



# **HA Convention 2016**

The Nursing Profession: Turning Points At Nurse Clinics

# WELCOME

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The Nursing Profession: Turning Points At Nurse Clinics



# the Beginning



Mrs MAK

A pregnant woman

Mr MAK

45 year old

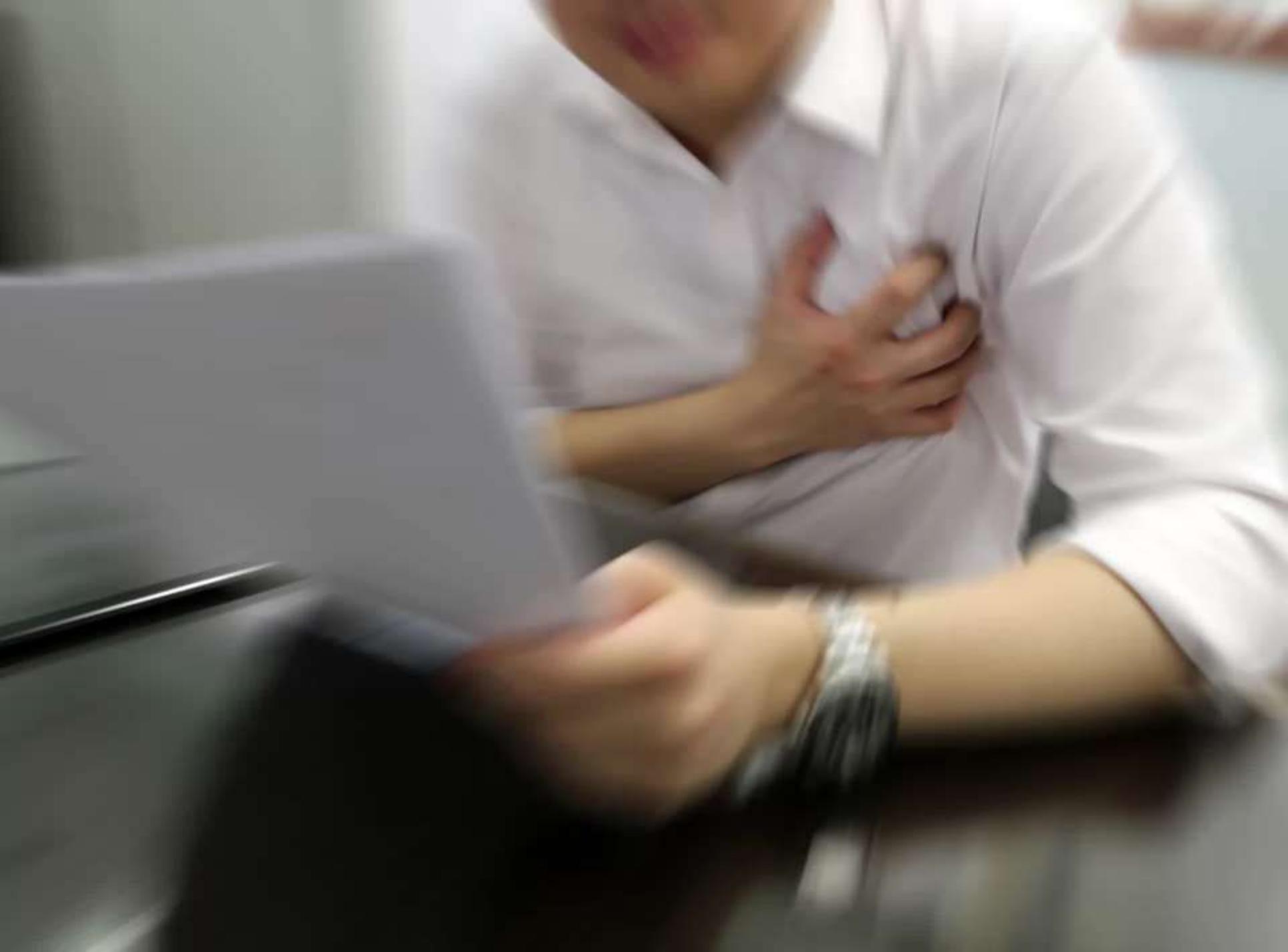
CEO of a company

# Husband

online

你究竟幾時會返黎食飯呀?

18:30 PM ✓✓



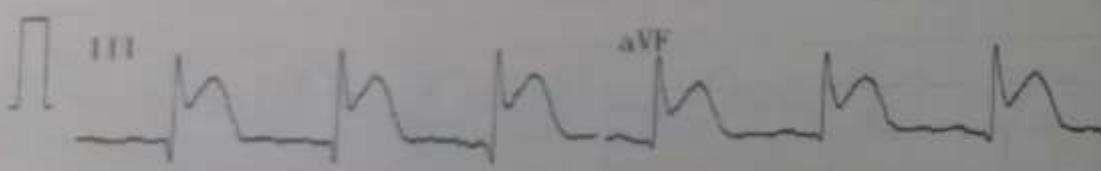
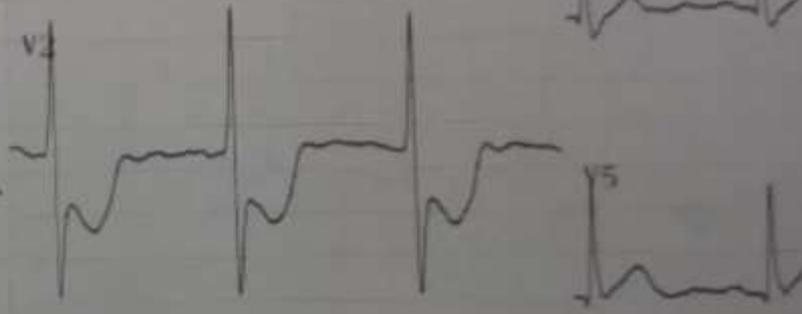
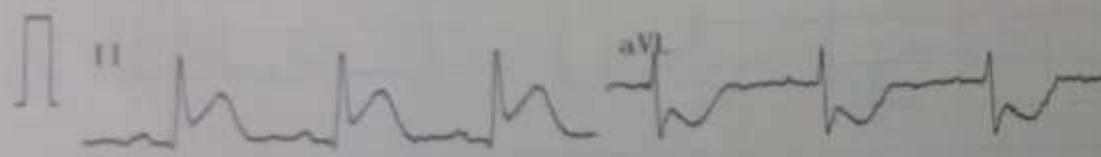
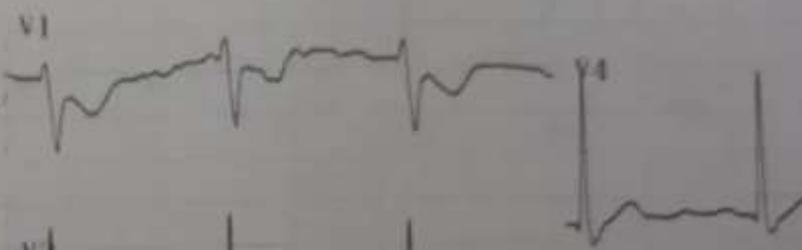
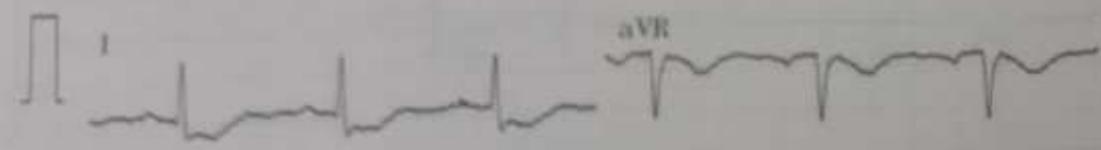


Vent rate	77	bpm
PR int	176	ms
QRS dur	116	ms
QT/QTc int	400/ 432	ms
P/QRS/T axis	43/ 63/ 103	-
RV5/SV1 amp	1.460/ 0.855	mV
RV5+SV1 amp	2.315	mV

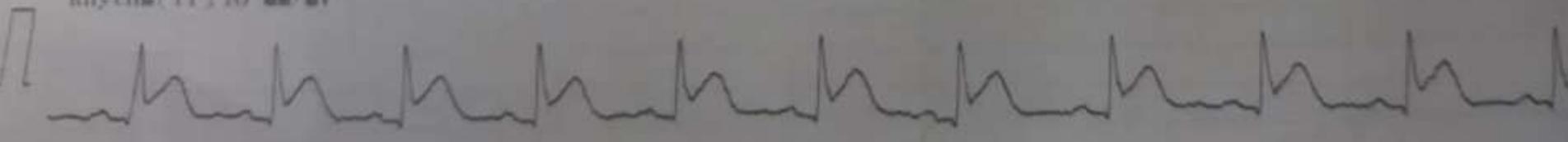
unconfirmed Report  
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz 10 mm/mV

10 mm/mV 10 mm/mV



Rhythm (II) 10 mm/mV



0150 \*\* abnormal ECG \*\*

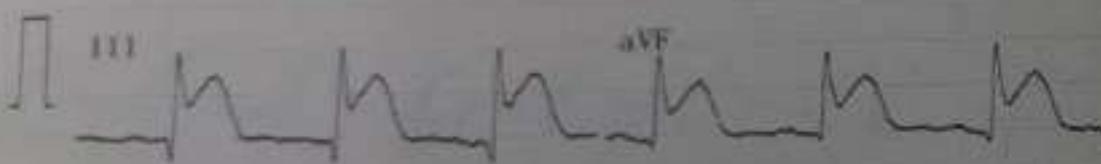
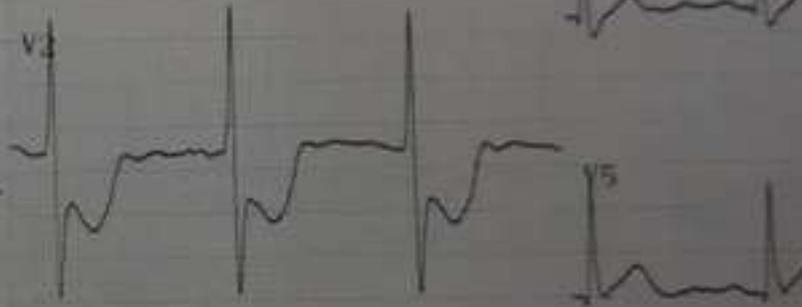
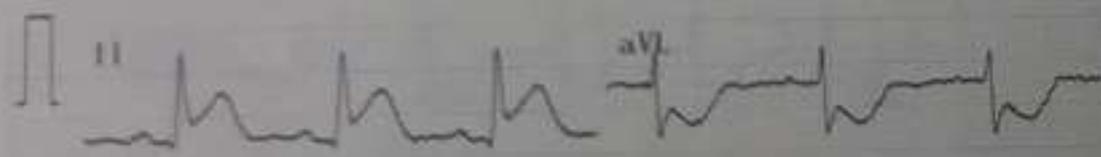
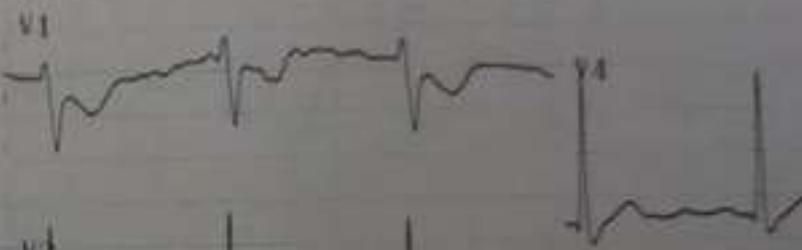
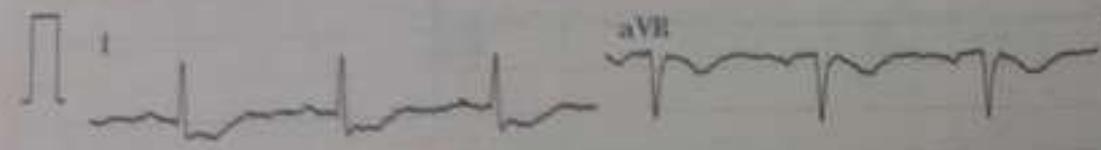
Heart rate	77	bpm
PR int	176	ms
QRS dur	116	ms
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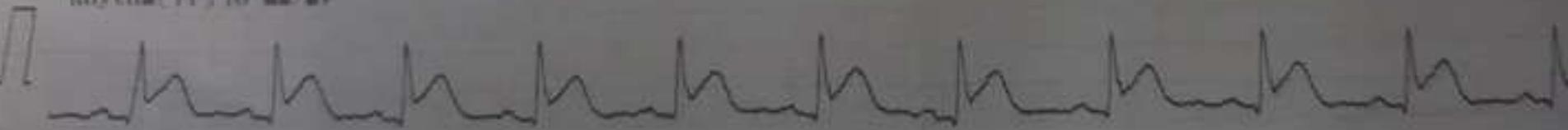
10 mm/mV 25 mm/s Filter: H50 d 35 Hz 10 mm/mV

10 mm/mV

10 mm/mV



Rhythm (II) 10 mm/mV



# 連打個多小時 稍休息又技癢 52歲測計師打壁球暈倒

突劇烈運動 風險高六倍

## 三成冠心病發前無徵狀

比賽中心臟病發 救險球倒地不起

# 羽球老將戰死沙場

# 急性冠狀動脈綜合症 三成患者病前無徵兆

近年發生多宗平日生活健康的體育愛好者，在劇烈帶氧運動後猝死的個案，他們有可能是患上本港第二號殺手——「急性冠狀動脈綜合症」(ACS)。

G20會後返港心絞痛 料觀察數天可出院

# 曾俊華通波仔 術後情況穩定



陳家強署任財政司

## 陳家強署任財政司

香港政府宣佈，財政司副司長陳家強，獲委任為財政司。陳家強在財政司副司長職位上工作了六年，曾擔任多個重要職務，包括副司長、副局長、副處長等。他於1997年加入政府，一直工作到2017年。陳家強在財政司副司長職位上工作了六年，曾擔任多個重要職務，包括副司長、副局長、副處長等。他於1997年加入政府，一直工作到2017年。

## 近期頻撲暈各界關注

最近，香港各界頻頻發生撲暈事件，引起了社會的廣泛關注。據悉，這些事件多發生在公共場所，如地鐵、商場等。受害者多為中老年人，症狀包括頭暈、眼花、心跳、氣促等。專家表示，這些症狀可能是心臟病的徵兆，提醒市民應加強身體檢查，特別是中老年人。

## 金正日逝世

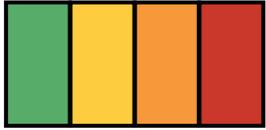
朝鮮最高領導人金正日於17日逝世，享年71歲。金正日在任期間，朝鮮經歷了多次國際制裁。他的逝世引起了國際社會的廣泛關注。據悉，金正日是在外出視察途中，在專用列車上因過度勞累突发急性心肌梗塞，并发心脏休克急救后逝世的。

# 金正日突发心脏病逝世

17日在外出視察途中，在專用列車上因過度勞累突发急性心肌梗塞，并发心脏休克急救后逝世

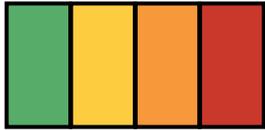


I IIa IIb III



Primary PCI should be performed in patients within 12 hours of onset of STEMI.

I IIa IIb III

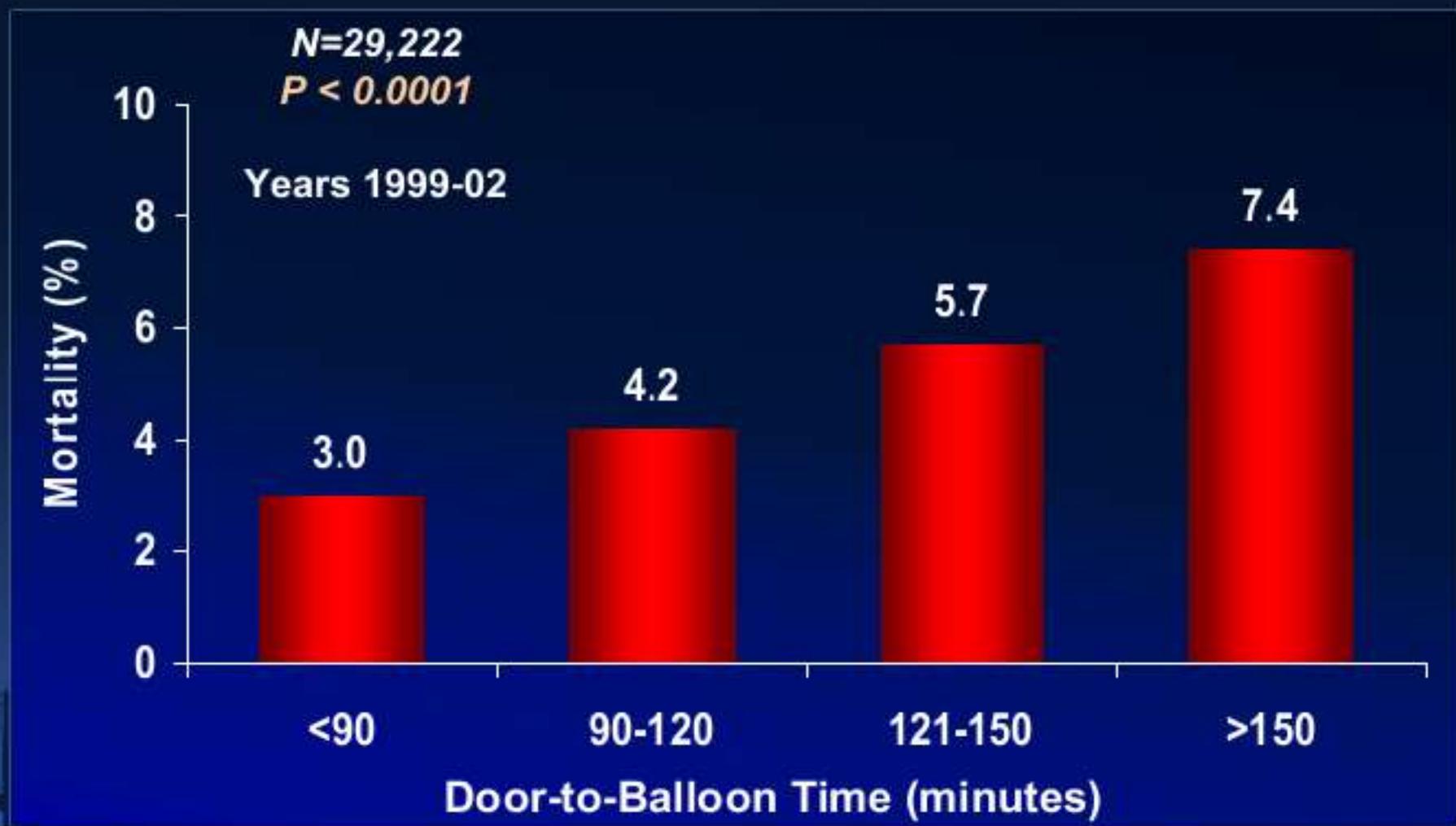


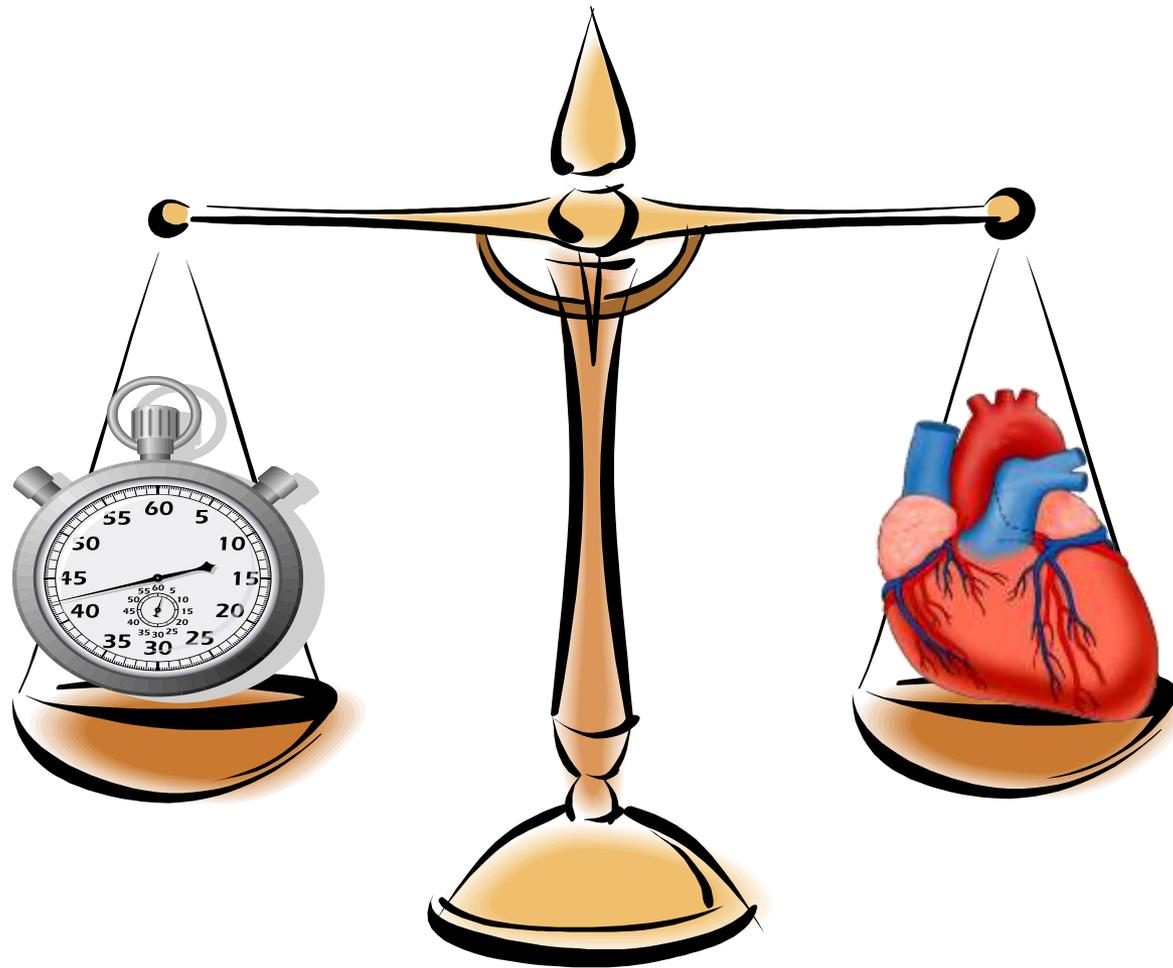
Primary PCI should be performed in patients with STEMI presenting to a hospital with PCI capability within 90 minutes of first medical contact as a systems goal.

ACC/AHA STEMI Guidelines



# NRMI-3-4: Primary PCI Door-to-Balloon Time vs. Mortality





**Time = Myocardium**

**The benefits of Primary PCI is time-dependent**

**Primary PCI is Life- saving procedure**

8-18

心臟專科護士診所





# Objectives of Cardiology Nurse Clinic

- Promote health seeking behaviors and Lifestyle modification
- To assess patient's need and refer to other health care professionals for continuation of care
- Apply holistic approach to improve patient's care: physical, psychological

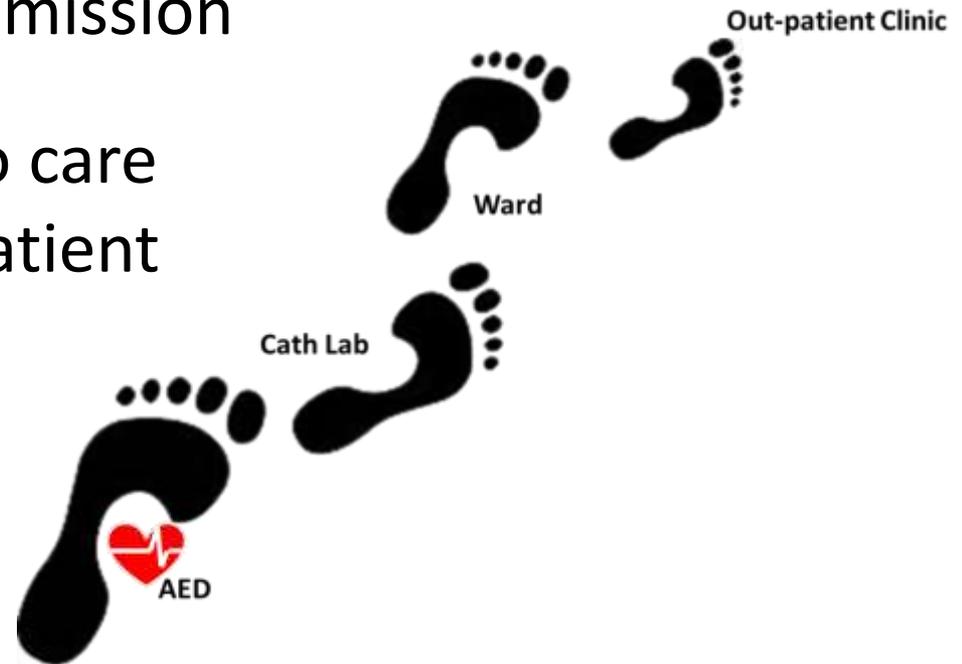
# Objectives of Cardiology Nurse Clinic

To increase patient involvement in health care

- Patient Empowerment
- Prevent avoidable admission and shorten length of hospital stay
- Achieve cardiac key performance indicator (KPI) & clinical indicator (CI)

# Acute Myocardial Infarction (AMI) / Acute Coronary Syndrome (ACS) Nurse Clinic

- To triage patients with AMI to receive primary PCI since the emergency admission
- Act as case manager to care patient in the whole patient journey



# Cardiology Nurse Clinic

## 四成心臟病人 三年兩度病發

便要「通波仔」。余指出近月推出的新 管病人日常生活深受影響，六成受訪者  
盡「禁糖戒酒」藥效較佳藥物好，希 不能做劇烈運動，即或不能提重物。

【明報專訊】心臟病是本港第2  
號殺手，病人組織「關心你的心」  
去年底至今年初訪問約200名病  
人，發現有六成受訪者曾在5年內  
復發，四成更相隔3年就兩次病  
發。

趨年輕化 26歲通波仔

負責調查的中大醫學院內科及藥物治  
療學系系主任余卓文憂慮，心血管疾病  
復發率高及趨向年輕化，曾有個案26歲

### 通波仔後非一勞永逸

## 唔戒口心臟病易復發

【本報訊】接受通波仔手術的冠心病病人不要以為可一勞永逸，  
當心隨時心臟病復發。有調查發現，有六成受訪心血管病人於五  
年內心臟病復發，有醫生指出，不少病人做完「通波仔」手術後  
鬆懈，繼續縱情飲食，增加復發及死亡風險。

# Cardiology Nurse Clinic

## Outcomes Measurements:

- **100%** of patients were prescribed with statin upon discharge (*According to **KPI** from HA, above **90%** of patients should be discharged with statin prescribed*)
- To reduce further major cardiac events and mortality, our patients have significantly decreased of LDL from **3.1** to **1.8** mmol/dL (*According to **CI** from HA, above 70% of patients with LDL < **2.6** mmol/dL should be achieved*)
- By Seattle Angina Questionnaire, patients have significantly lower anginal frequency, more satisfied with the treatment and better quality of life







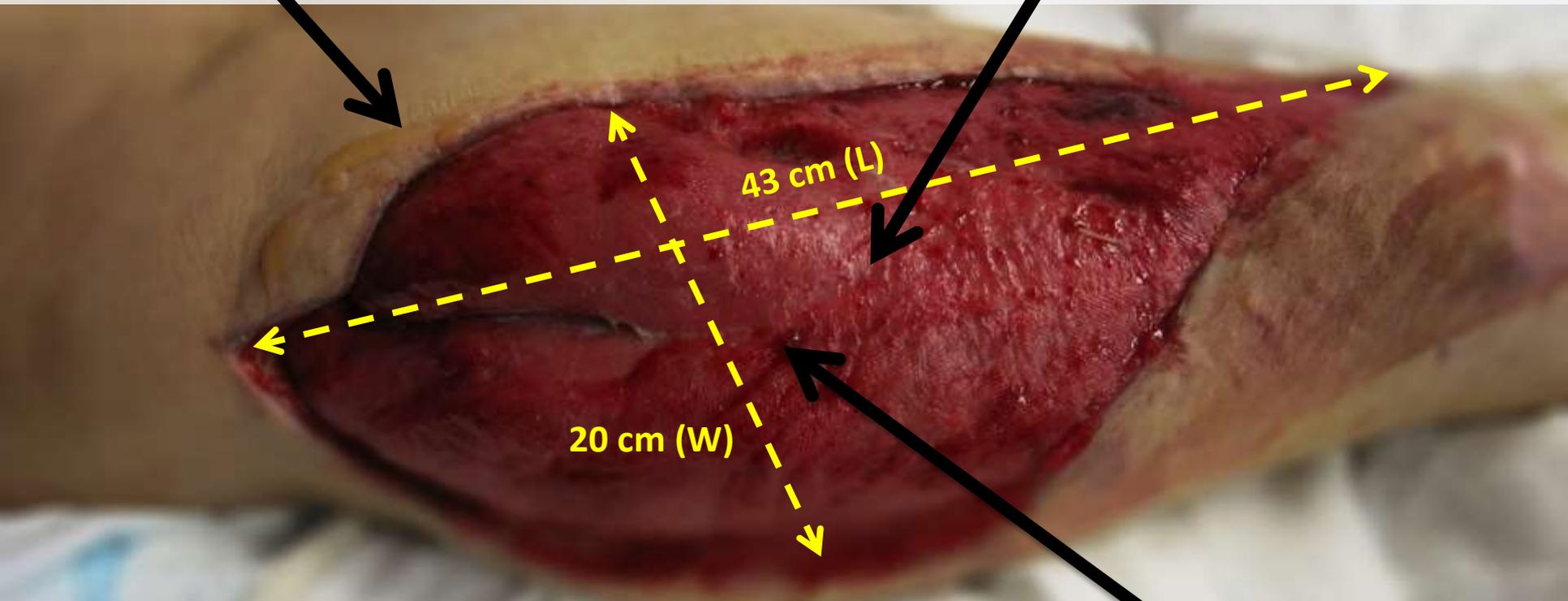


HOSPITAL AUTHORITY  
醫院管理  
HOSPITAL AUTHORITY



**Colour: 100% red; muscle exposed**

**Peri-wound skin: blisters**



**Slow oozing of blood**

**Exudate: heavy amount – blood stained**

**Pain: 9/10 (Numeric Rating Scale)**

# Mr Mak's Problem



- Massive amount of **blood-stained exudate** which soaked all dressing materials and linen
- Frequent dressing required around 4 times per day
- Severe **Pain**
- **Emotion**

# Immediate actions

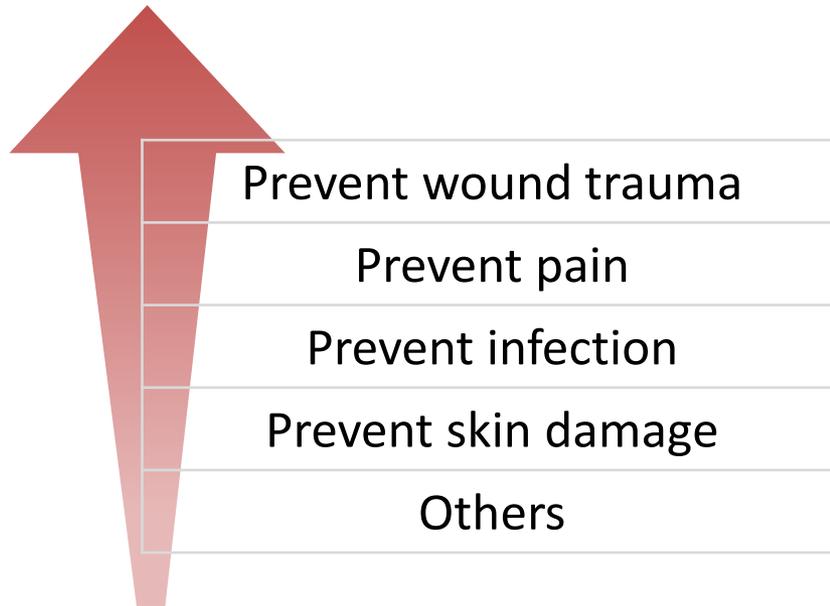
- Explanation and psychological support
- Importance of exudate control and prevention of infection
- Reassurance that adequate pain control will be given
- Wound management
  - Reduce pain
  - Decrease frequency of wound dressing changed
  - Manage excessive amount of exudate



# European Wound Management Association

## Main considerations of dressing

**Most important**



**Least important**

# EPUAP, NPUAP, PPIIA Guideline



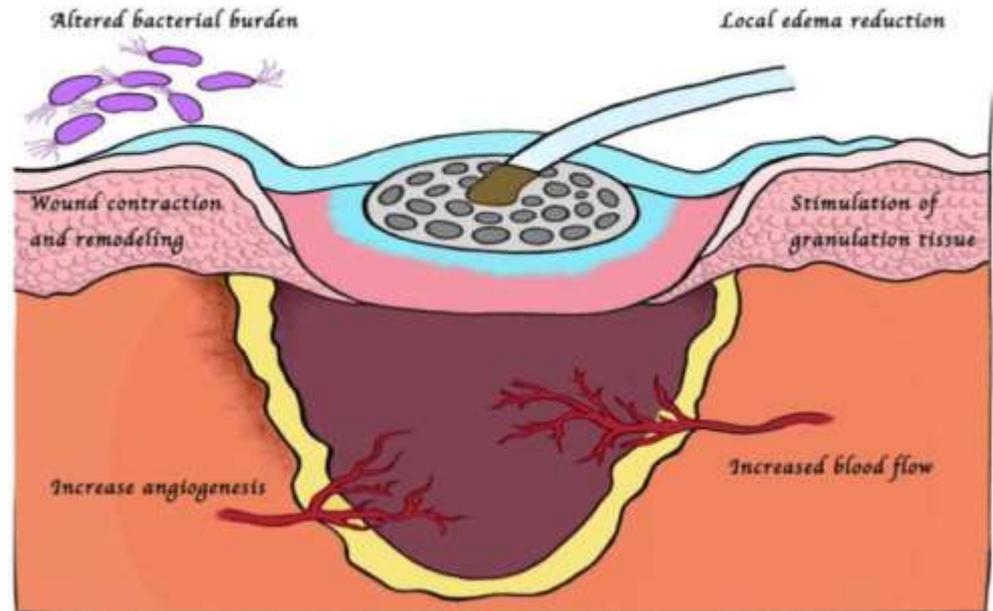
Dressing material	Prevent wound trauma	Prevent pain	Prevent skin damage	Manage high exudate	Massive amount of exudate
	✓	✓	✓	✓	
	✓	✓	✓	✓	
	✓	✓	✓	✓	

# EPUAP, NPUAP, PPIIA Guideline

## Negative Pressure Wound Therapy

### Using sub-atmospheric pressure to assist wound closure:

- Reducing wound size
- Promoting granulation
- Removing excess exudate
- Reducing bacterial load
- Reducing oedema



# World Union of Wound Healing Societies

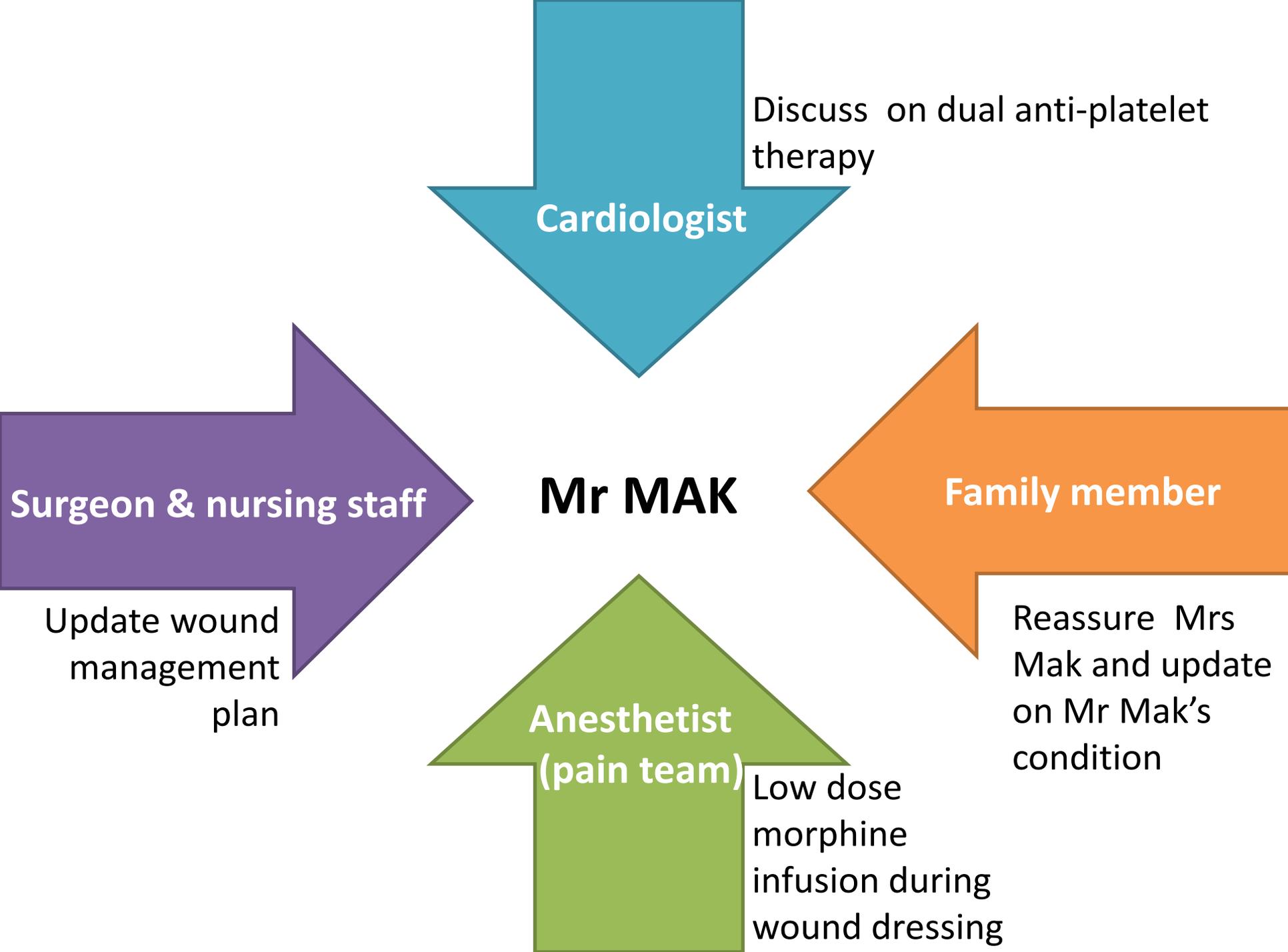
## Factors which increase the success of NPWT

Wound has good blood supply
Wound has healthy, granular wound bed
Wound has been freshly debrided
Wound produces high levels of exudate
Patient is adherent with therapy



Slow **BLOOD OOZING** in multiple areas...  
Negative pressure wound therapy?

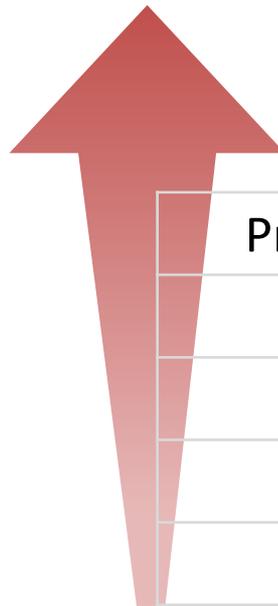




# European Wound Management Association

## Factors contributing to pain at dressing changes

**Most important**



Products adhered to the wound

Adhesive dressings

Cleansing

Previous experience

Fear

**Least important**



# Two weeks later

- Dressing frequency
  - 4 times per day → once every 3 days
- Blood oozing
- Pain level
  - 9/10 – 3/10 (NRS)
- Limb oedema
  - 80 cm → 70 cm
- No signs and symptoms of infection

# Outcome

- Wound closed surgically by secondary intention
- Another 2 weeks later, majority of the wound healed; remaining wound only 3 cm (L) x 1 cm (W) x 2 cm (D)









Negative pressure wound therapy was continued





tryker

RT

38

理遺科

Continence Clinic

38

理遺科

Continence Clinic

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理遺科

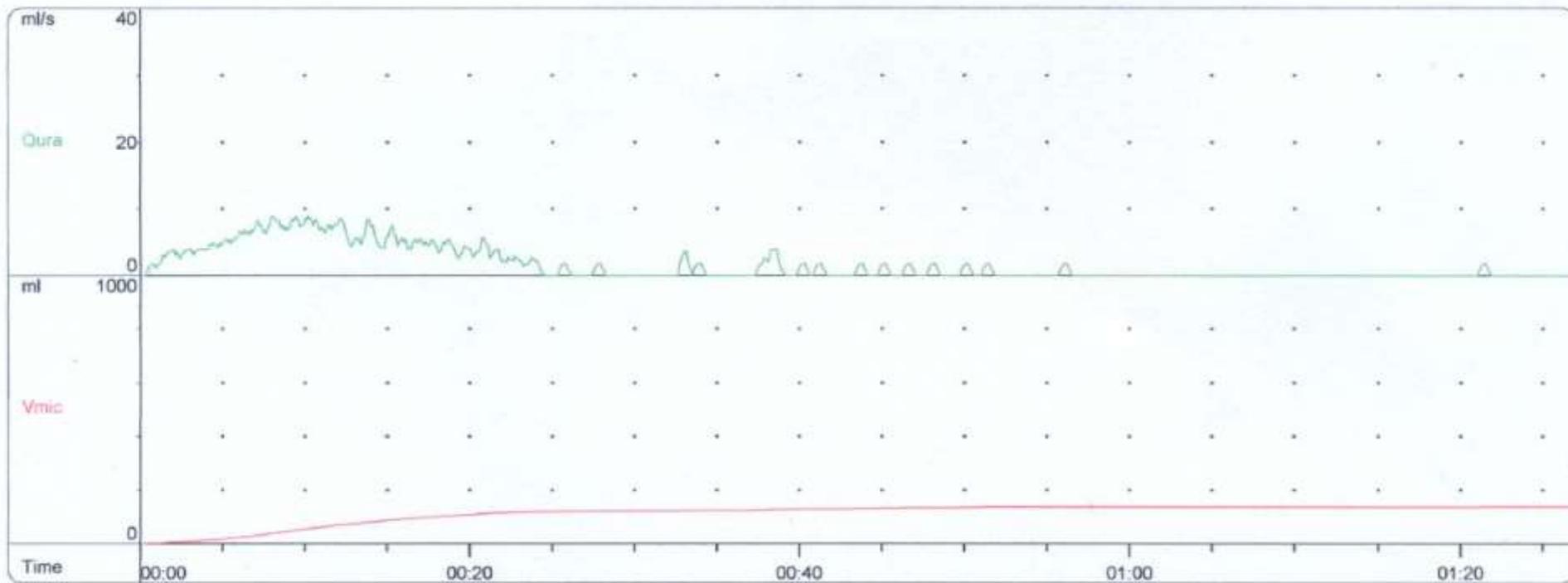
Continence Clinic

# Mr MAK's problem

- Low flow rate
- Large amount of post voiding residual urine
- Leaking of urine
- Worry about sexual problem due to catheterization



# Uroflow of Mr Mak



## Uroflow results

Peak flowrate	9 ml/s
Time to peak flow	8 s
Voided volume	139 ml
Flow time	36 s
Voiding time	81 s
Delay time	74 s
Average flowrate	4 ml/s
Corrected Qmax	12 sqrt ml

# Management

- Explanation and psychological support
- Erase the transient causes
- Catheterization for once
- Pad was advised
- Bladder chart for 3 days







# Bladder Chart


基督教聯合醫院


姓名: 李XX
膀胱記錄表
床號: \_\_\_\_\_

此記錄表的小學級別: 請老師填寫此表。

請注意:

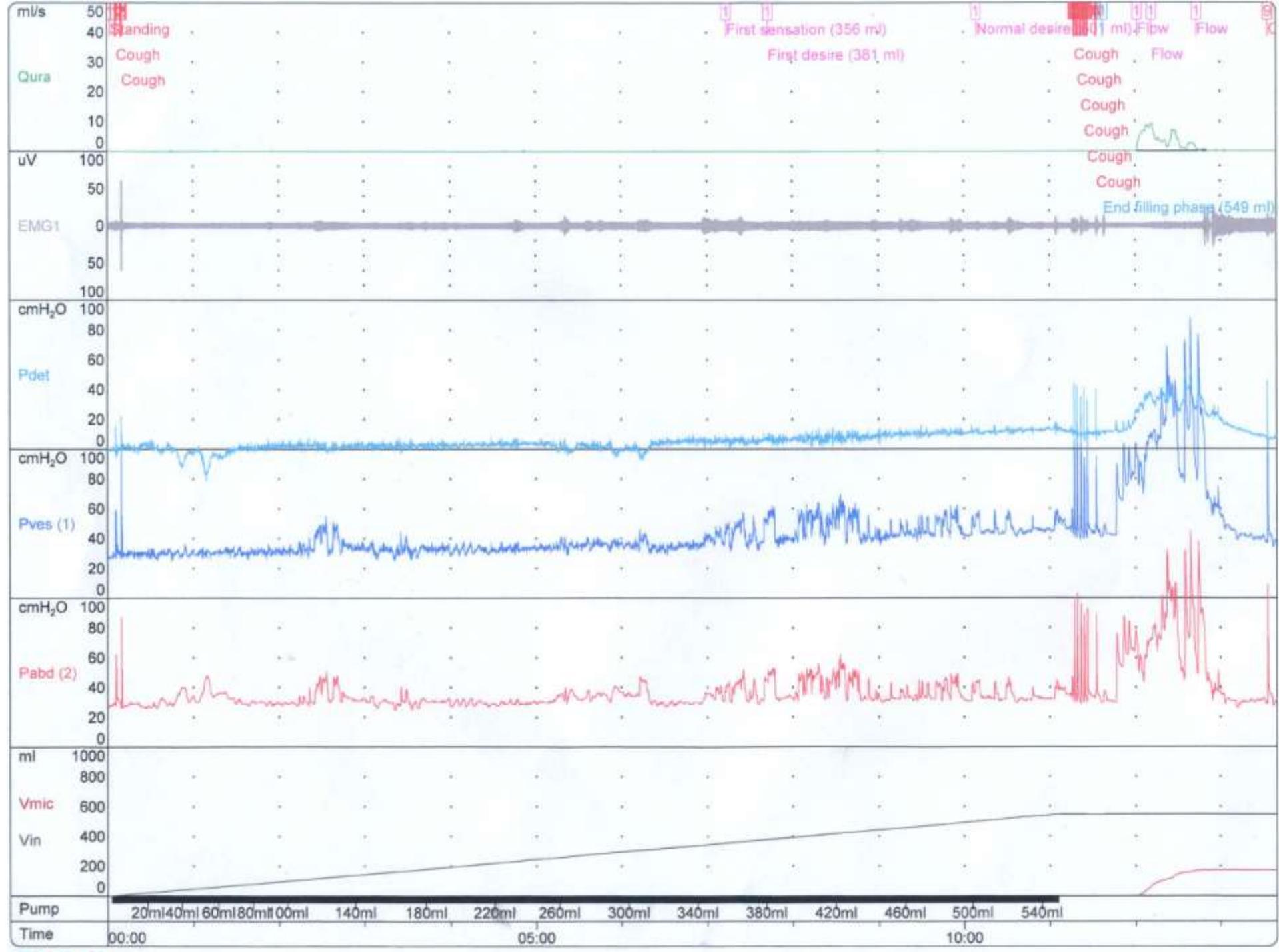
- 請記錄過去五小時內
- 每小時小便時請用表格量度小便量
- 總水量包括食水、湯水、果汁等所有水分之份量
- 如過小便，請註明原因 (如: 尿痛、灼熱、尿色、尿味、尿子、尿色、尿味及臭味)
- 請註明過小便原因: 如: 咳嗽、打噴嚏、跑步、捉蟲等。太急不能忍、找不到廁所等等。請註明。

睡覺後，如有小便，請盡量記錄下來。

日期: 7/12/16

時間	進水量 (毫升)	時間	小便量 (毫升)	遺尿量 (少/中/多)	遺尿原因備註
7:45	250	7:30	180		
1:15	200	1pm	100		
3:15	200	3pm	150		
7pm	200	11pm	150		
9pm	250				

UCI 406A (2/12/16)



# Result of the study

- 54% patients were able to void spontaneously
- 27% had significant improvement
- 19% no improvement

# Procedure

- Self-Intermittent Catheterization





# Closed –catheter systems





# Three weeks later

- Improved conditions
- Reduced frequency of catheterization







- Mrs. MAK

- Primi gravida, AN check-up and plan to give birth in private sector
- Finally emergency C/S in public hospital due to APH & unstable fetal condition
- Request early PN discharge because of sick husband
- *During pregnancy, husband had cardiac problem and traffic accident with wound problem*

- Baby Mak

- Premature, born at 35 weeks of maturity
- B.W. 2.0 kg
- To Neonatal Unit for special care after birth





## On the Day of Baby Discharge

- Maternal emotion outbreak
- No idea on postnatal care and infant care
- Felt frustrated, helplessness, scared
- Breastfeeding difficulty with severe breast pain



# Emotion Management

# Lactation Clinic

- Symptoms Control
- Prevention of Complications
- To ensure optimal infant growth

母乳餵哺診所

Lactation Clinic

# 1<sup>st</sup> Visit in Lactation Clinic

## Health Assessment:

- Maternal
- Neonatal

## Breastfeeding Assessment:

- Maternal experience and knowledge
- Mother & Baby response
- Position / Attachment / Latch-on



# Lactation Clinic

## Problem Identified :

- Mother
  - Knowledge deficit
  - Postpartum Blue
  - BF problems
- Baby
  - Preterm, feeding problem, nipple confusion

## Intervention:

- BF skills / position
- Techniques of Expression
- Technique of cup feeding
- Management / treatment
- Education
- Counseling



# Care Plan

1. Monitor NNJ and neonatal weight growth
2. Assess BF progress
3. Monitor symptoms of block ducts and mastitis
4. Continue emotional support
5. Discuss with the family about the care plan
6. Build up maternal confidence on BF and infant care
7. Continue assess PN emotion status
8. Make referral as appropriate
9. Continue to provide support, relevant information of community resources
10. Perform EPDS at 6th week of postpartum
11. Advise to attend MCHC for further maternal/child care and immunization program
12. Advise and invite husband accompany



# Subsequent Follow Up

**Mr. Mak, Mrs. Mak & Baby**

Target to :

1. Symptoms control
2. Problems management
3. Prevent complications
4. Promote mutual understanding
5. Facilitate family communication



Then weekly



2 days later

**C7016B**

**母乳餵哺診所**

**Lactation Clinic**



# Outcome – at 6 weeks later

## Baby

- Optimal weight growth / EBF

## Mrs. MAK

- Competence on BF / infant care
- Normal EPDS score
- Happy and contented with husband and baby

## Mr. MAK

- New life / new hope
- Happy family
- Great support



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**Lactation Clinic**



# Panel Discussion



**HA Convention 2016**

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**The Nursing Profession:  
Turning Points At Nurse Clinics**