
ICU Volume 6 - Issue 1 - Spring 2006 - News and Innovations

National

Haïti: Medicin Sans Frontières

www.msf.be

On August 2005 Medicine Sans Frontières (MSF) started an intervention in Cité Soleil, one of the most neglected and dangerous slums in Port au Prince, Haiti's capital city, where 250,000 people live in poverty, violence and social instability. MSF re-opened Choscal Hospital (St. Catherine's Hospital) and the Chapi Health Centre in the heart of Cité Soleil, where volunteer staff performed nearly 12,000 medical consultations and 800 emergency interventions during the first three months. At both sites, MSF collaborates with the staff of the Ministry of Health. During the last months of 2005, MSF has faced a huge increase in casualties of violence due to the intense fighting between local armed groups and UN troops of MINUSTAH (United Nations Stabilizations Mission in Haiti). In Choscal Hospital, MSF volunteers treated 34 victims of gunshot in November 2005, 80 in December and 103 in January 2006. Half of the wounded were women, children or elderly.

Médecins Sans Frontières is a Non Governmental Organization and is looking for anaesthetists with knowledge of French to work at least one month on its project in Cité Soleil. Visit our website for more information: www.msf.be

UK: Critical Care Contingency Planning

Bruce Taylor, Chair CCCP Group

The UK Intensive Care Society (ICS) and the Department of Health has established a working group to plan for expansion of ICU capacity in the event of an infectious pandemic. The multidisciplinary Critical Care Contingency Planning (CCCP) group has received valuable advice from colleagues in Hong Kong and Canada, who have learned from experience with the SARS outbreaks. Potential options for expanding capacity by using other clinical areas such as theatre recovery and high-dependency areas as surrogate ICUs have been outlined, and an information gathering questionnaire will assess existing potential for ICU expansion. A draft document on phased responses / triaging has been produced. Outline plans have been developed for expanding critical care nursing assistance, identifying operating theatre staff as being the most appropriately skilled for this purpose, and guidelines on core competencies for support staff training are being developed. The ICS is also working to produce a UK-specific core training programme in critical care for medical staff.

US: Family Support® in NICUs

www.marchofdimes.com

The March of Dimes NICU Family Support® project provides information and comfort to families of premature and other critically ill newborns in hospital-based neonatal intensive care units (NICUs) throughout hospitalization, for the transition home, and in the event of a newborn death. Currently, NICU Family Support® is being implemented in 23 hospitals in the US, and is planned for 38 hospitals by the end of 2006. The service will be offered in at least 50 NICUs by 2007. The project includes education and activities for siblings, parent-to-parent support, photography, professional development opportunities for NICU staff, and bereavement programs. The March of Dimes is a national not-for-profit health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. NICU Family Support® is part of the March of Dimes Prematurity Campaign, which addresses the growing problem of premature births, the leading cause of newborn death in the US. According to the latest government figures, more than 500,000 US babies -- or 1 in 8 -- are born prematurely each year. The most recent collaborating site is Memorial Health University Medical Centre in Georgia. In 2003 alone, 17,762 babies were born prematurely in Georgia.

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