

## ***REPORT OF MARJO AERTS – BURNS ICU MULAGO UNIVERSITY HOSPITAL***

### **INTRODUCTION OF THE BURNS ICU**

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) are<sup>1</sup>:

- 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.

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

## **Introduction**

Because of my CV (nurse, IC-nurse, teacher for nurses, Anesthesia nurse and Community health nurse) I was sent to the Burns Unit by Stichting Interplast Holland for 14 weeks to support and train the nurses: 3rd June until 4<sup>th</sup> September 2005. The nurse staff wants to improve their level and want to become specialized.

In the preparations I made in Holland I read “REPORT ORIENTATION VISIT BURNS ICU MULAGO HOSPITAL KAMPALA, UGANDA”, written by J.A. Boerma in order of Stichting Interplast Holland and the Dutch Burn Foundation in April 2005; “Progress report after three months by Hon. Senior Consultant Plastic Surgeon”, written by Dr. R.J. Zeeman, MD, FRCS in April 2005. I had interviews with Beth and Joy, two nurses of the Burns ICU who were for five weeks in de Burns Hospital in Beverwijk for training in March and April, with Ina Boerma and Dr. Zeeman.

The main goals were not clearly definite, but the conclusions were to do in 3 months:

- To improve the hygiene at the Burns ICU
- Introduction and implementation of a nurse report, monitoring of the patient and recording of the observations
- Introduction and implementation a 24 schedule for the activities of the nurses
- To start and/or implement protocols, like changing bandage, hygiene, making reports of the monitoring of a patient.
- Other items asked by the nurses themselves.

Important is my vision of nursing at the Burns ICU in Mulago University Hospital Hospital:

- Respect for the patients and give them the care and cure they need
- Respect for the nurses: what do they want and how do they like to learn. Their input is very necessary for sustainability. This is easy to find out by informal interviews and discussions. Why are they doing the activities in a manner they do it now.
- To find out the way of thinking and the superstitions of the patients, the family and the nurses and the medical staff
- To find out the cooperation between the nurses and the other professionals on the ward like the Medical staff, Sr. Monica (the senior nurse in charge in the Burns ICU and plastic surgery ward), the nutritionist, and cooks in the kitchen.

## Introduction at the Burns ICU the first week

**Goal of the first week:** Introduction at the Burns ICU.

1. After one week I want at least
  - to be introduced at the nurses of the Burns ICU'
  - to be introduced at other disciplines who are involved with the Burns ICU, like the Medical staff, Sr. Monica, the officer of the Burns Unit , the women in the kitchen
  - to make clear my first impression of the organisation of and activities at the Burns ICUActivities:
  - Informal interviews with everybody I meet
  - Work with the nurses at the Burns ICU
  
2. After one week I want
  - to get the boxes which I send from Holland at the ward
  - to know what is in the store (the container donated by Stichting Interplast Holland)Activities:
  - Visit the store (container)

1. The first day I met *Ms. Connie Jarlsberg*. She is an experienced burns nurse, from the USA and works on voluntary base as a teacher at Department of Nursing, Makerere University - Bachelor of Nursing Science Programme. She is very concerned with the Burn ICU and already trained the nurses in *Basic Nurse Care of Burns Patients*. The first week we had a lot of informal conversations and the way of thinking of us is the same. Sometimes we do or say independent from each other the same things. So I think the cooperation will be complement, efficient, effective and sustainable.

*Steven (also named Cato)* is the book-keeper at the office of the Burns ICU. He arranges all the office-activities of the Burns ICU and is involved with activities of Interplast Uganda. He keeps the key of the container donated by Stichting Interplast Holland, a store for the Burns ICU and the Burns Theatre.

*The nurses of the Burns ICU.* I met them all the first week. This is not difficult, because there are only 7 nurses involved with the activities of the Burns ICU. There are two nurses during the day (8-16 o'clock), one in the afternoon (16-20 o'clock) and one at night (20-8 o'clock). In the weekend there is only one nurse during the day. They are doing a lot of activities with the attendant. The attendant is expected to take over a lot of nurse-activities. The nurse has a controlling function.

The head nurse is Jessica. She works five days a week. She keeps the key of the store and has to solve the problems of the Burns Unit together with Sr. Monica. She also helps with the care of the patients.

Sr. Monica is the senior nurse in charge in the burn unit and plastic surgery ward. When I met her she wants me to have a temporary registration. Connie and I had a lot to do for it. I am Connie very thankful for helping me. First we get a letter from Dr. B. Khingi and went to the head office of the Mulago Hospital where we got a recommendation from Sr. Mariam to take to the Ministry of Health. I had my diplomas and certifications with me. At the Ministry of Health they wanted them to be translated, which I did by myself after work and copied it on a

CD-rom (advice of Connie). Connie bought them to a translation office of the University, which made them official (costs 135,000 Uganda Shillings). The temporary registration was \$ 40.00. They didn't accept the Euro. Tuesday the 14<sup>th</sup> we can pick it up at the Ministry of Health. At this moment I can work with the receipt. Sr. Monica comes every day to see if the registration is arranged.

The nurses are very concerned and want to improve, but they don't know how to start and how to implement. They have a lot of good ideas. This week we started to make a list what is necessary to improve the ward and what the nurses want and by whom they want it to be done. They want me Monday to start with the nurse report for every patient. Jessica, Joy, Connie and I are going to make them. The first meeting Connie is excused. I send a cover from Holland for this purpose; every patient room one cover.

*The medical staff of the Burns ICU.* I met Dr. Ben Khingi because he picked me up at the airport. He introduced me at Steven and Connie. Connie introduced me at the Burns ICU. I never saw Dr. Khingi at the ward, because he was on sick-leave. Further was it hardly possible for the nurses to reach a doctor who is involved at the Burns ICU. There came an orthopaedic surgeon because it was necessary to amputate both legs of a five months old child, and there came an eye doctor because of an infected eye of a patient. On Friday I met Dr. Robert Ssentongo. He came just back from the north. The five month old child was very ill and he wanted to look at him. The other patients didn't see a doctor the whole week. So I didn't meet them either.

*The Nutritionist.* I met her before and we already have a correspondence by e-mail. It was nice to meet her again.

*Other disciplines.* I met the man who brings the sheets and cloths. I saw the cleaning-team who cleans the floor three times a week. I met the men of the mortuary (sadly). There was no other discipline available (physiotherapy, occupational therapy or social worker)

This week I worked with the nurse and figured out what to do next three months. I changed the bandages from the patients with them. I visited the patients and the attendants and talked with them. I took care of two patients with the nurses who were very ill, but there didn't come a doctor. Together we mobilized the patients and let them exercise. The nurse report is not complete; they know, but don't know how to improve. They don't know how to monitor the patients and how to record the parameters. The hygiene is not taken care for and a protocol is necessary.

2. The first time I went to the store (container) by my own at Tuesday. I was amazed what was in it and why there are things which are not used (like toys for children which are good to do exercises). I took my private boxes and left the rest. I want to return with Connie and see together what to take with us.

At Friday Connie and I went to the container again and took with us the necessary things (most of them I send by myself). I took the Datex ECG-monitor also with me. I couldn't find the sensor of the pulse-oxymeter but I was sure I send it with the monitor. The day before I saw in the Burns Theatre there were a few ones. So I took one from there, although Sr. Mildred (operation sister) didn't like it. Because there are no doctors there are no operations. Dr. Robert Ssentongo said he had no access to the Burns Theatre. So why do they need all those sensors?

**Conclusion of the first week**

There is enough to do the next three months. I have met all the nurses. They are well-willing to learn and have good ideas to improve. They want to work on new procedures, but don't know how to start and how to implement.

I didn't reach the goals because the Medical Staff was not complete this week. The nurses told me this happened the whole month of May. They try to reach somebody of the Medical Staff every day, but nobody is possible to come to see the patients. The nurses take care of the patients as good as possible, but they don't know what to do and take sometimes a wrong decision. They showed me patients at the other wards who need the Intensive Care, and there are patients at the Intensive Care who can go to the ward or at home!

It is very important that the Medical Staff is coming to the Burns ICU and look after the patients and give the orders to the nurses.