side effects, diet, mental counseling, observance of standards of care, health care and follow-up of disease outcomes helped through tele-nursing.

Conflict of interest

The authors declare that there is no conflict of interest.

References


