

		Quelle	Hinweis
Inbyggere i Tyskland (rundet)	83.000.000 personer	[4]	
70% af inbyggerne bliver smittet	58.100.000 personer	[3]	B.-Repro. (R0)=3
20% ud af de 58.100.000 vil have symptomer	11.620.000 personer	[2]	
5% af de 11.620.000 vil have brug for en respirator	581.000 patienter	[1]	10% i Italien [15]
Gennemsnitlig tid at en COVID-19 Patient hænger på en respirator	9 dage	[1]	
Samlet antal dage hvor respiratorene bruges	5.229.000 dage		
<b>40-50% af den respiratoriske tid anvendes på Weaning* (*= tid til at fravænne nogen fra ventilation)</b>		[5][6][7][8]	
<b>Fysioterapi und respiratorisk terapi reducerer den respiratoriske tid med 1 til 2,15 dage</b>		[5][9][10][11][12][13][14]	
Samlet antal dage der kan blive reduceret med 1 dags reducere af den respiratoriske tid	4.648.000 dage		
Antal patienter hvor der tidligere vil være frie ressourcer (ved gennemsnitligt 9 dage respirator)	64.555 Patienter		
Samlet antal dage der kan blive reduceret med 2,15 dags reducere af den respiratoriske tid	3.979.850 dage		
Antal patienter hvor der tidligere vil være frie ressourcer (ved gennemsnitligt 9 dage respirator)	442.205 patienter		
Patofysiologi af fravænnelse fiasko: [5]			
Hypercapnic insufficiens	Påvirket af fysioterapi og respiratorisk terapi, muskeltræning og metabolisk træning [16] [17] [18]		
Vejrtrækningscenter			
Nervale kontrol			
Vejrtrækningsmuskler			
Muskuløs overbelastning			
Luftvejssygdomme			
Thorax begrænsning			
Hypoxisk insufficiens på grund af lungeparenkym sygdom og kardiopulmonale interaktioner			
Iltoptagelse og -forbrug			
Kritisk sygdomsrelateret polyneuropati og kritisk sygdomsrelateret myopati			
Andre metaboliske Aspekter			
Særlige kendetegn ved pædiatriske patienter			

Kilde:

[1] Rapid communication Influenza-associated pneumonia as reference to assess seriousness of coronavirus disease (COVID-19) Kristin Tolksdorf<sup>1</sup>, Silke Buda<sup>1</sup>, Ekkehard Schuler<sup>2</sup>, Lothar H Wieler<sup>1</sup>, Walter Haas<sup>1</sup> 1. Robert Koch Institute, Berlin, Germany 2. Helios Kliniken GmbH, Berlin, Germany Correspondence: Kristin Tolksdorf (tolksdorfk@rki.de) Citation style for this article: Tolksdorf Kristin, Buda Silke, Schuler Ekkehard, Wieler Lothar H, Haas Walter. Influenza-associated pneumonia as reference to assess seriousness of coronavirus disease (COVID-19). Euro Surveill. 2020;():pii=2000258. <https://doi.org/10.2807/1560-7917.ES.2020.25.11.2000258> Article submitted on 06 Mar 2020 / accepted on 16 Mar 2020 / published on 19 March 2020

[2] SARS-CoV-2 Steckbrief zur Coronavirus-Krankheit-2019 (COVID-19), Stand 21.03.2020 RKI

[3] Feasibility of controlling COVID-19 outbreaks by isolation of cases and contacts, Joel Hellewell, Sam Abbott\*, Amy Gimma\*, Nikos I Bosse, Christopher I Jarvis, Timothy W Russell, James D Munday, Adam J Kucharski, W John Edmunds, Centre for the Mathematical Modelling of Infectious Diseases COVID-19 Working Group, Sebastian Funk†, Rosalind M Eggo†

[4] Statistisches Bundesamt:

[www.destatis.de/DE/Themen/GesellschaftUmwelt/Bevoelkerung/Bevoelkerungsstand/\\_inhalt.html](http://www.destatis.de/DE/Themen/GesellschaftUmwelt/Bevoelkerung/Bevoelkerungsstand/_inhalt.html)

[5] Prolongiertes Weaning S2k-Leitlinie herausgegeben von der Deutschen Gesellschaft für Pneumologie und Beatmungsmedizin e.V., Prolonged Weaning S2k-Guideline Published by the German Respiratory Society Autoren B. Schönhofer<sup>1, 2</sup>, J. Geiseler<sup>2</sup>, D. Dellweg<sup>2</sup>, O. Moerer<sup>2</sup>, T. Barchfeld<sup>3</sup>, H. Fuchs<sup>3</sup>, O. Karg<sup>3</sup>, S. Rosseau<sup>3</sup>, H. Sitter<sup>3, 4</sup>, S. Weber-Carstens<sup>3</sup>, M. Westhoff<sup>3</sup>, W. Windisch<sup>3</sup>, AWMF Register-Nr 02/015

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