

***3 MONTHS BURNS ICU
Mulago University Hospital
Kampala - Uganda***

Final Report



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INTRODUCTION

After one month back in the Netherlands here my Final Report of three months working at the Burns ICU of Mulago University Hospital. The Introduction Report of my stay I wrote after one week in Uganda and the Second Report after seven weeks. These Reports are obtainable from Stichting Interplast Holland, the UBPSI and (of course) the undersigned.

Overall I had a marvellous time. Ugandans are very friendly and I felt very welcome at the Burns ICU. It was a pleasure to see the nurses improving in such a short time. When they can be supervised and supported by Dutch Nurses by long term missions next years, I am sure there will be no regression. Those visits of Dutch Nurses to the Burns ICU in Kampala will be very important for the continuity and sustainability of what is improved.

Mulago University Hospital is the main referral hospital of Uganda which can handle 1500 patients. In November 2004 the Burns Unit was opened by the first lady Mrs. J Museveni. It was a result of the cooperation between the UBPSI (Uganda Burns and Plastic Surgery Institute), Mulago University Hospital, Ministry of Health, Makerere University, Interplast Uganda and Stichting Interplast Holland.

The main goals of UBPSI (Stichting Interplast Holland) are¹:

- Provide optimal medical and surgical treatment and rehabilitation of burn patients and patients in need of reconstructive surgery
- Education and training of health professionals in the best practice of treatment, care, reconstructive surgery and rehabilitation of patients with burn and other related diseases
- Training of the medical and nursing staff in burn management and burn dressing techniques
- Development of treatment protocols for medical staff, nurses and other professionals
- Social rehabilitation of severely burned patients
- Development and dissemination of education programmes on prevention and first aid treatment of burn injuries

The Burns Unit has 7 rooms for isolation of patients with Burn wounds. The criteria which patients have to be nursed at the ICU need to be set up. At the moment there can be 7 burns patients and there is an Emergency Room. There can be treated another 25 patients with burn wounds in other wards: paediatric, surgical, and plastic surgical ward (3C).

The other rooms of the Burns ICU are the store, two toilets (one for patients and attendants, and one for the staff) in one room, the bathroom, the room for waste, the cleaning room and the sterilisation room.

The entry of the Burns ICU is a sluice room. On the right side is the dressing room for the staff. Other people who want to come at the Burns ICU need to dress in a gown, a cap and other shoes which they don't wear outside the ward. Staff workers wear a green gown and green cap; attendants wear a blue gown and a white cap.

¹ Boerma J.A. "REPORT ORIENTATION VISIT BURNS ICU MULAGO HOSPITAL KAMPALA, UGANDA", Groningen April 2005, Stichting Interplast Holland and Dutch Burn Foundation

In the beginning of my stay I was present at the ward for seven days during three weeks. After that I was there for the midweek (Monday till Friday). In this way I could see what happened every day and I could strike up an acquaintance with the nurses quickly. I saw the wound dressings were very intensive. Sometimes the patients were burned for more than 60% and it takes per patient hours to change the dressing. Monitoring new patients can't be done very well because of lack of knowledge, but also because of a shortage of nurse staff!!!!

The first week I was at the ward there were no doctors available. There were some troubles between the members of the medical staff of the UBPSI. Two patients were very ill and I was enforced to take medical decisions because otherwise the patients would die soon. Conny Jarlsberg, a nurse from the USA living in Uganda for many years, supported me. Dr. Ssentongo took this part over again when he came back to Kampala.

There were no daily rounds by the doctors at the Burns ICU the first seven weeks of my stay. I had long talks with doctors individually and a lot of things became clearer. I thought these were problems for Dr. Zeeman to solve. When Dr. Zeeman came to Mulago Hospital he started a daily round again and the medical staff made a big round on Wednesday. Together we arranged a meeting at the end of my stay and a lot of things were recognized by Dr. Zeeman. It was a start to come together again.

The whole period it seems to me the management was fixed on problems at the moment instead of structural policy. Example of this you see in the work for a new blender or a new cooking-range, but arranging something for the new ward next door the orthopaedic ward didn't happen. For this it is important to make plans and discuss these with the other medical staff members of the UBPSI and the nurses of the Burns ICU. So I heard they wanted to make a relax room next to the bathroom of the Burns ICU. Now it is important to know that changing dresses always goes together with screaming of the patients, in spite of how many painkillers the patient get. Besides everyone can hear what the nurse is talking about with the patient.

Communication is very poor at the ward. There were no structural meetings between the Nurses of the ward, or the Sister in Charge and the Management. There was nothing which could be used to discuss the patients. The report of the patients was two pages in a book, meant for the administration of the hospital. During my stay the nurses and I made a Nurse Report which can be used for the care and cure of the patient, a mean to discuss the progress of the patient (multidisciplinary), or a mean for teaching the nurses. Dr. Zeeman and I arranged a structural meeting between the Management and the Sister in Charge every week after the big round. I didn't manage to arrange structural meetings for the nurses of the Burns ICU during this period.

Next year Mulago Hospital wants to get an ISO-certification. For this a lot of work needs to be done. A lot of protocols and guidelines must be made, because hardly anything is written down. It is necessary someone is going to coordinate this and is going to do the intern audits. What I really missed in Mulago Hospital that as a nurse you can no where found something how the direction of the hospital thinks and where they stand for. The responsibilities of the nurses towards the organisation are not clear. Perhaps this is something for the future.

Now I want to thank a few people who advised me when I needed. They are named in an arbitrary order. There was Sr. Walusimbi, the Commisioner of Nurses (Matron). We met each other a few times and we were on a par with each other. She supported me with the Nurse Report and had useful supplements. Next time we should meet again and continue the talks

and discussions. With Sr. Monica Walusimbi I had a lot of meetings and it was always nice to discuss with her about the things going on at the Burns ICU. The nurses of the Burns ICU I want to thank for everything. It was a pleasure to work with such motivated nurses. When they stay working as hard as they did in the period I was there, they will improve quickly. Besides hard working we had also a lot of fun. Jesca is the Sister in Charge of the Burns ICU. We were a lot of time together at the ward I am already looking forward to come back and work with the nurses again.

Connie Jarlsberg, RN and MSN from America who lived already a long time in Uganda, was a college and friend of mine. We supported each other when we needed this and advised each other how to handle in difficult situations. We had a lot of critical discussions together which made me also think in a different way; it inspired a lot! I want to thank her for the invitations at her house, because it was very cosy. We worked together on the Job Description which took a lot of time. We were a little bit desperate when the lay-out wasn't like we wanted, but it turned all right finally.

With Dr. Robert Ssentongo, head of the Plastic Surgery Staff, I had a lot of talks and discussions. He helped me how to see the truth. We worked together when there were children who needed more than just High Care. He motivated me to go on like I did when I felt no support and was unsure if the things I did were right. Also Dr. Mutumba, head of the Paediatric Medical Staff, I want to thank for the time and the talks.

Dr. Zeeman and I worked a lot together. Besides at the Burns ICU we worked also together at the Main and Burns Theatre and we made a project proposal for mutilated patients. We had a lot of discussions how to supervise. This was very useful for me. I want to thank him for the cooperation the last seven weeks of my stay.

The Board of the UBPSI invited me for the meetings and listen what I had to tell. It was very nice to be with them. Stephen, who I could find in the office of the UBPSI, was the person I met daily. At the end we needed only a few words to know what the other wanted to tell: computer, plastic bags, copy, orders. Thanks Stephen, for the cooperation!

There are a lot of people I forget now to mention. I want to thank them for everything.

Marjo

1. MONITORING THE PATIENT AND THE NURSE REPORT

Purpose:

After three months the nurses of the Burns ICU of Mulago University hospital can monitor the patient record the parameters and the advancements in a Nurse Report for every individual patient.

Activities:

- Design a Nurse Report for every patient separately
- Introduction of the Nurse Report
- Implementation of the Nurse Report
- Training in Monitoring the Patient
- Training in recording the parameters of the patient

Evaluation moments:

- After seven weeks the 26th of July
- After 3 months the 30th of August

By Whom?

The nurses who are on duty that day and Marjo

Time Schedule:

See Attachment I

The first week of June after the introduction the nurses and I started with the Nurse Report (see Report 2). The nurses were very enthusiastic and proud to have their own Report for the patients. It is very helpful to guarantee the continuity of the Nurse Care and Cure. It is also an expedient to discuss with other disciplines about the situation of the patient.

The nurses worked with it during seven weeks and then there was an evaluation. There was a training cycle the 21th, 24th and 28th of June. This cycle was repeated on the 26th and 29th of July. During the Evaluation we find out there were too many forms. The nurses didn't use them because it was too complicated. Together we decided to remove the form of Nurse Activities. The form with the Investigations and Medical Instructions separated was combined to one site: Investigations and (Medical) Instructions. For the definite Nurse report, see Attachment II. This is a very plain Nurse Report which can improve with all the aspects of the Nurse Report easily when the nurses are ready for it. Now they can use it for the knowledge at this moment.

In August there was again a training (Attachment III). This time it was about the guidelines how to use the Nurse Report. Again a part of Monitoring the patient was also lectured. In the next year it is very important to repeat the Nursing Care and Cure of patients with Burn Wounds. Now there is made a start, but it is very important to have Dutch Nurses for a long term to teach, support and supervise the nurses of the Burns Ward. Especially when the new ward next to the ICU is started with new nurses.

2. 24 HOUR ACTIVITY SCHEDULE FOR NURSES

Purpose:

At the end of August there is a 24 Hour Activity Schedule for the nurse at the Burns ICU

Activities:

Beth, nurse of the Burns ICU, and Marjo make a proposal for an Activity Schedule for the day, evening and night duty.

By whom:

Beth and Marjo

Evaluation:

The nurses have to arrange this by themselves. If this doesn't happen this can be arranged by Ineke Storm, the nurse from the Burns Hospital Beverwijk, who is coming in November.

Beth and Marjo made a proposal for an Activity Schedule for nurses for the day, evening and night duty. See Attachment IV. This was necessary because it wasn't clear for everyone when to do what. Sometimes in the morning there were no sterile gauzes; the night duty forgot to sterilize them. The result was the nurses of the day duty couldn't do the dress changing of the patients and had to wait until the sterilization process was finished.

I send this schedule by mail to the Office of the UBPSI after I returned to the Netherlands, because I couldn't work it out on computer when I was in Uganda. I added a letter for Beth, so that she can implement it. I also send a copy to Dr. Zeeman, so that he knows what is going on.

3. JOB DESCRIPTION

Purpose:

At the end of August there is a Job Description for nurses who work at the Burns ICU.

Activity:

Connie Jarlsberg and Marjo Aerts make a Job Description for nurses who work at the Burns ICU.

Evaluation:

Not planned

At the request of the Ministry of Health and the Administration of Mulago University Hospital Connie Jarlsberg and I made a Job Description for Nurses who work at the Burns ICU. We used the Dutch Job Description and the Nurse Process for Burn Care, described in one of Connie's books. The Job Description is too much to add in an Attachment, but it can be asked the UBPSI, Connie Jarlsberg or Marjo Aerts.

Because of some lay-out problems we couldn't finish it in Uganda. Marjo changed the lay-out in the Netherlands and mailed the result to the UBPSI. Stephen, the Office Manager of the UBPSI, distributed it to the Board Members of the UBPSI, the Direction of Mulago Hospital, Sr. Mirjam Walusimbi and the Burn ICU.

4. PROTOCOLS

Purpose:

At the end of August the files in the computer are up to date and printed in Protocol Files which can be saved in a cover at the Burns ICU so that everyone can read them.

Activities:

The persons who already wrote the files (manager Dr. Khingi and anaesthetist Deo) have to make their protocols up to date. Marjo works out protocols which she makes with the nurses or other disciplines.

Evaluation:

Not planned

There were some Protocols on the computer of the Burns ICU. The nurses don't use the computer, because of different reasons. One is that they have less knowledge about computers. Besides a lot of people don't like it to read from a computer screen.

Dr. Ben Khingi told me his protocol was not a real protocol and it wasn't up to date. I asked him if he wanted to make it up to date and in a way the nurses can use it practically. He promised, but when I left it wasn't ready.

Together with Julius of the Laboratory of the Heart Institute I made a protocol to take of blood samples. This was not always done correctly and sometimes the wrong vacutainers were used. It resulted in very strange values of the blood (example: K: 14 mmol/ltr.).

I made Guidelines for the Nurse Report and Monitoring the Patient. There was a Wound Care Protocol for Burn Wounds which I made up to date and I made a protocol for the waste of the Burns ICU.

It is very important when the equipment is available to make a protocol for Warmth Management. Patient who come from outside with extensive burn wounds (sometimes more than 40%) and little children after operation or after changing dressing are very cold most of the time. A normal body temperature is very important for the patient to recover quickly!!!! In Africa equipment to warm a patient is not available. In the Netherlands an easy to clean equipment can be bought when there is budget for it. I will inform after this when I am back. If it is possible it can be send by a container.

5. INFECTION PREVENTION

Like I already wrote in the second report, regarding Infection Prevention a lot can improve. It is important that this is a joint action of the whole hospital. We already made a start at the Burns ICU, because it is important that the staff doesn't get ill because of poor hygiene. The nurses and I agreed it was important to use plastic bags for the waste: the dirty bandages, the waste of the patients and attendants (prevention of flies at the ward) in the patient rooms, the waste of the nurses, and so on.

In the bathroom all the patients are showered with the same douche-equipment. It is important to have more showers which can be changed after changing dressing of the patient and sterilized again. The tube from the tap to the shower is hard to clean properly, so sterilization after each patient is important to prevent cross infections.

In the neighbourhood of the toilets it smells urine. I saw the male attendant urinating in the room before the toilets at the wall. The nurses of the Burns ICU designed (amateurism) signs which tell how to use the toilet and to flush the toilet after use. Perhaps it is useful for the hospital to design professional ones, because it smells urine in a lot of toilets in the Hospital!!!

Patients have a chance to get malaria in the hospital, because of mosquitoes. Malaria is a hot item. I think it is very important to prevent Malaria by mosquito nets. Perhaps it is possible to make them available at the hospital (low costs).

6. CONCLUSION

These three months I did a lot of work at the Burns ICU. Besides supporting the nurses also the anaesthetists asked me to assist them sometimes. Sometimes I felt to be a mediator between groups of people. The nurses and I realized means to make work more structural, clear, and sustainable.

For the Burns ICU it is important that there is always a doctor available. Sometimes this was very difficult to reach one and this is very important in critical situations. It is important the members Medical Staff of the UBPSI are going to work together more and have meetings together. It was very nice to see this improved at the end of my stay, but now it is very important the manager is going to arrange this next period.

Also there are too less nurses at the ward, especially in the evening and night duty, and in the weekend. There should be more communication between the Management, Sister in Charge and the Commisioner, Sister Mirjam Walusimbi. Perhaps this can be solved when the new ward next to the Burns ICU is started.

There is a lack of communication between the manager and the sister in charge of the Burns ICU about the daily, structural, and potential problems. It is necessary to arrange a meeting every week after the big round.

I think it is very important for Dutch Nurses to continue the work on the Burns ICU and to train the (new) nurses on the Burn Wards (Burns ICU and the new ward). The Nurse report, monitoring the patient, Wound Care and Infection Prevention will be the most important items next years. Communication is also a priority. To arrange a monthly meeting for the nurses at the ward to discuss the problems of the ward is very important. In this way everyone is involved and is going to feel responsible for the ward. Also a multidisciplinary meeting once a month for the staff of the Burns ICU to discuss a patient is important. In this way they can learn about the multidisciplinary approach of the patients, they can learn from the mistakes and how to go on.

I already made some protocols and guidelines, but there still are a lot of procedures which must be worked out. It is also important one of the nurses is involved, particularly when Mulago Hospital wants to start with the ISO-certification.

The nurses improved a lot in those three months, but it is a utopia to think everything can be finished next three months. It is very important to send nurses for a long term to the Burns Ward of Mulago Hospital. It would be very good when I repeat a stay again next year, to guarantee the continuity of the work, to look if there are improvements on longer term, and to criticize if it is useful to work in this way.

The results to send nurses from Uganda to The Netherlands are less useful. The most important reason is the Intensive Care in the Netherlands is too difficult for the nurses and the equipment are often not available in Uganda. The monitoring equipment which is available at the Burns ICU in Mulago Hospital is hardly used, so it is important the nurses are going to work with it more intensively. They have to learn how to handle with this without making the wrong conclusions.

There are also some recommendations for Infection Prevention. Mulago Hospital is very progressive about HIV/AIDS policy. People get an examination and medical treatment for free. On the other hand a lot of people are exposed to infection by dirty waste (dirty bandages, food rests, and so on) in buckets. When there are plastic bags available the waste can be closed up and the chance of infection is much less! Also the proper use of the toilets in the Hospital is important. Signs to instruct patients, attendants and other visitors are necessary. Another item is Malaria. There are patients dying in the hospital because of Malaria. Preventive measures can't be missing!

Next four years there is still a lot of work to do. I am very positive it will improve if everyone stays as enthusiastic as they were at the moment I left. A good and efficient management is indispensable. It is also important the direction Mulago Hospital makes clear where they stand for and what they expect from their employees.

I want to end like I started: I had a marvellous time. I felt very welcome at the Burns ICU. It was a pleasure to see the nurses already improving in such a short time. I also see my work is not finished yet and I hope to be able to return next year.

ATTACHMENT I

TIME SCHEDULE TO INTRODUCE NURSE REPORT

13/6/2005

- Brainstorming
- What forms do the nurses want in it?
- Time schedule

14/6/2005

- Marjo shows the first concept
- What needs to be changed?

Week of the 19th of June and 26 June

- Lessons about monitoring of the patient and recording of parameters by Connie and/or Marjo for everyone

4 July 2005

- Introduction of the nurse report and implementation by Jessica, Joy, Connie and/or Marjo for everyone

1 August 2005

- First evaluation by Jessica, Joy, Connie and/or Marjo
- Clear the problems
- How to solve
- Make corrections

29 August 2005

- Evaluation

ATTACHMENT II Forms of the Nurse Report

History of the patient

Name:

1. Cause	
2a. Time & Date of incidence/accident	
2b. Time & Date of arrival at the B. ICU	
3. The first treatment after the accident	
4. Other patients involved	

5. Side diagnose:	
a. Heart	
b. Pulmonary	
c. Urological	
d. Liver disease	
e. Gastrointestinal diseases	
f. Neurological	
g. Gynaecological	
h. Malaria	
i. HIV/AIDS status	
j. others	

6. Medicines using at home	
7. Special diet at home	
8. Nutritional Status (Children)	
9. Allergy	
10. Children: Vaccination status	

11. Mental condition before accident	
12. Social Status	
13. Religion	

Saved as: Nurse Report - History of the patient -
EXCELL

24 Hour Nurse Report

Date: . ./.../.....

Name:

Weight: kg.

Time	Temp. °C	HR B/min	NIBP mmHg	SpO₂ %	RR min.	GCS EMV	Pain- Score	Fluid - Balance	Gastro- intest.
am 7									
8									
9									
10									
11									
12									
pm 13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
am 1									
2									
3									
4									
5									
6									
7									
Saved as: Nurse report - 24 hour report									

ATTACHMENT III

GUIDELINES OF THE NURSE REPORT

THE NURSE REPORT

Definition:

The nurse report is a report which contains all the information the nurse has to know about the patient to guarantee the continuity of the care and cure the patient need during 24 hours a day. The Nurse report is used during the whole admission of the patient at the Burns ICU.

Why nurses report?

- To guarantee the continuity of the care and cure the patient need by using the nursing process.
- To prevent suspected complications or potential problems.
- To show the nurse did everything within his/her capacity of profession at the moment the patient has a problem.
- A way to communicate with colleges and other disciplines about the problems of the patient.
- A way to improve the knowledge by discussion.
- To use for Evaluation of the patient and as possible training material.

Forms in the Nurse Report:

- Burns Chart
- History of the patient
- Investigation and (Medical) Instructions
- Nurse Report:
 - Form for the objective notes (parameters by monitoring)
 - 24 Hour Report

Every form in the Nurse report has to be provided with

- The name of the patient
- The Date:
 - Date of Admission on the Burns Chart and the form with the History of the patient
 - Date of start of the investigation/(medical) instruction and the date to stop the investigation/(medical) instruction on the form for Investigation and (Medical) Instructions
 - Date of report every day on the form for 24 Hour Report

Information on the 24 Hour Report

It is important to record an objective report as much as possible. What is going on with the patient at a certain moment? The letters S.O.A.P.I.E. can help the nurse to report in a correct way.

S: Subjective Data.

- The symptoms described by the patient. The patient tells the nurse about his/her well-being. The nurse listen and has his/her own interpretation.
- What the nurse see/hear/feel/smell/taste

To make these subjective observations more objective:

- Ask the patient by repeating what he/she told or by questions if you understood everything like the patient meant it.
- Ask a colleague and the patient if it is right what you observe.

O: Objective Data

- The monitoring with special equipment gives objective information if the equipment is used in the right way.
For example: NIBP, HR, RR, Temperature of body, Bodyweight.
- Use words of activity, like
He is **reading** a newspaper
She **walked** around
He was **screaming**

A: Assessment (The Nursing Diagnosis)

Conclusion of the nurse about the Subjective and Objective Data

P: Plan

Make a plan of action after the conclusion.

I: Implementation

This means the Nurse Action: to carry out the activities, which the nurse wrote in his/her Plan.

E: Evaluation

Evaluation of Assessment, Plan and Implementation. The nurse collects again the Subjective and Objective Data. He/she records the results of the nurse activities. Perhaps after this you need to make a new assessment and Plan.

Example

“The baby cried a lot”. This is a subjective data: what means “a lot”?

Better:

“The baby cried for one hour”.

After this the nurse tries to find out what the reason can be:

- hunger
- pain
- feeling alone

This is the Assessment or Nursing Diagnosis

The nurse makes a Plan and carries out the activities (Implementation):

Advises the mother

- to give extra food
- to stay with the baby and hold her in her arms

No result:

- Gives pain medication

After every action the nurse observes the result (Evaluation). He/she collect the new Data, makes when it is necessary a new Nurse Diagnosis and Plan. There will be new activities and after this again an Evaluation. In this way it is a continuing process.

The nurse records the data, assessment, plan, implementation and evaluation in the Nurse Report

ATTACHMENT IV

24 HOURS ACTIVITIES FOR THE NURSES **AT THE BURNS ICU**

Day Duty

8.00 am

- * Read the nurse report and transfer by the Night Duty
- * Read the medical instructions of the nurse report
- * Visit the patients in their rooms and have a good morning talk
- * Look at the fluid balance at the bed side and monitor the results

During the Day

- * Start the dressing of the patients. Look at the medical instructions what patients need a dressing change. Be aware that on Wednesday there is the big round and the doctors want to see the wounds of the patients if necessary.
- * Monitor and record what you observe at the patient in the Nurse Report like you learned. Discuss this (= Evaluation) and make a new plan if this is necessary.
- * Give the patients the treatment they need during the day and record this in the Nurse Report.

1.0 pm

- * Lunch at the ward together

2.00 pm

- * Prepare the gauzes for next day, ready for sterilization.
- * Put the instruments for changing dressing in the bags in a correct way, ready for sterilization.
- * Extra attention for the patients and their attendants to inform them and to have a talk with them.

MONITOR THE PATIENT DURING THE DAY AS MUCH AS THEY NEED (DEPENDING ON THE CONDITION OF THE PATIENT)!!!!!!!

Evening Duty

3.00 pm

- * Read the nurse report and transfer by the Day Duty
- * Read the medical instructions of the nurse report
- * Visit the patients in their rooms and have a good morning talk
- * Look at the fluid balance at the bed side and monitor the results

During the Evening

- * Monitor and record what you observe at the patient in the Nurse Report like you learned. Discuss this (= Evaluation) and make a new plan if this is necessary.
- * Extra attention for the patients and their attendants to inform them and to have a talk with them.
- * If there are patients for dressing twice a day: change the dressing.
- * Give the patients the treatment they need during the evening and record this in the Nurse Report.
- * Control if the day duty prepared the gauzes and instruments for the next day. If necessary add gauzes.

- * Don't forget to eat and drink!

MONITOR THE PATIENT DURING THE EVENING AS MUCH AS THEY NEED (DEPENDING ON THE CONDITION OF THE PATIENT)!!!!!!!

Night Duty

8.00 pm

- * Read the nurse report and transfer by the Day Duty
- * Read the medical instructions of the nurse report
- * Visit the patients in their rooms and have a good morning talk
- * Look at the fluid balance at the bed side and monitor the results

During the Night

- * Monitor and record what you observe at the Patient in the Nurse Report like you learned. Discuss this (= Evaluation) and make a new plan if this is necessary.
- * Extra attention for the patients and their attendants to inform them and to have a talk with them.
- * Give the treatment the patients need during the night and record this in the Nurse Report.
- * Sterilization of the gauzes and instruments for the next day.

- * Don't forget to eat and drink!

7.00 am

- * Balance the Fluid Balance and record this on the temperature list.
- * Monitor the body temperature and the Heart Rate and record this on the temperature list and in the Nurse Report.

MONITOR THE PATIENT DURING THE NIGHT AS MUCH AS THEY NEED (DEPENDING ON THE CONDITION OF THE PATIENT)!!!!!!!