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July 22, 2020 AND Covid Notes My patient, just arrived from Texas, had COVID like symptoms; my [co-authored article](#) on the 4 Executive Branch Physicians.

I had a patient yesterday who had very suspicious COVID like symptoms. She had just flown in from Texas where she was visiting family!! I did a COVID test on her and voila a day later (yes I get it, not ideal but much better than it was) I got her COVID result – negative. So, what does it mean? The following is from Up to Date: For many individuals, a single negative result is sufficient to exclude the diagnosis of COVID-19. False-negative tests from upper respiratory specimens have been well documented. If initial testing is negative but the suspicion for COVID-19 remains (eg, suggestive symptoms without evident alternative cause) and confirming the presence of infection is important for management or infection control, repeat the test. The optimal timing for repeat testing is not known; it is generally performed 24 to 48 hours after the initial test. Repeat testing within 24 hours is not recommended. In one study of 626 patients who had a repeat nasopharyngeal test within seven days of an initial negative test at two large health centers in the United States, 3.5 percent of the repeat tests were positive.

So... I will stay in touch with my patient and repeat the test in 48 hrs. But its not that simple. So if her symptoms are better maybe she is like that other patient of mine (they are both similar in age) who did get better and then all of a sudden had trouble breathing and then was intubated for 3 weeks. So I will remain in frequent touch with the patient. In addition, [treatment and outcomes](#) for COVID patients has improved since my last patient was intubated.

More states mandating the use of masks. This [new article](#) gives a nice “lay” research summary.

Payroll taxes, a significant source of funds for the Medicare program, are going down; health care expenses going up. A [bad recipe](#) for the solvency of the Medicare Trust

We are now up to several thousand health professionals who [signed a petition](#) supporting Dr Fauci. Here is the question. Thus far the executive branch has expressed little to no interest for the additional testing, contact tracing, encouragement of masking mandates, and isolation support. This has only led to all the [avoidable tragic stories](#) that we read about literally every day. In addition, the Federal government needs to finally step up and provide coordination between states – in short an effective Federal response. I and two of my colleagues in an article [published](#) in The Hill today argue that Drs Birx and Fauci together with Surgeon General Adams and CDC head Redfield should consider their Hippocratic Oath and resign if the federal response continues its present direction. I believe written support of one physician is fine but is not a policy. Your feedback as always is welcome. I continue working on a number of Congressional races and swing states of FL, MI, PA and soon AZ.

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