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

Karim Farag1,2, Ahmed El-kiki1, Ahmed Emam1, Ahmed Mourad1, Alaa Abdelrahman1, Amira Fekry1, Asmaa Elsual1, Amira El-Abd1, Asmaa Galal1, Asmaa Ghanem1, Eslam El-shourbagy1,2, Esraa Hawas1,2, Nermeen Gmal1, Rawan Ghaly1, Sara El-salous1, Ayat Tawfik1

1 Students at Faculty of Medicine Port Said University, Egypt
2 Department of Public Health and Preventive Medicine Faculty of Medicine Port Said University, Egypt
E-mail address: king_kemoo2010@yahoo.com (K. Farag).

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% of nurses 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.

Conclusions: 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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PS126

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

I. Palasz*, L. Reczek, M. Schonborn, S. Janiec, M. Cebenko

Students’ Scientific Group at the 1st Department of Cardiology, Interventional Electrocardiology and Hypertension, The Netherlands
E-mail address: isanula@gmail.com (I. Palasz).

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 drugs 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 analgesic are not aware about possible interactions with antiplatelet therapy (the answer “yes” for the question about knowledge of possible interactions of analgesic 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

S. Tsisar1, J.M. Diniz1, B. Viana1, M. Sousa1, B. Afonso1, R. Santos1, J.F. Silva1, B. Guimarães1,2

1 Department of Public Health, Forensic Sciences and Medical Education. Unit of Medical Education and Simulation. Faculty of Medicine, University of Porto, Porto, Portugal

of cardiology scientific groups scored higher than the rest (57% vs 43%; p < 0.001).

Conclusion: There is low level of ECG interpretation among medical students and quality of ECG training should be improved. Various factors influences ECG interpretation knowledge among students.
2 Center for Research in Health Technologies and Information Systems. Faculty of Medicine. University of Porto, Porto, Portugal
E-mail address: stastv94@gmail.com
(S. Tsisar).

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 educational 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 restrains. 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.

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PS104

The multidimensional approach to suicide done through self-mutilation with an overview of wounds

Ciuk Katarzyna*, Ciuk Szymon, Dadański Emil, Chukwu Ositadima, Bociaga Marta, Burghardt Wiktoria
Jagiellonian University Medical College, Poland
E-mail address: katarzyna962@gmail.com
(C. Katarzyna).

Aim: The aim of the study was to evaluate the methods and wounds of suicide done by self-injury.

Introduction: Hanging and drug overdose are the most common ways of suicide. However, there are also more painful methods of dying. This study considers: stabbing, cutting with a knife, ingestion of sharp foreign body, self-shooting, self-arson, crushing.

Methods: There were 65 recorded cases (M = 56, F = 9, mean age: 49.96 ± 15.78) of self-mutilation as a way of death in archives of the Department of Forensic Medicine of Jagiellonian University Medical College in Cracow in years 2011–2016. All of them were studied in terms of the method, trial and mortal wounds (number, area, type), condition of clothing, prior psychiatric treatment, prior suicide attempts. All calculations were done with the usage of Statistica software.

Results: The most common methods of suicide were self-shooting (38.46%), cutting (26.15%), stabbing (16.92%). There was 1 case of foreign body ingestion and 1 of head crushing in a blacksmith machine. There were 6 cases of self-arson. Trial wounds were observed in 29.23% cases, all of them were recorded in