

MNH NATIONAL GENERAL ICU.



Introduction

- MNH ICU is a specialized section of the hospital, that provides a comprehensive and continuous care for the critically ill patients who can benefit from treatment.
- General unit, caters for all categories, neonates to adults as well as all the conditions.

Introduction

- 8 bed capacity.
- Beds arranged on either two longer sides of the room.
- Working station - at front of the room.
- Single entrance/exit.
- Fire exit.
- Storeroom, office, 2 change rooms, (F/M)

Location:

Geography:

- Located close proximity to EMD, OTs, diagnostic facilities, CSSD.
- Renal dialysis services and maternity wards located at a distance, approx, 0.5 –0,8 km.

Equipments

- Bedside multipara monitors - seven overhead
- Ventilators- 2-neonatal, 5-paediatrics/adult provisions.

Equipments...

- Infusion pumps- atleast 1 per bed
- Syringe pumps one per bed.
- Utilities per bed: 2 oxygen outlets /vaccum(suction units-6),
- Portable electric suction machine, compressed air.
- Blood warmer.
- Defibrilator 2, monophasic, biphasic.

Equipment...

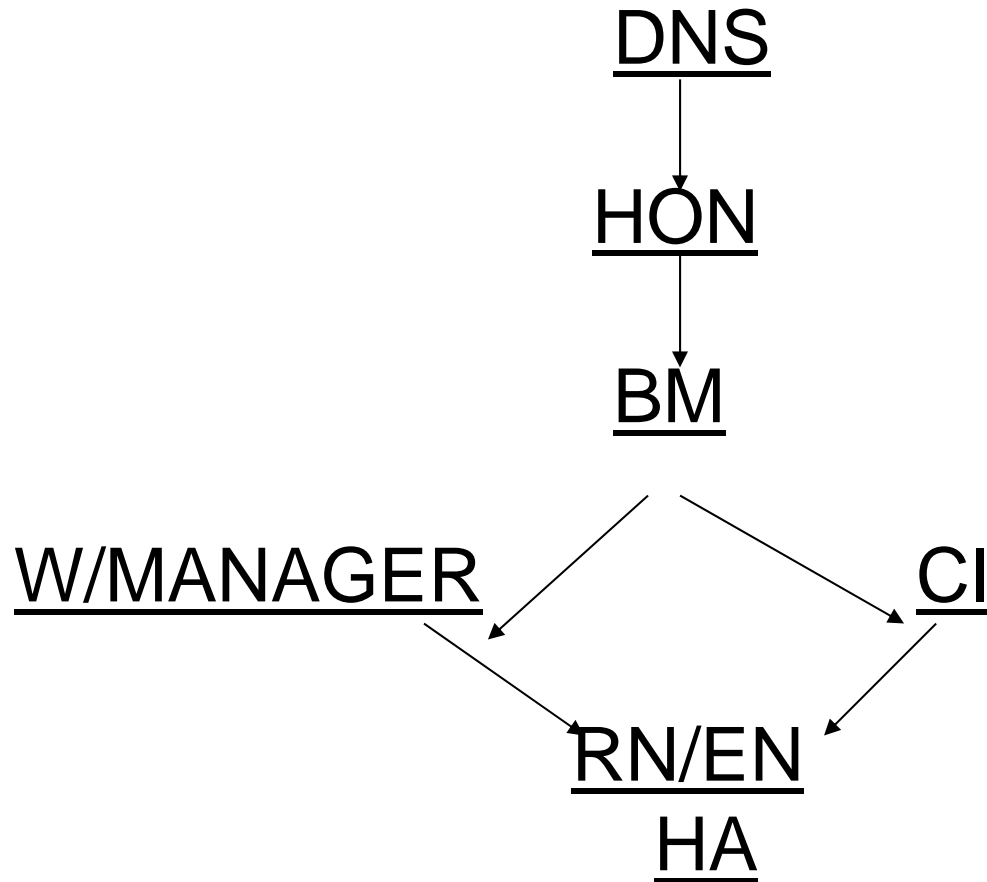
- Crash/Resuscitation trolley- one, with all necessary saundries.



Organization structure

- Main ICU falls under EMD
- Anaesthesiologist runs the ICU together with a volunteer intensivist from Cuba.
- Intensivist and anesthesiologist take care of the respiratory problems and any other emergencies, However the primary doctors does follow-up their pts.

Organization structure...



Staffing

- Nurse specialist: 0(2 in OHS-ICU)
- ICU nurse practitioner-1
- General graduate nurses(BScN) -3
- General Diploma nurses -12 (12).
- Enrolled nurses -6
- Health attendants -8
- Nurse-patient ratio: 1:1 AM, 1:2 pm,
1:2:3 night. Total 42.

Admission Criteria

- Planned and emergency.
- Intensivist / Anaesthesiologist authorises the admission after liaising with primary Dr.
- The above reviews the pt prior to admission.
- Also the above will ensure a bed is available by liaising with the ICU nurse.

Routines

- 0700 hrs: Hand over report, followed by bed – bed inspection of pts and charts.
- Baseline observations, therefore hrly, fluids, checking vent setting.
- Pt assessment, formulation of nursing diagnosis.
- Planning, interventions and evaluation.
- 0900hrs, Dr`s round.
- Carrying out the day`s orders as prescribed.
- Documentation is an ongoing process, the nurse document everything in the 24hr chart,

- .Re assessment, react, and report all abnormal parameters.
- Routine procedures such as suctioning as needed, oral care 4 hrly and catheter care 6hrly.
- Other procedures done as per order or as needed.
- Practice total pt care- 8hr shift.

Infection prevention and control

- Alcohol-based antimicrobial hand rub at one point in the unit.
- 3 hand washing sinks with liquid soap in the unit.
- Protective gears,
- Use of colour-coded plastic bags
- Safety boxes for sharps disposal.
- De contamination of instruments and linen.
- Sterilization (cidex, autoclave and gas).

Relative visitation.

- One hr Am.
- Two hrs pm.
- Close relatives only!

- Nutrition
- NGT_ feeds if indicated.

Challenges-1

- Number of ICU beds compared to hospital admission
- Training
- Human resource-no full doctor coverage 24/7
- Protocols/guidelines/policies
- **Design/geography-** spacing(125 to 150 sq ft area per bed), privacy(rooms,not curtains),lighting(pt-controlled lighting—artificial and natural), lounges/conference/changing rooms, dialysis, isolation rooms(10%), library/internet services,
- **ICU beds:** Electronically Manoeuvred with all positions possible with mattress. Airbeds to prevent bed sores, blanket warmer.

Challenges (2)

- **Diagnostic facilities:** ICU dedicated Ultrasound and Echo machine. Bedside X ray.
- Central, Invasive & monitoring ABG machine.
- Team-approach in pts care
- Residents: pharmacist, dietitian, physiotherapist
- Lack and shortage of consumables: HME, giving sets, syringe pump extensions, central line sets and dressing, transducers, ECG cables hence improvisation.
- No resuscitation code system.

challenges (3)











Summary.

- Real MNH ICU vs the ideal ICU.
- Equipped with enough tools/resources, education, knowledge and skills, will equals to an ideal ICU.
- *THANK YOU! Aksante!*

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- **THANK YOU!**