

REPORT 2

After seven weeks at the Burns ICU of Mulago University Hospital the second report of my visit in Kampala, Uganda. After the first week of introduction (Introduction Report) the nurses of the Burns ICU and I made a list with activities for improvement the nurses wanted to do during my stay. The list can be found in Attachment I of this report.

1. Monitoring the patient and the Nurse Report

Except the wounds and the changing of dresses of the patient, hardly anything was reported. Sometimes there was a fluid balance reported in the morning, which was filled in by the attendant of the patient during the day. Not structurally the body temperature of the patient was checked in the morning and filled in at the Temperature Chart. During the round by the doctors I noted less questions and facts of the patients.

The Nurse Report, which is used until now, is a book in which every day the progress of all the patients are reported on one or two pages. So there is no overview of the patient and his/her progress. The nurse report and nurse process are very important items and useful to introduce now.

Purpose:

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

The nurses really want to improve and they told me it was good to start with a Nurse Report for every patient separately during 24 hours, from the admission of the patient until he/she is leaving the ward. Jesca, the nurse in charge, Joweria, a nurse who was at the Burns Hospital in Beverwijk Holland for 6 weeks, and I brainstormed about this outlook of the Nurse Report and this resulted in the forms of Attachment II.

Because there are patients who need an Intensive Care treatment and there are patients who need an Intensive Nursing Care, there are forms to monitor the patients every hour and there are forms for monitoring the parameters of the patient a few times a day. The forms for monitoring every hour (Intensive Care Monitoring) are used when a new patient is coming at the ward, when there are complications and after anaesthesia at the Operation Theatre. Together we made a time schedule to introduce the Nurse Report at the ward. This can be read in Attachment III. The most important is that the nurses get training about monitoring the patients. I want to teach the same lectures two times, so all the nurses have the chance to attend the training. Training schedule and goals see Attachment IV.

The first training cycle was on the 21, 24 and 28 of June and these were repeated on the 26th and 29th of July. The nurses were very enthusiastic and the nurses who didn't have the possibility to attend the lectures, I explained everything individually. After this the nurses worked with it during 5 weeks. I was at the ward daily and could support them individually and worked with them together. I could notify the problems with the report, what was useful and which forms are not necessary at the moment but can introduce when the nurses are ready for it.

On the 12th of June I had an appointment with Sister Myriam Walusimbi. She was very enthusiastic and told me she started in the same way at the Surgery ICU of Mulago University hospital and stimulated me to go on like I was started. She had some comments which were

very useful and which I can implement in the forms after the Evaluation with the nurses at the Ward. Sister Myriam showed me the forms which were evolved out of the first forms at the ICU and which are used now. She wants to talk with me again about it in August and we make a new appointment.

Evaluation:

The first week of August 2005

2. 24 Hour Activity Schedule for Nurses at the Burns ICU

Purpose:

At the end of August there is a 24-hour activity schedule for the nurses at the Burns ICU

Whom:

Beth and Marjo

At this moment the time during duty is not filled efficiently. It isn't clear for everyone when to do what. Perhaps when there is a schedule, made by one of the nurses with support, this can change. We want to make it on a Flipchart and everyone can improve this. At the end of August a nurse can make a protocol of it with my support.

3. Job Description

At request of the Ministry of Health and the Administration of Mulago University Hospital Connie Jarlsberg and I are going to make a Job Description for nurses who work at the Burns ICU of Mulago University Hospital. This overlaps the Nurse Process and the Nurse Report.

Purpose:

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

The problem was that I heard about the Job Description when I attended the Board Meeting of the UBPSI at the 22nd of June. In the minutes was noted in the Activity List Connie Jarlsberg should do this. When I had a talk with her, she didn't know anything about it; nobody asked her to do. Because it is a lot of work, we decided to make it together. We both gathered the information, which is used worldwide, from Internet. At this moment we made a start and can finish it in August.

4. Protocols

There are some Protocols on the Computer of the Burns ICU. The nurses don't use the computer, because of different reasons. They have less knowledge about computers. In addition there are people who don't like to read a text from a computer screen. Most of the "Protocols" aren't a protocol, but a file with information about patients with Burn Wounds. Some of them are outdated or not finished.

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.

By whom:

The persons who already wrote the files (Dr. Khingi and Deo), and Marjo (the nurse report, monitoring the patient and the waste-procedure at the ward).

5. Infection Prevention

Regarding Infection Prevention a lot can improve, but I think it is important that this is a joint action of the whole hospital. This doesn't mean we can't make a start at the Burns ICU. The first item is the waste. I saw that when the nurse changes the bandages, they put the infected bandages on the floor or on a table, which is next by. Sometimes a bucket is used. After the dressing the waste is thrown in another box and someone is coming to remove it from the ward. They put it in another box, also without protection. So a lot of people are exposed to very infected materials! This is happening at every ward I have been, but isn't necessary when in every bucket or box plastic bags are used. Those plastic bags can be closed after use. Another thing is that the waste of food is also thrown away in the buckets. After some time you see the flies coming out of the bucket. Flies are a source of infections! It is very important to use plastic bags in the buckets and they are cleaned every day. In this way the chance of flies is minimized.

Advise for Mulago University Hospital:

Provide the wards with plastic bags for the buckets, so that the waste can removed and transported safely and the hospital keeps clean.

6. Human Resources

Like I wrote in my first report there are 8 nurses on the duty list at the Burns ICU. During the year there is always one nurse on annual leave. So there are only 7 nurses for 3 duties during the day. There are too less nurses, because at the ward have to be at least two nurses every duty during 24 hour and in the weekend, and the nurses also have their days off.

If there is an admission of a patient at the Burns ICU, he/she needs a lot of attention. Mostly one nurse is busy with monitoring the patient and the other activities around the patient. Sometimes the help of a second nurse is necessary! When there is only one nurse at the ward, he/she can't guarantee the care of the other patients and sometimes also the care of the new patient. When there is a patient who is already at the ward and is very ill because of complications or operation, there is the same problem: ***a shortage of nurses!!!!!!!***

Until now there was no consultation of the sister in charge with the management of the Burns ICU about running affairs at the ward. I proposed dr. Zeeman to organize a weekly meeting between the sister in charge (Jesca Babiryre) and the manager (dr. Khingi). Last Wednesday the first meeting was arranged after the big round. It would be good when this will be continued.

7. Equipment

At the moment the nurses and I are making stocktaking what is necessary at the ward. The most important machine we miss now is a heater to warm the patient. There are heaters, which can put above the patient (they look like a solarium). Such a heater covers the whole patient and are very safe. They are ambulant and easy to clean.

There are a lot of people whose temperature is too low, because of lying too long without covers on the street with big open wounds or because of an operation. Also after a bath the patient can be very cold. At those moments a heater is indispensable. Hypothermia causes a lot of systemic complications of the body and medication can't work like it has to do (look for it on Internet or in the books). Besides this it is also very uncomfortable for the patient.

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4th August 2005

Attachment I

Activity list to improve in 3 Months

- Nurse Report
- Access to the store
- Training about Monitoring the patients
 Recording the parameters
 Monitors
 What else we met
- 24 Hour schedule with the activities of the nurses
- Infection prevention
- Protocols

History of the patient

1. Cause

2a. Time of the incidence/accident

2b. Time of arrival at the Burns 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

6. Medicines using at home	
7. Special diet at home	
8. Allergy	
9. Children: Vaccination status	

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

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

24 Hour Nurse Report

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

Weight: kg.

Time	Temp.	HR	NIBP	SpO₂	RR	GCS	Pain-	Fluid -	Gastro-
	°C	B/min	mmHg	%	min.		Score	Balance	ent.
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

24 Hour Nurse Report

Date:

Time	Nurse Activities	Name Nurse		
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				

Attachment III

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 IV

LECTURES FOR THE NURSES OF THE BURNS ICU UGANDA

Schedule:

- 21st of June 2005:
What do you monitor at the burns patient, how are you doing this and how do you have to record this?
- 24th of June 2005:
Practical lesson: The electric equipment on the Burns ICU to monitor the IC burns patient.
- 28th of June 2005:
Recording the patient who are in the Burns ICU at this moment in the new nurse report

21st of June 2005

MONITORING OF THE PATIENT

Goals of the lecture:

After this lecture the nurse can

- Monitor the patient at the Burns ICU
- Tell how they have to monitor the patient
- Tell how they should record the parameters which are observed at the patient

Situation at the start:

There are 7 nurses at the Burns ICU. They already followed the training cycles “Basic Care for Burns Patients” by Connie Jarlsberg, Bachelor of nursing Science Programme at Makerere University. In the attendance list of these lectures I saw nearly everybody came. At the moment one nurse is on leave. I will teach him by individual course. I also invited the nurses of the other wards who take turns with the Burns ICU. The nurses are very well willing to hear new things. They want to improve but don’t know how.

Structure of the lecture

- Introduction and hand over a “reader” (5 min.)
- Lecture (40 min)
- Evaluation (5 min.)

What do I need?

- Flip charts and markers (diff. colours)
- Readers which contents”:
 - What to monitor
 - How to monitor
 - How to record
 - What to do with it

The lecture (Summery)

INTRODUCTION

Why this lecture?

Because of the introduction of the new nurse report it is very important to know in the first place what observations the nurse has to at a burns patient. When you want to talk with the doctors about a patient it is very important well ground to come with objective records. Therefore you need a nurse report that contents all the observations, the nurse activities and

medical instructions, given by the doctor, which the nurse has to do. The nurse also needs the background of the patient, like the history and the places of burn wounds.

LECTURE

Monitoring of the patient is:

Doing all the observations the nurse can do at a patient, in this case the burns patient, to make clear if the patient has problems, how to handle these problems and to see a trend during the staying at the ward.

What does the nurse need to monitor the patient?

1. Her/his own senses:
 - Eyes – to see
 - Ears – to listen
 - Mouth – to talk and taste
 - Nose – to smell
 - Sensible nerves in the skin – to feel
 - Temperature senses in the skin – to feel the temperature of the patient
 - Pressure senses in the skin – to feel the pressure
2. Special equipment which is available

What has the nurse to monitor at the burns patient in the Burns ICU?

1. HEART

- HR (pulse, pulseoxymeter, ECG) – NR = 80 – 120 b/min (adults); > 100 b/min (child)
- NIBP
- Urine production (TUC)
- Fluid Balance during the day (every 6 hours at a IC patient)
- CVP (Central Venous Pressure) for Cardiac Decompensation right and coughing pink, foamed fluid for left Cardiac Decompensation.
- Auscultation with a stethoscope (crepitations – heart failure)
- Weight of the patient: at least 3 times a week!!!!!!
- Capillary refill
- ECG when it is available
- Condition of the patient (suddenly tired, fainting, nausea, sweating)
- Hb

2. PULMONARY SYSTEM

- Respiration rate
- The movements of the chest and abdomen
- Feel the air on the back of your hand when there is an expiration
- Listen if there are noises during the breathing (inspiration or expiration) with or without a stethoscope
- Capnography (at the Burns Theatre)

3. KIDNEYS

- Fluid Balance!!!!!! (4 times a day)
- Measure: adults > 0,5 ml/kg bodyweight; children 1 – 2 ml/kg bodyweight

- Colour of the urine: red colour means a very bad condition of the kidneys because of haemolyses.
- Smell of the urine
- Frequency of urinating (infection?)
- 4. **BRAINS**
- GCS
- 5. **GASTROINTESTINAL SYSTEM**
- Food intake
- Nausea – vomiting
- Faeces (frequency and aspect)
- Auscultation of peristalsis
- 6. **SKIN AND OTHERS**
- Temperature of the body and the skin. The body temperature should be measured at least ones a day during the staying at the ICU. This has to be measured **RECTAL!!!!** After measuring clean the thermometer!!!!!! When you feel changes in the temperature of the skin, you have to measure frequently.
- Colour of the nails, eye-white, palm.
- Condition of the skin
- Wounds
- 7. **BEHAVIOUR – Mental condition**
- Looking – talking – listening. Listen what the patient tells you and how he/she acts!
- **PAIN.** A pain score is very important. In this way the nurse can see a trend when the patient has pain during the day and anticipating developments. The nurse can give something against it before the pain is too much.
- 8. **SOCIAL STATUS**
- What was the situation before the accident
- The relation with the attendant (the social world decreases very much in a little room; the patient can feel very lonely and like a prisoner.
- Again: Looking – talking – listening
- 9. **RELIGION**
- Perhaps want the patient religious support

Recording the observations

Now there are a lot of parameters you have to do at an IC burns patient. The nurse has to record all these parameters; otherwise he/she can't remember it the next day. Further is it important because the nurses work in shifts. The next nurse should know what is going on with the patient. Continuity is very important.

Further is it important to write down the observation objective instead of subjective. This is easy when we talk for example about the heart rate; it is more difficult when we want to write down something about the behaviour of the patient. This is because we are thinking when we listen at the patient and don't really hear what he/she has to tell. **Listening is more important than talking!!!!!!** Try to communicate with each other about this and train yourself.

The last lecture of this training cycle we are going to use the new nurse report. In the meantime you can study this reader.

EVALUATION