Medifashion

Medifashion

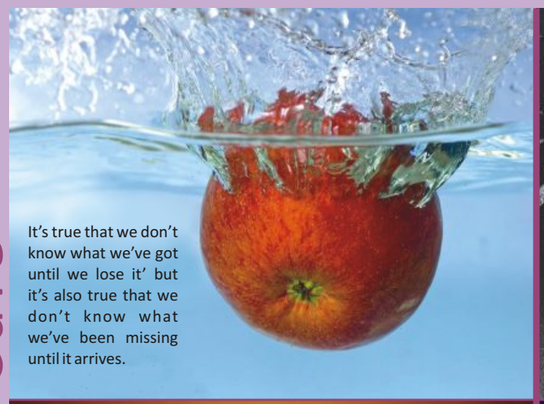
Gents Watch

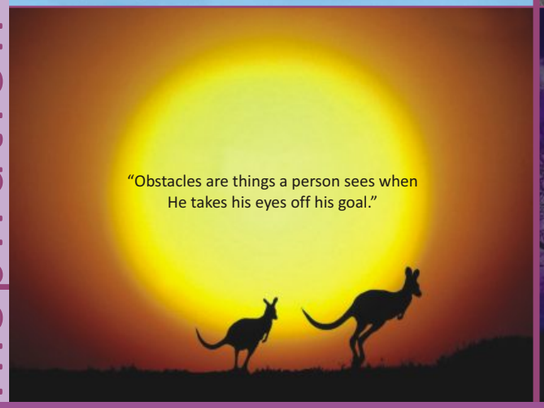


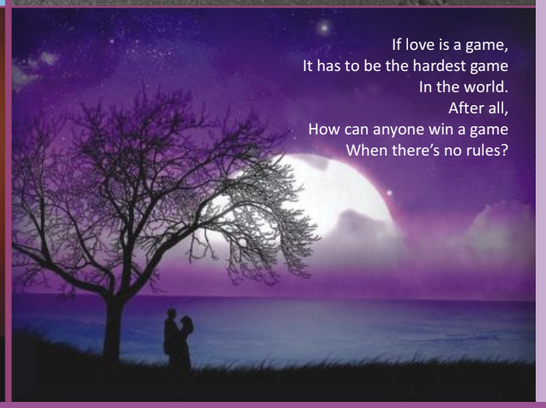
Ladies Watch



Inspiration Café







Inspiration Café

SK+F
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Volume-4, Number-1, July 2012

Young Doctors' Forum

The perfect edutainment magazine for young doctors

Editorial

Dear Young Doctors,

With great pleasure we are welcoming you to **"Young Doctors Forum"** Orthopedics, the supper specialized & integral part of surgery always deals with the vulnerable patients. Every young doctor who dreams to be an orthopedic surgeon has to achieve the post graduation on orthopedic surgery. **National Institute of Traumatology & Orthopedic Rehabilitation (NITOR)** is such an institute that will help to fulfill your dream. For this, in our **"Career Point"** section we have included this institution & we believe it will help to make your post graduation process easy.

As a truly professional we always follow an icon. In our **Professional Icon** section we have highlighted the life sketch of one the most brilliant physicians of Bangladesh, **Prof. Anis Waiz**. Hopefully it will help you to know his biography & make you more enthusiastic to be like him as a professional.

Gastroenteritis is a very familiar disease for the Bangladeshi People. Sometime the etiology remains unknown. In our **"Clinical Glimpse"** section we have shown a picture in brief of **Gastroenteritis.**

"Medical Pearl" section highlights on the procedure of **intravenous infusion**. This is a common procedure in your daily practice but we hope this article will reinforce your confidence.

We have incorporated two exciting & interesting segments **"Medicine Basket"** & **"Medical Abbreviation".** This will evoke you for the products of Eskayef & some new medical abbreviation of your daily practice.

"Medi Jokes", **"Medi Puzzle"** & **"Medi Fashion"** are the regular interesting items for smile blast, inquisitive gaming & fashion mania.

"Inspiration Café" to have some sips of inspiration together, because we believe, life is always in need of inspiration.

Best wishes to all our readers & happy reading...!

Sincerely,

Dr. Md. Murad Hossain
Manager, Medical Affairs
Eskayef Bangladesh Limited
Email: murad@skf.transcombd.com

National Institute of Traumatology & Orthopaedic Rehabilitation (NITOR)

Introduction

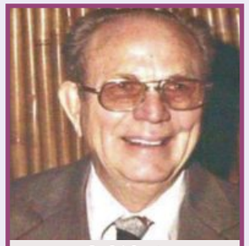
National Institute of Traumatology & Orthopaedic Rehabilitation is a 500 bedded specialized hospital where a number of reputated & skilled doctors, nurses & paramedics work together. NITOR is a pioneer in higher medical education. It offers MS & Diploma in Orthopaedics, graduation programme in physiotherapy & training programme for Doctors, nurses & physiotherapists.

History

The prestigious organization was born in 1972 with the blessing of Father of Nation Bangabandhu Sheikh Mujibur Rahman & The Great Dr. Ronald J. Garst. Dr. Garst was a retired orthopaedic surgeon who worked in Ludhiana, India. Then, in 1972, on loan to the Bangladesh Govt. he started to work for the care of freedom fighters & general population of the country . He founded the Rehabilitation Institute & hospital for the Disabled(RIHD). Which is popularly known as Pongu hospital. Within a short period of time it became the center of excellence in care of orthopaedic & traumatic patients. It was renamed National Institute of Traumatology & ortho-paedic rehabilitation in 2001.

Prof. Kh. Abdul Awal Rizvi

Organization



Dr. R J Garst

NITOR has a separate campus at Sher- e-Banglanagar, Dhaka. Director is the Head of the institute,12 orthopedic units are leaded by skilled and renown Professors. The institute is also occupied by several numbers of Associate & assistant Professors, Consultants, Register, assis. Register, Medical Officer, resident students are enganged in delivering trauma and orthopedic services. Besides this in NITOR there are separate Plastic unit, Physical & Physiotherapy dept, Radiology dept, blood bank, Pathology dept, Artificial limb center, Occupational therapy center, Social welfare & Administrative block for support.

Recently six subspeciality units started working to upgrade the orthopedic service in NITOR. They are the

- Arthoplasty & Arthoscopy unit
- Hand-microsurgery unit
- Spine surgery unit
- Paediatric orthopedic unit
- Reconstruction & ilizarov unit
- Musculo-skeletal tumor unit

Faculties of NITOR

There are 12 separate units where a number of skilled Doctors work. Each unit is occupied by Professors, Assistant Professors, Consultant, Register, Assis. Register, Medical Officer. The units are-

- Blue unit-I (Unit Chief Prof. Kh. Abdul Awal Rizvi)
- Blue unit-II (Unit Chief Prof. Kh. Abdul awal Rizvi)
- Green unit I (Unit Chief Prof. M.A.Samad)
- Green unit-II (Unit Chief Asso. Prof. Lutfor Rahman Khan)
- Pink unit-I (Professor Md.Iqbal Qavi)
- Pink unit-II (Unit Chief Assoc Professor

Dr. Md.Mofakhkharul Bari)

- Red unit I (Unit Chief Assoc Professor Dr.Qamrul Alam Saleh)
- Red unit-II (Assoc Professor Dr.Manjurul Hoque Akanda Chowdhury)
- Violet unit-I (Professor Dr.Md.Sajjad Husain)
- Violet unit-II (Assoc Professor Dr.Md.Shah Alam)
- Yellow unit-I (Professor R.R.Kairy)
- Yellow unit-II (Unit Chief Professor R.R.Kairy).

Patient Services

Emergency department

Round the clock an orthopaedic team is available for management of orthopaedic trauma patients. There are shifting duties of 12 hourly rotations. In each shift there are two senior residents. Assistant Registrars, Registrars and Consultants are on duty. Professor, Associate Prof. and Assistant Professors remain on Call.

In-Patient Services

Functionally there are 12 units (teams) for Orthopaedics and Traumatology named after the natural colors, such as Blue- I & II, Green- I & II, Pink- I & II, Red- I & II, Violet- I & II, Yellow- I & II. There is also

Department of Plastic and Reconstructive surgery, Department of Anaesthesiology and Department of Physiotherapy and Occupational therapy. Other auxiliary department includes Department of Radiology and imaging, Department of Pathology, Department of Blood Transfusion, Limb Brace workshop and Social welfare department.

Out-patient department

Professor in charge of unit remains physically present with the whole team to cover OPD. About 10 doctors attend the OPD clinic 6 day a week.

Bangladesh Orthopaedic society

Bangladesh Orthopaedic Society (BOS) was formed on 24th Aug.1979. All orthopaedic surgeons of the country are members of the society. It has a 22 member executive committee. This committee is elected every two year. It organizes the National & the International Conference every year alternately. It publishes the "Journal of Bangladesh Orthopaedic Society" every six months and a Newsletter every three

The answer of the Medi-puzzle
a. Conjunctivitis b. Abdominal hernia c. Turner's syndrome
d. Ulcer e. Elephantiasis (Page-15)

months. BOS is also engaged in propagating orthopaedic education amongst the trainees and surgeons by holding regular seminars in different parts of the country.

Postgraduation in Orthopaedics

Diploma in Orthopaedics (D.Orth) & Masters of Surgery in Orthopaedics (M.S.Orth) course affiliated to the University of Dhaka was approved in October 1973. At present post-graduate orthopaedic courses (D.Orth- 2 tears duration & M.S.Orth- 5 years duration) are conducted under BSMMU.Post graduate examinations are held twice a year.

Requirements

1. Applicants must have MBBS/equivalent degree, one year internship, completion of One year after internship, BMDC certificate.

2. Candidates serving in BCS (Health) Cadre, Govt. Projects, BSMMU & autonomous bodies have to complete minimum two years of service before being eligible for deputation/study leaves as per existing rules of those organizations.

3. Candidates serving in BCS (Health) Cadre, Govt. Projects & autonomous bodies should apply through proper channel even in advance copy.

4. Candidates serving in BSMMU can apply for admission into the MD/MS, Part A & FCPS Part-I courses. They will have to apply through proper channel and the rules of the University will be applicable for them.

5. The applicants should not be above 45 years of age .

6. Written admission test(MCQ) will be based on Basic Medical Sciences (Anatomy, Pharmacology, Physiology, Biochemistry, Pathology, Microbiology etc.) & faculty based questions (MCQ), Time: 90 minutes, at BUET campus, Dhaka.

7. Candidates already in course cannot apply.

Admission eligible for Foreign Student & Documents to be submitted with application:

Foreign students to collect NOC ('No Objection Certificate') from their respective Mission/ Embassy in Bangladesh and other relevant organizations and WHO.

Their MBBS/equivalent Certificate/degree will be require to get equivalency recognition from BMDC (Bangladesh Medical & Dental Council).

They must have an IELTS score of minimum 6.5 Internship certificates (if any) received foreign intuitions will have to be accepted by the departmental committee of this University. They should not be over 45 years of age . All eligible candidates shall have to appear before the interview board of the respective department of the University.

Medical Library Services

Library contains almost all the orthopaedic & trauma surgery and Physical Medicine books & journals. Services are available from 8 am to 10 pm and home issue provisions are also there for students and faculties.

Research Activities

A large number of research activities have been performed in this institute. Submission of a complete research work is mandatory to appear in the final MS(ortho). Since 1976 about 248 research works were done in NITOR.

Conclusions

As NITOR is a Government institute, it serves a lots of financial benefits to the people of this poor country. NITOR is now looking forward to maintain the quality, standard & increase the quantity of orthopaedic services in Bangladesh.

Major General Professor Dr. Anis Waiz (Retd.)

Major General Dr. Anis Waiz was the meritorious Physician, Scientist, Organizer and He was one of the most well-respected and admired doctors in Bangladesh , he was the former Consultant Physician of the Bangladesh Armed forces and the former Principal of Bangladesh Medical College.

Today Dr. Waiz is mourned by a host of family and friends around the world. He has outstanding contribution in the field of prevention & control of Malaria in Bangladesh and also was the key figure in creating modern facilities for treating cerebral Malaria(Triple Therapy).

Family History

Dr. Anis Waiz is the son of Professor Abu Hena.He was very brilliant from his boyhood. In personal life he was blessed with 3 children (two son& one daughter).To his children (Dr. Aslam Anis, Dr. Reyan Anis and Mr. Azmat Anis), He was an inspiration, a role model and a mentor. All three of them display their fathers qualities of being a hard working professional as well as a kind-hearted family man.Dr.Anis Waiz passed away on the 13th of August in 2002, following a brave battle with cancer.He is also remembered fondly by his grandson and five granddaughters, to whom he was the best grandfather anyone could have ever dreamed of, they were the true loves of his life and they all miss him very much& His spirit lives inside them.

Educational Background

He passed his MBBS course from Dhaka Medical College (1958). He was a graded Specialist in Medicine-Armed Forces Medical College & Military Hospital Rawalpindi, Pakistan 1963 & He had completed his F.C.P.S. from Bangladesh College of Physicians and Surgeons (1977). Then for higher studies he was sent to Ireland and there he completed his F.R.C.P from Royal College of Physicians of Ireland (May-1989).F.R.C.P from Royal College of Physicians of Edinburg (Nov-1991) & F.A.C.P from American College of Physicians in March-1997.

Specialized Training

1. Full-time graduate student at the Prince of Wales Hospital, London(July1968-Sep1968)

2. Full-time Postgraduate Course in General Medicine at the Edgware General Hospital, Middlesex.(Oct1969-Dec1969)

3. Full-time Course in Internal Medicine at Whittington Hospital, London N19.(Mar1968-Jan1969)

4. Full-time Course in Neurology at the National Hospital for Nervous diseases/Institute of Neurology Queen Square, London.(Apr1969-Jun1969)

5. Full-time Course in Cardiology at the Institute of Cardiology/National Heart Hospital, London. (Sep1969-Jun1969)
6. Course in Internal Medicine at Edinburg Board for Medicine N1.(Jan1970- May1970).

7. Clinical Assistant in Medicine at St.Niholas Hospital,London,UK.Tutors: Dr.P.B.Croft(F.R.C.P), Dr. D.M.Krikler, Dr.J.Q.Mathias.

Professional experience

Following his graduation Anis Waiz occupied Junior and Senior House Physician posts at Dhaka Medical College Hospital, Bangladesh, prior to being commissioned in the Bangladesh Army Medical Corps, where he served as General Duty Medical Officer in a variety of field medical units.

In 1961, Major General Waiz undertook postgraduate training in medicine at the Armed Forces Medical College, Rawalpindi, before being appointed Specialist in Medicine in March 1963.

In 1968, he undertook further postgraduate study in the UK and occupied Medical Registrar positions at the St Charles Hospital and Garman and Hackney Hospitals in London before returning to Dhaka in 1978 to take up post as Senior Physician and Chief Instructor in Medicine at the Combined Military Hospital. Anis Waiz's medical career continued to develop and he was promoted to Consultant Physician in 1982 and, in so doing, attained the rank of Major General. In his capacity as the chief academic and policymaker in the Bangladesh armed forces, Major General Waiz was a member of a number of high-level fora including the Bangladesh Medical Research Council, the National Drug Advisory Council and the National AIDS Committee, in addition to acting as the Chair of the Management Board of Dhaka Children's Hospital.

Participation in International Conferences and Seminars

1. 12th Divisional Medical Conference, Bangladesh Medical Association, Khulna from January 3-5, 1997 & presented paper “Malaria Situation in Bangladesh”.

2. Participated in 1st International Congress on Cardiovascular & Thoracic Surgery, Rowalpindi, Pakistan &presented paper “Propanol Versus Verapamil in the Treatment of the Hypertrophic Cardiomyopathy”

3. Participated in XIVth International Scientific Meeting of International Epidemic Association,Nagaoa,Japan from August 27-31 1996 &presented paper “Malaria our (Bangladesh)Experience”.

4. Participated in VI Word Congress of Cardiology, Buenes Aires, Argentina June 16-20, 1996 & Presented paper “ECG Diagnosis and Treatment out come of 96 patients with Hypertrophic Cardiomyopathy”.

5. Participated in XXIII International Congress of Internal Medicine at Manila, Phillippine & presented PAPERON “A New Modality of /Treatment of Cerebral Malaria-Our Initial Experience”.

6. Held Seminers at GI Science Research Unit Conference Room,on “The New Quinolones and the Treatment of Diarrhoea and Review of Common GI Problems in Bangladesh” on 11th jan,1996.

7. Delivered Lectures:
A. ECG Diagnosis of Hypertrophic Cardio Myopathy & Current Trends in “The Management of Hypertrophic Cardiomyopathy” in Department of Medicine.

B. Malaria the Bangladesh Experience” at the Royal London Medical College Hospital on 18th Jan 1996.

Publications

1. First Successful Temporary Cardiac pacing in Bangladesh AFM journal No. 1 VOI.VI Dec,81.

2. Malaria-magnitude of the problem in Bangladesh (editorial) Bangladesh Medical Journal 1984,73:47-50.

3. Viral Hepatitis-A short review and epidemiological study of recent outbreak in Bangladesh AFM Journal Vol. X Dec 1985.

4. Malaria A ten years retrospective study AFM journal Vol. XI Dec 1986.

5. Health profile of the armed Forces in 1986-A review and analysis of Hospital Admissions invalidments and Deaths-BAFM journal No. Vol XII June 1988.

6. Mode of death cerebral malaria an analysis of 24 fatal cases. BAFM Journal No. Vol. XV Dec 1991.

7. Triple drug Therapy with Quinine, Cotrimoxazole and Tetracycline in management of cerebral Malaria a review of 254 cases, RCPI, Ireland, Journal 1991.

8. The new Quinolones in the treatment of Diarrhoea and Typhoid fever Adis international, Drugs, Vol. 49. 1995.

9. A new modality of treatment of cerebral Malaria Our initial experience- proceeding of 23rd Congress of the international Science of internal medicine, Manila, Philippine, February,1996.

10. Propranol Versus Verapamil in the treatment of Hypertrophic Cardiomyopathy 1st international congress on Cardiovascular & Thoracic Surgery, Rawalpindi, Pakistan.

Membership of Professional body

He was the member of

- Bangladesh Medical and Dental Council (BMDC)
- Member of Research Award Committee Bangladesh Medical Research Council June 1992 to June 1995
- Member of National Drug Advisory Council
- Member of Bangladesh Medical Research Council 1982-1993
- Member of Drug Control Commitee
- Member of Journal Committee, Advisory board, Association of Physicians of Bangladesh.

Gastroenteritis (stomach Flu)

Introduction

Gastroenteritis is a condition that causes irritation and inflammation of the stomach and intestines (the gastrointestinal tract). The term stomach flu presumes a viral infection, even though there may be other causes of infection. Viral infections are the most common cause of gastroenteritis but bacteria, parasites, and food-borne illnesses (such as shellfish) can also be the offending agents. Travelers to foreign countries may experience "traveler's diarrhea" from contaminated food and unclean water.

Causes

Gastroenteritis has many causes. Viruses and bacteria are the most common. Viruses and bacteria are very contagious and can spread through contaminated food or water. In up to 50% of diarrheal outbreaks, no specific agent is found. The infection can spread from person to person because of improper handwashing following a bowel movement or handling a soiled diaper.Gastroenteritis caused by viruses may last one to two days. However, some bacterial cases can continue for a longer period of time.

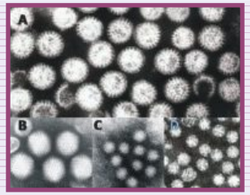
Norovirus

Fifty to seventy percent of cases of gastroenteritis in adults are caused by the noroviruses

Adenoviruses

This virus most commonly causes respiratory illness; however, other illnesses may be caused by adenoviruses such as gastroenteritis, bladder infections, and rash illnesses.

Parvoviruses



The human bocavirus (HBoV), which can cause gastroenteritis belongs to the family Parvoviridae.

Astroviruses

Astrovirus infection is the third most frequent cause of gastroenteritis in infants.

Bacteria

Bacteria may cause gastroenteritis directly by infecting the lining of the stomach and intestine. Some bacteria such as Staphylococcus aureus produce a toxin that is the cause of the symptoms. Staph is a common type of food poisoning.

Escherichia coli infection can cause significant complication in approximately 10% of affected individuals (for example,in children hemolytic-uremic syndrome or HUS), bloody diarrhea, and thrombotic thrombocytopenic purpura (TTP) in the elderly.

Salmonella, Shigella and Campylobacter

Salmonella, Shigella and Campylobacter are also common causes of illness. Salmonella is contracted by ingesting the bacteria in contaminated food or water, and by handling poultry or reptiles such as turtles that carry the germs. Campylobacter occurs by the consumption of raw or undercooked poultry meat and cross-contamination of other foods.

Clostridium difficile

Clostridium difficile (C difficile) bacteria may overgrow in the large intestine after a person has been on antibiotics for an infection. The most common antibiotics that pose a potential risk factor for C difficile include clindamycin, fluoroquinolones (for example, levofloxacin), ciprofloxacin, penicillins and cephalosporins.

Parasites and Protozoans

These tiny organisms are less frequently responsible for intestinal irritation. A person may become infected by one of these by drinking contaminated water. Swimming pools are common places to come in contact with these parasites. Common parasites include Giardia is the most frequent cause of waterborne diarrhea, causing giardiasis.

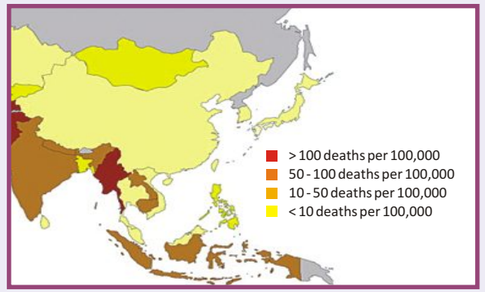
Cryptosporidium (Crypto) is a parasite that lives in the intestine of affected individuals or animals. The infected individual or animal sheds the Cryptosporidium parasite in the stool. Crypto may also be found in food, water, soil, or contaminated surfaces .

Gastroenteritis Symptoms

By definition, gastroenteritis affects both the stomach and the intestines, resulting in both vomiting and diarrhea.

Common symptoms

- Low grade fever to 100 F (37.7 C)
- Nausea with or without vomiting
- Mild-to-moderate diarrhea
- Crampy painful abdominal bloating (The cramps may come in cycles, increasing in severity until a loose bowel movement occurs and the pain resolves somewhat.)



More serious symptoms

- Blood in vomit or stool (Blood in vomit or stool is never normal and the affected individual should call or a visit a health care practitioner.)
- Vomiting more than 48 hours
- Fever higher than 1010 F (400 C)
- Swollen abdomen or abdominal pain
- Dehydration - weakness, lightheadedness, decreased urination, dry skin, dry mouth and
- Lack of sweat and tears are characteristic signs and symptoms.

When to Seek Medical Care

Most often gastroenteritis is self-limiting, but it can cause significant problems with dehydration. Should that be a concern, contacting a primary care provider is reasonable.

Vomiting blood or having bloody or black bowel movements are not normal, and emergency care should be sought. Some medications such as iron or bismuth subsalicylate (Pepto-Bismol) can turn stool black in color.

Fever, increasing severity of abdominal pain, and persistent symptoms should not be ignored and seeking medical care should be considered.

Gastroenteritis Diagnosis

As Gastroenteritis is often self-limiting, and the care is supportive to control symptoms and prevent dehydration. Tests may not be needed.If the symptoms persist for a prolonged period of time, the health care practitioner may consider blood and stool tests to determine the cause of the vomiting and diarrhea.The diagnosis mainly depends on history taking & clinical examination.

Treatment

Most cases of gastroenteritis will get better within a few days without treatment. More severe cases may need treatment with medication. It is very important to replace any fluids that your body loses through diarrhoea and vomiting. Aim to drink at least 2 litres (3.5 pints) of water a day, as well as 200ml (a third of a pint) of water every time you pass diarrhea

Rehydration salts are available in sachets from pharmacies. You dissolve them in water and they help to replace salt, glucose and other important minerals that your body loses via dehydration. Medication is not usually required for the treatment for gastroenteritis unless your symptoms are particularly severe.

Antidiarrhoeal medications

Antidiarrhoeal medications are used to treat the symptoms of diarrhoea. A widely used antidiarrhoeal medication for the treatment of gastroenteritis is loperamide.

Loperamide slows down the movement of your bowel contents and sometimes increases water absorption from the gut.

Anti-emetics

Anti-emetic medications are used to help prevent or reduce vomiting. They are usually only required if your vomiting is severe .A type of anti-emetic known as metoclopramide can be used for this purpose

Antibiotics

Antibiotics are not normally recommended for the treatment of gastroenteritis. This is because:most cases of gastroenteritis are caused by viruses even if gastroenteritis is caused by bacteria, research shows that antibiotics are often no more effective than waiting for the symptoms to pass, and they can cause unpleasant side effects every time you use antibiotics to treat a mild condition, it is more likely that their effectiveness for treating more serious conditions is reduced . Most commonly used antibiotics in our country are ciprofloxacin (500mg twice daily), metronidazol (400mg 3times daily), azithromycin (500mg once daily) for 5-7 days .

Intravenous (iv) Infusion

Introduction

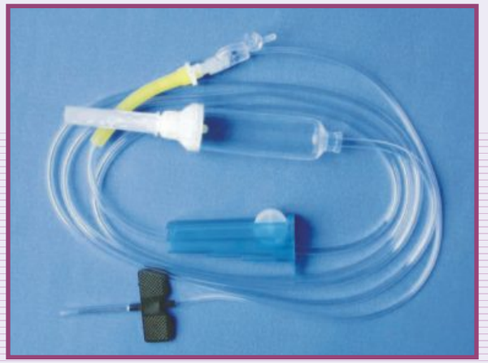
Intravenous therapy or IV therapy is the infusion of liquid substances directly into a vein. The word intravenous simply means "within a vein". Compared with other routes of administration, the intravenous route is the fastest way to deliver fluids and medications throughout the body.

Indication

Intravenous therapy may be used to correct electrolyte imbalances, to deliver medications, for blood transfusion or as fluid replacement to correct, for example, dehydration. Intravenous therapy can also be used for chemotherapy (The treatment for any kind of cancer).

Equipments

A standard IV infusion set consists of a pre-filled, sterile container (glass bottle, plastic bottle or plastic bag) of fluids with an attachment that allows the fluid to flow one drop at a time, making it easy to see the flow rate



(and also reducing air bubbles); a long sterile tube with a clamp to regulate or stop the flow; a connector to attach to the access device; and connectors to allow "piggybacking" of another infusion set onto the same line, e.g., adding a dose of antibiotics to a continuous fluid drip.

Intravenous access devices

These can all be used to obtain blood (e.g. for testing), also known as phlebotomy as well as for the administration of medication/fluids.

Hypodermic needle

The simplest form of intravenous access is by passing a hollow needle through the skin directly into the vein. This needle can be connected directly to a syringe (used either to withdraw blood or deliver its contents into the bloodstream) or may be connected to a length of tubing and thence whichever collection or infusion system is desired.

Peripheral cannula

This is the most common intravenous access method in both hospitals and pre-hospital services.

Other equipments:

Infusion pump
Rapid infuser.

Procedure

Perform the following procedures:

1. Choose the insertion site, usually one of the veins in the forearm. Apply a constricting band to the casualty's upper arm. The constricting band should be just tight enough to stop blood flow in the vein. It should not be so tight that it cuts off blood flowing in the arteries.

2. You may have to immobilize the casualty's arm. This is done by placing an armboard under the arm and securing the board with bandages above the tourniquet and at the wrist.

3. Locate the vein. This can often be done visually because the tourniquet helps the vein to stand out. Or you can have the casualty clench and unclench the fist several times. As the casualty does this, examine the insertion site with your fingers to detect the vein by touch. It may also help to slap the skin over the vein with your fingers.

4. After locating the vein, thoroughly clean the insertion site with an alcohol sponge.

5. The next step is venipuncture, the piercing of the vein with the needle. Usually a medical officer will do this.

To insert the needle:

a) Remove the protective cover around the needle. Do not touch the needle.

b) Hold the needle so it points toward the casualty's upper arm. One side of the needle is beveled, or slanted. Usually, the needle is inserted in the vein with the beveled side up. The only exception to this would be if the casualty's veins are very small.

c) Hold the needle firmly. The tip of the needle should be directly over the vein. The needle should be at about a 10- to 20-degree angle with the skin.

d) Place the thumb of your free hand about 2 inches beyond the insertion site and stretch the skin tight.

e) Pierce the skin with the needle, and then immediately lower the needle so it is almost parallel with the skin. Exerting slight upward pressure to the needle, slowly and steadily push it forward through the top wall of the vein. Still exerting slight upward pressure, very slowly and very carefully advance the needle along the top wall of the vein for a distance of about 1 inch. The upward pressure will cause the vein to rise slightly. Do not exert downward pressure, as the needle could puncture the bottom wall of the vein.

6. Secure the needle in place with one or two strips of adhesive tape. Make a loop in the tubing and then secure the tubing in place with adhesive tape.

7. Adjust the roller clamp on the tubing for the proper flow rate, as directed. You can determine the flow rate by observing the drip chamber for 1 minute. The usual flow rate is 40 to 60 drops per minute.

8. While the fluid is being infused, monitor the casualty. Try to keep the casualty still, so the patient doesn't dislodge the needle. Observe the drip chamber on the infusion set to see that the fluid flows properly. If there is any irregularity in the flow rate or if there is any reaction, stop infusion immediately.

9. After receiving enough fluid, infusion will be stopped.

10. Discard the solution bag & infusion set immediately.

Complications

- Infection
- Phlebitis
- Infiltration / Extravasation
- Fluid overload
- Hypothermia
- Electrolyte imbalance
- Embolism
- Necrosis.

Medicine Basket

Common Drugs

Brand	Strength	Indication	Dosage
Kilmax® Cefuroxime	125 mg tablet 250 mg tablet 500 mg tablet 70 ml Powder for suspension 750 mg I/M or I/V injection 1.5 g I/M or I/V Injection	RTI, UTI, SSTI, Surgical prophylaxis, Gonococcal infections, Septicemia, Meningitis, Bone & Joint Infections.	Adult: 250-500 mg 2 times daily for 5-10 days. Children: 20-30 mg/ kg/day in 2 divided doses up-to 10 days. Injection: 750 mg I/M or I/V injection 3 times daily. For more severe infection the dose should be increased to 1.5 gm I/M or I/V 3 times daily.
Geminox® Gemifloxacin	320 mg film coated tablet	Acute bacterial exacerbation of chronic bronchitis. Community-acquired pneumonia (of mild to moderate severity)	320 mg tablet once daily for 5-7 days.
Zofra® Ondansetron	4mg orally dispersible tablet(ODT) 8 mg orally dispersible tablet(ODT) Oral Solution (4mg/5ml) Injection (8 mg/4 ml)	Nausea & vomiting in children Post-operative nausea & vomiting Chemotherapy & radiotherapy induced nausea, vomiting	Adult & elderly: 8 mg for 2-3 times daily. Children: 4 mg for 2-3 times daily. Injection: 8mg/4ml injection can be given immediately before Chemotherapy .
Esoral® Esomeprazole	20 mg tablet 40 mg tablet 40 mg Injection	Healing of erosive oesophagitis. Maintenance of healing of erosive oesophagitis. Symptomatic gastro-oesophageal reflux disease. Eradication of helicobacter pylori in combination with appropriate antibiotics.	20-40 mg once daily for 4-8 weeks .If not healed, an additional 4-8 weeks of treatment may be considered. 20 mg once daily (controlled studies have not exceeded 6 months). 10 days of triple therapy with esomeprazole 40 mg once daily, amoxicillin 1 g 2 times daily & clarithromycin 500mg 2 times daily.
OstocalD® Calcium 500 mg Vitamin D 200 IU	(1250 mg+200 I.U) tablet	Treatment of osteoporosis , osteomalacia , rickets , tetany & parathyroid disease. Calcium supplement Routine supplement & phosphate binder in CRF.	2 tablets daily or 1 tablet for 2 times daily. It is best taken with or just after a meal to improve absorption. Each dose should be taken with a full glass of water.
Toza® Nitazoxanide	500 mg tablet Powder for suspension (100 mg / 5 ml)	Diarrhoea caused by- *Cryptosporidium parvum* *Giardia lamblia* *Entamoeba histolytica*	Age 1-4 years: 100mg for 2 times daily for 3 days. Age 4-11 years: 200mg for 2 times daily for 3 days. Age 12 years or above: 500mg for 2 times daily for 3 days. N.B. Nitazoxanide should be administered with food.

Medical Abbreviations

Abbreviation	Translation	Further Information
ABG	Arterial Blood Gas	Blood test to see how much oxygen there is in the blood (percentage 'saturation' with oxygen)
CABG/S or CAG/S	Coronary Artery (Bypass) Graft/Surgery	Heart surgery to bypass blocked blood supply
COAD	Chronic Obstructive Airways Disease	Chronic lung disease
CT or CAT	Computerized Axial Tomography	Body Scan
CVA	Cerebrovascular Accident	Stroke
CVS	Cardiovascular System	The heart and blood vessels
DVT	Deep Vein Thrombosis	Blood clot usually in leg
EMU	Early Morning Specimen of Urine	
FD	Forceps Delivery	
FTND	Full Term Normal Delivery	
GCS	Glasgow Coma Scale	Consciousness state; score out of 15
HH	Hiatus Hernia	Part of stomach displaced above diaphragm
IMB	Intermenstrual Bleeding	Vaginal bleeding between periods
ISQ	"In Status Quo" - Nothing has Changed	
ORIF	Open Reduction and Internal Fixation (of fracture)	Operation to set a broken bone
PCC	Post Coital Contraception	"Morning after" pill
PE	Pulmonary Embolism	Blood clot on the lung
PF(R)	Peak Flow (Rate)	Breathing test speed of expiration
PID	Pelvic Inflammatory Disease OR	Gynaecological infection OR
	Prolapsed Intervertebral Disc	Slipped Disc
PND	Paroxysmal Nocturnal Dyspnoea	Short of breath at night
PO	Per Orim / Per Oral	By Mouth
POP	Progesterone Only Pill or	Minipill
	Plaster of Paris	Cast
PR	Per Rectum	Rectal examination
PTSD	Post Traumatic Stress Disorder	Peptic Ulcer Stomach or Duodenal Ulcer
PU	Peptic Ulcer OR Passed urine	
PV	Per Vagina	Vaginal examination
PVD	Peripheral Vascular Disease	Furring up of the blood vessels of the limbs
RA	Rheumatoid Arthritis	Difficulty in breathing usually in premature babies
RDS	Respiratory Distress Syndrome	Nasal operation
RFT	Renal (Kidney) Function tests OR	
	Respiratory Function tests	Tumour, usually of head
SMR	Submucosal Resection	Middle ear infection/glue ear
SOL	Space Occupying Lesion	
SOM	Secretary Otitis Media	
Stat	Immediately	
STD	Sexually Transmitted Disease	
TFTs	Thyroid Function Test	
THR	Total Hip Replacement	
TIA	Transient Ischaemic Attack	Small, short lived stroke often recurrent
TM or Tm	Tympanic Membrane	Ear drum

Medi Jokes

Brain Market

A young girl had been suffering from severe headaches and had tests run by her doctor. The doctor said, "I'm sorry miss, but you have a massive brain tumor."

The girl started crying and said to her mom, "I'm only 15 years old. I don't want to die."

The doctor said, "Well this is modern medicine. There is an experimental technique for a brain transplant, but it's expensive and not covered by insurance."

The girl's mother said, "Don't worry, dear. How much does it cost?"

The doctor replied, "Well, a male brain is $25,000 and the female brain is $1,000,000."

The mom said, "No problem. But why is the female brain more expensive then the male brain?" The doctor replied, "Because the female brain is unused!"

Foolish patient

The patient demanded, "Doc, I just must have a liver transplant, a kidney transplant, a cornea transplant, a lung transplant, and a heart transplant."

"WHAT?" yelled the doctor. "Tell me, exactly why you think you need all these transplants."
"Well," explained the patient, "my boss told me that I needed to get reorganized."

The Dentist's Bill

A woman received a huge dental bill and phoned her dentist about it.

"I'm shocked!" she complained. "This is three times what you normally charge!"

"Yes, I know," said the dentist, "but you yelled so loud that you scared away two other patients and I had to make it back up somehow!"

Intelligent doctor

One afternoon, a man went to his doctor and told him that he hasn't been feeling well lately. The doctor examined the man, left the room, and came back with three different bottles of pills.

The doctor said, "Take the green pill with a big glass of water when you wake up. Take the blue pill with a big glass of water after you eat lunch. Then just before going to bed, take the red pill with another big glass of water."

Startled to be put on so much medicine, the man stammered, "Jeez Doc, exactly what is my problem?"

The doctor replied, "You're not drinking enough water."

Medi Puzzle

See closely and diagnose the diseases through puzzles. Answers are given in Page-4.