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ISTAC Newsletter



Message - MC Misra, President, ISTAC

INDIAN SOCIETY OF TRAUMA & CRITICAL CARE (ISTAC) was founded by like minded individuals for improving the trauma & acute care in our country. Using JPNATC as a model for implementing changes and innovations, ISTAC has come a long way in the last 5 years and I am glad to say that JPNA Trauma Centre fulfils the mandate given to it for being the apex institution in trauma & critical care, besides being the leader in research in trauma care in our Country.

I welcome the team from Shock trauma Centre, Baltimore and am sure that continuing exchange of ideas and experiences can catalyse the changes required to make JPNATC a world leader in trauma care. The last year has been very rewarding for ISTAC in general and JPNATC in particular. Continuous educational activities for Nurses have been conducted by the society as well as by in-house teams and this has paid off in improved patient care and research. nurses have bought laurels to the centre and to the nursing community at large by winning numerous awards in the year 2011 . It is indeed heartening to see doctors, nurses , technicians and other healthcare professions working in harmony for the larger benefit of patients. I wish all ISTAC members a very fruitful and eventful year ahead.

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FROM THE EDITOR'S DESK

It gives me immense pleasure in editing the inaugural issue of ISTAC newsletter. The society has been doing excellent work for improvement in trauma care as well as in educational & academic activities.

The focus of this issue is JPNA Trauma Centre which has been the nidus and 'Alma-mater' for ISTAC. JPNA Trauma centre has been striving for improvement in all spheres of patient care and is arguably one of the best trauma centers in this part of the world. On of the main pillars for improving patient care are the nurses and our nurses have done us proud by winning accolades across the globe for their research and patient care activities. This issue is dedicated to all the nurses who have fully embraced change to make this trauma center a better place for patients, relatives and all healthcare workers

Deepak Agrawal

HIGHLIGHTS

STC Maryland nurses visit



Discover Yourself

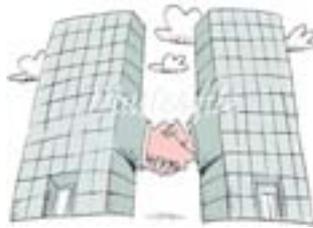


Nursing collaboration with shock trauma centre, Maryland, USA

As a part of the nursing collaboration with R A Cowly Shock Trauma Center, Baltimore and Jai Prakash Narain Apex Trauma Center one doctor and two nurses are visiting the JPNATC from 26th March to 30th March 2012. This initiative will focus on the nursing partnerships to use evidence based bedside interventions, infection prevention protocols etc. The collaboration mainly aimed on the uplifting of nursing in the trauma center.

This collaboration help the nurses for con- of advanced practice nursing. This process vanced practice nurses and would like pro- treat and improve patient health outcomes.

The nurses who will be visiting are Ms. Karen Dr. Manjari Joshi. With Indias population new and sustained collaboration between advancing trauma care and emergency services.



tinuing professional competency and meets the needs of professional development is highly valuable to ad- vide professional knowledge and skills to safely

McQuillan, Ms. Carla A Aresco and the doctor boom and the rising number of trauma victims, the Shock Trauma Center and JPNATC has potential for



KAREN McQUILLAN

RN, MS, CNS-BC, CCRN, CNRN,
FAAN

Karen received her her BSN and MSN in Trauma/Critical Care Nurs- ing from the University of Maryland

School of Nursing. Karen has lectured on neurological and trauma topics at numerous regional, national, and international conferences.. She has also mentored other nurses as speakers and authors. .Karen has reviewed and edited numerous manuscripts and served as lead editor for the text "Trauma Nursing: From Resuscitation Through Rehabilitation" (3rd and 4th editions). She has served as principle investigator or co- investigator on a number of studies exploring various aspects of trauma nursing care. For her work Karen has received multiple awards and honors and was selected as a fellow in the American Academy of Nursing



Carla A Aresco

CRNP (Clinical Program manager)

Ms. Carla A Aresco gradu- ated with BSN in 1993, after working 1 year in a medical/surgical ICU started working at Shock

Trauma in Baltimore.

In 1998 she began her graduate studies as an adult nurse practitioner. She graduated in 2000 and started working at Massachusetts General Hospital in Boston as a Trauma Nurse Practitioner. While there she went back to school to get post master certificate as an acute nurse practitioner. In 2002, she returned to Baltimore and was one of the first Nurse Practitioners to work at Shock Trauma. She worked with the Trauma Neurosurgery Service. In 2010, she started working in the Trauma Intensive Care Unit.



Dr. Manjai Joshi MBBS, ECFMG, FLEX

Associate Professor of Medicine

Done her graduation from All India Institute of Medical Sciences in 1975. Completed the residency in internal medicine from Prince Georges General Hospital And Medical Center, Maryland. Currently working as an associate professor of Medicine at Department of Medicine, Division of Infectious dis- eases cine, School of Medicine, RA Cowly Shock Trauma Center. She serves as a senior attendee in various departments teaching rounds.

SAPNA-Hope of Life In Trauma Center

SAPNA started working at the Jai Prakash Narayan Trauma Centre, AIIMS since 2007 with the aim of helping the unknown (Patients whose identities could not be known), unattended and abandoned patients. On an average a total of 350-400 such patients are supported by SAPNA every year. SAPNA takes care of the daily needs of these patients by providing them utility items like toothbrush, toothpaste, oil, clothes and any other items needed by the patient. SAPNA also takes the responsibility of getting these patients discharged and arranges to send their homes or rehabilitating patients to shelter homes. Our workers personally go to drop all patients after they are discharged from the Hospital. A large number of patients who are rehabilitated are sent to the Home for Sick and Destitute, Vijay Mandir, Alwar which is again an initiative of SAPNA. Recently SAPNA has also started rehabilitating Neuro Surgery Patients at their home in Al-



war. On being discharged, SAPNA provides the patients with clothes, fare for travelling home if the patient can go on his own, medicines, medical aids like Suction Machines, Water Beds, Arm Slings and Wheelchairs etc. We have also been helping patients by financing Vacuum Dressing treatments. SAPNA is thankful to the Chief, JPNATC for giving their team an office within the campus of the Hospital. Along with the office has taken up the responsibility of managing the Waiting Area. SAPNA takes care of the Sanitation and Cleanliness of the Waiting Area.

The office has allowed us to help patients and their attendants by guiding them with the procedures of the Hospital. The office also helps us to extend support to the poor patients as they now know where they can approach us.

We try to provide the poorest of the poor patients with medicines, medical aids and any other support that they need. Also for the past one month we are helping extremely poor patients by providing them lunch coupons so that they can have at least one square meal every day.

SAPNA helps to perform the Last Rites of the deceased who die while they are admitted at the Trauma Centre. SAPNA also funds and arranges for the transportation of the bodies of the deceased patients whose families are known and can be contacted.

Overall SAPNA tries to be a Support to the Staff and Doctors of the Hospital. SAPNA also tries to make the stay of the patients at the Hospital as comfortable and hassle free as possible. And SAPNA tries to help as many lives they can.

Research: To Evaluate the Feasibility of Verbal Analogue Scale among Emergency Care Providers in Assessment and Management of Acute Pain in Trauma Victims

Ms. Geeta Adhikari, Emergency Dept



Background and Objectives: Likert scale [from 1 to 5] was assessed for Acute pain assessment and management in trauma victims is often overlooked in emergency department (ED). Visual analogue scale is the preferred scale for assessment and management of pain however, its role in a busy ED is limited. The objective of this study was to evaluate the feasibility of verbal and visual analogue scale among emergency care providers.

Methods: The emergency care givers were instructed to use both pain scales wherever feasible for assessment, management and monitoring of pain in 100 non consecutive alert patients. Separate pre-tested survey questionnaire addressing the feasibility of each pain scales was surveyed among emergency care provider (emergency physicians, nursing staff).

Results: Out of 100 patients enrolled, verbal analogue score was used in all patients and visual analogue score was used in 30 patients. The average likert scale score for verbal analogue score questionnaire was 1.7 and the average likert scale score for visual analogue score questionnaire was 3.9. On the overall utility both scales were found to be useful in all patients.

Conclusion: Both the scales were found to be useful in overall assessment and management of pain. However, there was a favorable trend towards using verbal analogue scale among emergency care providers.



MY DAYS IN JPNA TRAUMA CENTRE (AIIMS)

DR. RATNADIP BOSE, SENIOR RESIDENT, DEPTT. OF NEUROSURGERY

Walking down the hallowed corridors of the AIIMS Trauma Centre one gets to feel the aura that this place exudes. From the very first day of residency, one gets the kick start to strive for excellence in one's field of work. No doubt there is always significant work pressure, as AIIMS, being an apex care centre, has a wide catchment area and caters to patients from near and far. Also, the margin of error in trauma care being very narrow, the work environment is very taxing on the residents. At the end of the shift, I used to feel dead tired and numb to the emotional needs of my personal life. In spite of all these, it has been a tremendously fulfilling experience working at this institution. I saw extensive efforts are being taken in shaping several protocols of patient care and also in adhering to them in practice. State of the art equipments and infrastructure and well-trained paramedic support staff in this hospital are truly the best our country can offer. The computerised patient

record system has streamlined documentation of patients' records and surely is amazingly helpful at all levels of patient care, be it for record purpose or for retrieving data for academic presentations. Talking about this beacon of excellence will be grossly incomplete without mentioning about the teaching faculty of this hospital. Their single-minded devotion and passion towards patient care is what drives you further. Surely, no resident can complain of long and endless shifts when you see someone 10-15 years senior to you toiling as much. Harsh and unforgiving they might appear on first look, but it's very heartening to see their compassion pouring for patients; and cajoling and relentlessly keeping the residents on their toes ultimately helps the residents only to achieve a very high level of professional excellence. Through bitter-sweet experiences, it is, at the end of the day, a matter of great pride and a great learning experience, working at the AIIMS Trauma Centre.

DISCOVER YOURSELF-THE CULTURAL PROGRAM AND TALENT SHOW IN JPNATC



A Get together with our colleagues always give a friendly work atmosphere. This New year celebrations were held on

21/1/2012, organized by our Nurse Informatics team which included cultural programs and talent shows performed by various staff of JPNATC. The goal of the program was to reduce the increasing stress level among the staff of the institute. them to relax a tiring schedule and to enhance team spirit. There is a big untapped talent pool among the nurses and these programs helped them to express and voice their hidden talents.



And to help bit out of the

The program started at 12 noon with a prayer song by Ms.Kiran Yadav (SN II ED) followed by the key note address of Ms.Sulekha Saha NS, JPNATC.



Then our chief ,Prof:MC Misra gave the inaugural speech. There after various cultural events was showcased. The most appreciable was the skit by NIS



team- Mr.Altaf ali, Mr.Sharwan, Mr.Pankaj and Ms.Saloni. the poem by Mr.Lalit (SN II TC1),Ms.Asha Duhan, Mr.Prince and the short movies by Mr.Martin Jose and Ms.Sheeba Joseph were also appreciated the most. Songs by Ms. Priyanka (SN II Radiology), Dr.P Kumar(duty officer), group song by Ms.Tashi and Dicky (SN II TC3)were melodious to the ears. The theme of the exhibition was Discover Yourself :-which included coin collection, painting ,photography, arts and crafts from various departments. All of the participants of the exhibition was awarded with small gifts of appreciation. The program was followed by delicious lunch.



NISP: ONE YEAR OF PROGRESS

Nursing Informatics Specialist Program (NISP) was started from 1st Feb 2011. It included five nurses who were given training for one month. From March 1st the Shift duties were started in Emergency Dept. One NIS was posted in ED round the clock & from 1st April we expanded to seven NIS Staff. Every NIS was given concerned area for training the nurses other than the Emergency Dept. The patient display system had been installed for more than a year before but it was not functional due to lack of accountability. NIS gave training to all Nursing staff in ED and trained them in entering the patient data. Nursing staff felt over-burdened with the PDS entry along with patient care. So work division was done for each part. Every area (Red, yellow & green) nursing staff entered the first information of each patient in PDS. Then the concerned area like XRAY, CT, MINOR OT & Main ED counter staff entered the update data of each patient. The great success was the linkage of

patient information from the Registration counter. Now the patient data is directly linked with registration counter & the area nurse just updates the data of the patient which included the investigations prescribed for each patient. NIS helps the nurses and doctors to get trained in the computerization. Now every Patient details are properly documented in nurses record and vitals of each Yellow area patient is entered in the CPRS. Every nurses are now trained in CPRS & access code is made for all nurses. Store indent system was implemented in every area but the countable drug account was entered by CATS personnel in the system which is now entered by the nurses. CPRS compliance of various departments in ED are made weekly and is being send to the Chief. Implementation of e-MLC was a huge success and the NIS ensures each MLC is signed by the concerned doctor. Computerised blood requisition and the death summery were also feathers in the cap for NIS. NIS also organizes different cultural programs, CMEs, and other educational programs in trauma centre for all staff



Motorized two wheelers, a major cause of concern on Indian Roads

[Shalu Chauhan](#)

Injury and trauma often used interchangeably represent a major health problem worldwide. Traffic related Accidental injury is one of the leading causes of mortality and mor-

bidity in India. All data from India emanates from mortality and Injury related data primarily from the National Crime Records Bureau. There are approximately 4,21,628 road crashes causing injury in India each year, resulting in approximately 1,33,000 deaths and 1.2 million seriously injured. Trauma effects the productive youth of the country which is otherwise healthy and free from chronic disease. The majority of fatal road traffic accident victims are pedestrians, two wheeler riders and bicyclists. From India, till date no credible in hospital data is available on outcome of trauma victims.

A retrospective analysis of a prospectively maintained database from Injury surveillance data was done to know about the Pattern & Severity of injuries sustained by victims of Motorized two wheeler accidents. In a period of seven months (1st January 2011 to 31st July 2011), there were 7247 patients who were registered as red or yellow triaged patients (with severe injuries) in the Trauma Emergency of Jai Prakash Narayan Apex Trauma Centre, AIIMS. Road traffic injuries accounted for 49.26% of patients and out of these the Motorized Two Wheelers accounted for nearly half of the patients. We did a random analysis of 735 patients involved in motorized two wheeler incidents. Males were (654, 88.97%) and Females were (81, 11.02%). The age distribution of patients showed that nearly 65% of the patients were between 21-40 yrs. of age. The different mecha-

nisms of injury were Blunt (728, 99.04%), Penetrating (5, 0.68%) and Mixed (2, 0.27%). We concluded that, amongst the Road Traffic Incidents, the motorized two-wheeler was involved in a majority of instances (50% approx.). Blunt mechanism of Injury was seen in majority of patients. Nearly 40% of two wheeler accidents occurred due to non-collision i.e. no other vehicle was involved. Therefore, the reason was due to the inherent instability of the vehicle like skidding, falling and hitting the abutment. When other vehicles were involved the two wheelers were hit maximum by Car/LMV followed by unknown vehicles, trucks, buses and other vehicles.

Injury to multiple organs was seen in more patients of two wheelers as compared to single region injuries. Although we do not do objective alcohol screening, but on subjective breath analysis nearly 59% patients of motorized two wheelers had positive smell of alcohol in breath. Injury to head was seen more often in patients not wearing helmet as compared to those wearing helmets, these patients also had a higher injury severity score. It was also found that the female pillion riders' not wearing helmets had more severe head

injuries with poor outcome. Therefore there is a need for more strict safety and preventive norms to be set up for motorized two-wheelers. These measures can bring down the impact of major injuries in Indian settings.



The Slapstick Society-Form the pages of life

Ms Swati Sharma



Off-lately I have been meeting people ;forcing me to join the herd of " judgmental-aunties". Every morning while entering my campus I see a lot of variety of species ; and I must specify their quality at this point of time.

The bushman group: this is the safest group; as it never usually sees the heat of sarcasm . Friendly on face ,this group may seem to be your best friend ;but beware; the moment you are out of sight this group makes a hot soup of your problem and never shies away to add the pepper of gossips to serve it hot in cafeteria.

'The batch of 1923' : this group has its own universe , all they do is wait for their farewell .and meanwhile they are around they utilize the time to learn the recipe of dishes they will make in their post retirement period ; meanwhile poor appointment seeker waits outside as he's told that a serious mission is being discussed inside the universe.

'the banjara commentators' :now as the name suggests

this group attacks you while you as well as themselves are on the move . for this group although the mechanical energy is being converted to the kinetic energy ; but the atoms of frustration are still bombarding deep within them which react and release a great amount of heat which seeks its way out of their mouth and may be aimed at whoever comes in their way. Damn their shots are right at the point and it hurts.

'Worker bees': this group is unaware of the wars in this world and all they do is mind their own business. work makes them happy .their ears have special filters that helps them keep the dirt outside .

Bffs: these are best friends forever group, those who help you anytime you need them, and wont mind twisting your arm when you are wrong. You can always share your assignments with them.

Last but not the least my recently joined club 'the judgmental aunties'; this group is the one who will probably write like me or knit sweaters and pass comments on whosoever passes their way. Right now I am waiting for my next target !



Health Tips for Healthy life

Mr Anand Mandia,Blood

1. Watch what you eat but avoid diets. Ensure your energy intake is enough to fuel your daily activities.
2. Maintaining a food and exercise diary so you can keep a track of both, is a good idea.
3. Plan where you want to see yourself in a year and set goals. Don't just give up if you aren't there yet. Just keep trying.
- ... 4. Find 20 minutes in a day to calm your mind as it'll help you de-stress and face the day better.
5. Never forget the child in you. Don't hold back your feelings and maintain a sense of humour.
6. Go for a thorough health check-up every six months. If not, at least once a year.
7. Reward yourself once a month for following your fitness routine with perhaps some shopping, a massage or even a good meal.

TO BE A NURSE

S/N Chetna TC3 ICU



To be a nurse
Is to share in the joy of new life and to ease the departure of another
To offer dignity to the aged and to comfort a frightened child
Is to have the courage to help no matter whatever the situation is.
To relive stress & pain
And understand how much difficult it is be a nurse
Is to serve with joyous heart
and help in any way possible.

To do what nobody else will do
in spite of all we go through.
That is to b a nurse
Nurses dispense comfort, compassion
and caring without even a prescription.
Our job as nurses is to cushion the sorrow and celebrate the joy everyday.
while we are " JUST DO-ING OUR JOBS"

An Experience : What Love is all about?

Ms Anu mary Abraham



It was a busy morning, approximately 8:30 am, When an elderly gentleman in his 80's, arrived to have stitches removed from his thumb. He stated that he was in a hurry as he had an appointment at 9:00 am. I took his vital signs and had him take a seat, knowing it would be over an hour before someone would be able to see him. I saw him looking at his watch and decided, since I was not busy with another patient, I would evaluate his wound. On exam it was well healed, so I talked to one of the doctors, got the needed supplies to remove his sutures and redress his wound.

While taking care of his wound, we began to engage in conversation I asked him if he had a doctor's appointment this morning, as he was in such a hurry. The gentleman told me no, that he needed to go to the nursing

home to eat breakfast with his wife. I then inquired as to her health. He told me that she had been there for a while and that she was a victim of Alzheimer Disease.

As we talked, and I finished dressing his wound, I asked if she would be worried if he was a bit late. He replied that she no longer knew who he was, that she had not recognized him in five years now. I was surprised, and asked him. "And you still go every morning, even though she doesn't know who you are?" He smiled as he patted my hand and said. "She doesn't know me, but I still know who she is."

I had to hold back tears as he left, I had goose bumps on my arm, and thought, "That is the kind of love I want in my life."



WHITHERING HOPES...

Ms. BINCY JOHN , TC-5 Ward

Hello everyone! I am Vidya (name changed), a sweet girl, with a contagious smile and untamed energy with a zest for life. I stay thousands of kilometers away from Delhi, but from last few days my new home is trauma centre. I have made thousands and thousands of friends here. I miss my friends. I wish to return back home, to my home town, my birth-place ;but, I can'tNot now at least.

A mishappening on a simple day overturned the destiny of my future. Running up and down the stairs had always been fun ,that's what I was doing on that very same day, but this time it changed the course of my life. While I was playing hide and seek with my friends I had a fall that brought me to trauma centre .a sleek slip led me to the world of darkness , and shattered my hopes and aspirations forever.

All I have is my wheel chair "my wings" as a ray of hope. I survived, but each day I continue to pursue a future filled with uncertainties and doubts.



NEVER MAKE FUN WITH LIFE

Ms Saloni

My son was playing with his son .Baby was only one year old & father moved the kid up & down and caught like a football .During this period child suddenly fell on the ground & resulted in severe head injury. His family member brought the child in Emergency Dept, JPNATC .



After examination & CT findings he was diagnosed as severe head injury. Doctors tried their best to survive the baby but after one week he was declared death. He was one and only son of his family. He had born after



10 years of marriage to the couple. Now these parents are totally broken down. A small mistake or can we call it carelessness resulted in a big tragedy. Who is responsible

for that is it lack of parents care, lack of education or lack of supervision.

Moral: We have to watch carefully and take care of our children to prevent of this kind of miss happen- ing.

CONGRATULATIONS!!!!

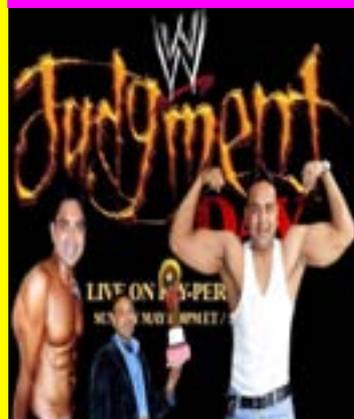
Jai Prash Narayan Apex Trauma Centre is proud to have its Infection Control Nurse Ms. Jacinta Gunjiyal, awarded the National Florence Nightingale award for the year 2011 on May 12th for her contribution to the field of Infection Control.



She is actively involved in monitoring hand hygiene practices and device associated infections. She has co authored for the article published in the journal of Hospital Infection Control Society UK and a paper on Hand hygiene has also been published in the American Journal of Infection Control.

AIIMSONIANS OF AMERICA'S AWARD WINNERS

Interministry Body Building championship
2011-2012



Ms. Anu Susan Mathew: Best Community nurse of the year 2010

Ms. Sonia Chauhan: Best Nurse in Research of the year 2010

Mr. Anand Mandia : Gold medal in 82 kg category

MARRIAGES



Mr. Ravi Atwal , TC6 ward. JPNATC

Ms Rainy Kuriakose, Emergency Dept. JPNATC

Ms. Anjusha Thomas , TC3 ICU, JPNATC

Upcoming events:

CEUTEH 2012: COST EFFECTIVE USE OF TECHNOLOGY IN EMERGENCY HEALTH CARE. 2nd international conference on 28th September 2012 to 30th September 2012.

JLN Auditorium, AIIMS, New Delhi.



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