Assessment of safe injection practice among nurses in Port Said General Hospital

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Aim: Improving safe injection practice in Port-Said General Hospital.

Introduction: A safe injection is one that, "does not harm the recipient, does not expose the provider to any avoidable risk and does not result in waste that is dangerous for the community". In developing countries, about 16 billion injections are administered each year.

Methods: Through-out March 2015, a cross-sectional, descriptive study was conducted to assess safe injection practice among 150 nurses in Port-Said General Hospital. Data collected by observational CDC Checklist and another checklist for unit evaluation.

Results: Regarding needle disposal 77% of nurses got rid of the needle in safety box, 1% threw it in the pin while 22% threw it in a barrel. Regarding hand washing 41% of nurses washed their hands before preparing medication, while 23% washed their hands before touching patients and 51% of them washed their hands after touching patients. 57% of nurses wore gloves while 43% didn’t. We found 52% of nurses didn’t have HBV vaccine. We found also 77% of nurses were trained on safe injection while 23% weren’t trained.

Regarding observation, 73% of medication areas were cleaned while 27% weren’t. 83% of nurses used single dose vials, ampoules or bottles of intravenous solution for only one patient while 17% didn’t. Regarding to hospital unites, only 44% of unites had written policies or procedures for safe injection.

Conclusion: Our evaluation results are good regarding clean medication area, needles for one patient, new needles and syringes, using single dose Vail and using medical connectors for one patient, while are poor regarding disinfecting rubber septum of vial, dating multi dose vials’ for 28 when opened and keeping multi dose vial in a centralized medication area and not to enter it in the immediate patient area, these poor results may be due to some untrained nurses.

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Frequency of analgesic drugs use and patients’ awareness of their possible interactions with antiplatelet therapy in coronary heart disease

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Aim: The aim of the study was to assess the prevalence and frequency of analgesic drug use in patients with coronary heart disease, as well as to assess patients’ knowledge about possible interactions of these drugs with conventional cardiac therapy.

Introduction: Nonsteroidal antiinflammatory drugs (NSAIDs) are commonly used in the management of pain in a variety of conditions. Available data clearly indicate that the NSAIDs use is associated with a number of adverse effects especially in patients with cardiovascular disease.

Methods: The study group consists 93 patients hospitalized in the tertiary cardiology center (mean age 67 ± 11 years, 30% females). Thirty-nine subjects were hospitalized with diagnosis of acute coronary syndrome and 54 underwent elective coronary intervention. Self-prepared questionnaire was used to collect data.

Results: In the examined group 56 patients (60%) declared the use of analgesics with regular use (defined as at least 3 times per week) reported by 25 subjects (27%). The most frequently used analgesics were NSAIDs (n = 37), paracetamol (n = 36), less commonly patients reported the use of tramadol (n = 6) or metamizol (n = 9). The majority of patients using analgesics are not aware about possible interactions with antiplatelet therapy (the answer “yes” for the question about knowledge of possible interactions of analgesics with cardiac treatment gave only 21% of responders, while majority answered “do not know” (72%). Only 20% of patients admitted that they received the information about analgesics from their doctor. Majority of patients do not consult the use of analgesics with the physician (72%).

Conclusion: The regular use of NSAIDs/analgesic by 27% of hospitalized patients with coronary heart disease is a significant concern. Patients with coronary heart disease should be provided with detailed information and recommendation about safe analgesic therapy and alternatives for NSAIDs.

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PS094

A new route for Medical Education: Rethinking Anatomy’s learning strategies

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Aim: The aim of this work is to analyze the advantages of the introduction and diversification of pedagogical strategies in Anatomy Education, as a comprehensive model of Medical Education.

Introduction: Medical Education has suffered a paradigmatic shift that led to curricular reforms. Due to scientific and technological development, Medical curriculum has been adopting a vertical integration model, in which basic and clinical sciences coexist during medical instruction. This context favours the introduction of new complementary technology-based pedagogical approaches. Thus, even traditional core fields of medical curriculum, like Anatomy, are refocusing their teaching/learning standards.

Methods: This work presents the main conclusions of a bibliographic review that reflected on Medical Education’s current pedagogical trend, by analyzing the advantages of the introduction and diversification of pedagogical approaches in Anatomy Education.

Results: Anatomy Education’s status quo is characterized by less available teaching time, increasing demands of 2D perspective of human anatomy from radiology and endoscopy imaging and other invasive and non-invasive medical techniques, increasing number of medical students and other logistical restraints. The traditional learning approach, mainly based in the cadaveric dissection, is drifting to complementary newer technologies as 3D models or 2D/3D digital imaging to examine the human anatomy. Also, knowledge transference is taking different channels, as learning management systems, social networks and computer-assisted learning and assessment are assuming relevant roles.

Conclusion: The future holds promising approaches for education models. Artificial Intelligence, Virtual Reality and Learning Analytics may provide analytic tools towards a real-time and personalized learning process.

A reflection on Anatomy Education, as a comprehensive model, allows us to understand Medical Education’s complexity. Therefore, the present Medical Education context favours a blended learning approach, based on multi-modality pedagogical strategies.

References: