The pandemic that currently strikes the world began in late December 2019 in Wuhan, China, where the incidence of unexplained cases of pneumonia caused by the new coronavirus (SARS-CoV-2) were identified. Due to its similarity with the severe respiratory distress syndrome (SARS) virus, it was called SARS-Cov-2 and the disease caused by it as COVID-19.1

The clinical manifestations of COVID-19 vary according to the patient’s severity. The most severe cases may require hospitalization in Intensive Care Units (ICUs), where nurses and staff play an important role in patient care.1 In view of the fast spread of SARS-Cov-2 and the complications resulting from COVID-19, special care must be given to preventive actions, especially during Nursing interventions with infected patients.

Healthy people can be infected by droplets from patients with coronavirus, with or without the disease settled, spread when talking, coughing or sneezing. Besides, there is a possibility of transmission through the fecal-oral route that should not be neglected.1 A study conducted in China showed that the virus can remain in the feces of infected patients for longer than in respiratory secretions (average of 11, 2 days longer).2

This finding incites Nursing attention for the basic human need for body care compromised in these patients, given the inability to perform their body hygiene independently. Thus, critically ill patients with COVID-19, diagnosed with “Deficit in self-care for bathing” require intervention by the Nursing team3 and, for this, safety actions must be taken to prevent the spread of the virus.

These patients’ body hygiene must be carried out in the form of a bed bath. However, the execution of the traditional bed bath, using basins with water and soap, has been questioned in the scientific community due to the consequences for patients, especially related to the increase in infections.4 These consequences can contribute to a worse evolution of the clinical condition and increased transmission of the virus in the hospital environment.

In this context, for the safety of professionals and patients, it is recommended to use the no rinse bed bath method for patients with COVID-19 hospitalized in ICUs.1 In this type of bath, hygiene is performed using disposable towels pre-moistened in emollient solution with pH similar to the skin and moisturizer with vitamin E. The towels come in individual packages with eight units. Each towel is intended for cleaning one area of the body, which after cleaning does not require rinsing and drying.5
Therefore, the less time spent, the less oxyhemodynamic instability, the quality of hygiene and the absence of basins have been pointed out as advantages of this bathing method. Also, the products used in the traditional bed bath (basins, soap and water), are considered potential infectious agents, due to the uncertainty of removing all microorganisms through cleaning and disinfection methods. Therefore, not using these items is mainly associated with minimizing the “risk of infection” related to the bath for other patients and Nursing professionals.

We cannot neglect that the Nursing professional is also exposed to infections when giving a bed bath, either through direct contact with fluids and secretions, or through indirect contact during the organization and removal of the materials and products that were used.

In this sense, the importance of personal protective equipment by the professional is highlighted, in addition to the performance of appropriate techniques.

Thus, considering that the bed bath represents a routine activity of the Nursing team, it is essential that its execution involves the least possible risk for professionals and patients. Thus, it is recommended to use of no rinse bed bath for patients with COVID-19.

**REFERÊNCIAS**


