

CME outreach in South Africa

The CCSSA is planning an outreach programme to cities and towns in South Africa that lack easy access to regular CME activities.

The plan is a 1 - 2-day programme that would include lectures, small-group discussions and ward rounds depending on the needs of the city/town. After the visit it is hoped that a group would be formed that could participate in the activities of the local branch and national society.

Venues that were visited in 2007 with the assistance of pharmaceutical and equipment companies included George, Rustenburg, East London, Middelburg (Mpumalanga) and Bethlehem.

Venues to be visited in the current year are:

Western Cape: Beaufort West, George

Eastern Cape: East London, Mthata

KwaZulu-Natal: Ladysmith

Free State: Bethlehem

Northern Cape: Kimberley

North West: Rustenburg

Limpopo: Polokwane

Mpumalanga: Nelspruit

Co-operation from Society members in these venues is urgently needed to arrange the dates, times and venues for the first outreach meeting.

If you feel your city or town could benefit from a visit from CCSSA members with both nursing and medical skills in critical care, please contact Eric Hodgson: iti20178@mweb.co.za or tel 082 416 4687.

Nursing Forum outreach programme

The CCSSA Nursing Forum has established an outreach programme. The aim of this programme is to increase the knowledge of critical care nurses, establish active critical care nursing groups throughout South Africa, establish a core group of critical care nurses actively practising outreach, and identify and develop potential critical care nurses to be involved in future outreach activities.

The programme will primarily focus on areas outside the 'mainstream' ICUs but will also include 'mainstream' areas.

The programme will consist of four different initiatives:

- CCSSA Council Outreach Programme and Fresenius Kabi workshops: These are formal activities that are being planned throughout South Africa in the near future, and will be advertised.
- CCSSA Nursing Forum Outreach Programme: Units

can request a specific expert nurse or an expert nurse in general to visit them. Visits can be structured according to specific needs and can include lectures, workshops and ward rounds. As travel costs are high and the pool of outreach nurses is limited, where possible units in a specific area should have a combined meeting. The programme co-ordinator is Des Cox: des.cox@healthlifecare.co.za

- Journal club: Units are encouraged to establish their own journal clubs and interested groups should identify a co-ordinator. The co-ordinator is welcome to contact helen.perrie@wits.ac.za for assistance with selecting and obtaining appropriate articles. Please inform us if you do set up a journal club as we would like to maintain a database of journal club activities in South Africa. Large membership is not a requirement and a group of 4 - 5 members can be very productive.

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CCSSA Nursing Forum

Surviving sepsis campaign guidelines

Revised guidelines for the management of severe sepsis and septic shock have recently been published by the Surviving Sepsis Campaign (SSC).

The guidelines aim to provide a template approach to the early resuscitation and support of patients with sepsis. They arose from a recognition that care of the septic patient was suboptimal for at least three reasons: first, the entity of sepsis was frequently not diagnosed in a timely fashion, allowing the process to evolve into a life-threatening syndrome of major physiological organ system dysfunction; secondly, even when sepsis was recognised, the urgency of treatment was underappreciated and so haemodynamic resuscitation was tentative and the administration of effective antibiotic therapy was often delayed; finally, treatment was often suboptimal and failed to take advantage of emerging insights into optimal approaches to patient management.

Key recommendations include early goal-directed resuscitation of the septic patient during the first 6 hours after recognition, blood cultures before antibiotic therapy, imaging studies performed promptly to confirm potential source of infection, and administration of broad-spectrum antibiotic therapy within 1 hour of diagnosis of septic shock or severe sepsis without septic shock.

While the revised guidelines are acknowledged as far from perfect, they are believed to represent the best available synthesis of contemporary knowledge in this area.

Source: www.survivingsepsis.org

Action against hospital-acquired infections

With fast track funding by the US Agency for Healthcare Research and Quality, five research collaboratives comprised of over 70 academic medical centres, community hospital systems, and other health care organisations from across the US are sharing their expertise to investigate strategies to prevent hospital-acquired infections.

Hospital-acquired infections are a growing problem affecting thousands of hospitalised people annually, causing risk of complications, prolonged stays and an increased burden on health care systems.

The Indiana University School of Medicine, the Regenstrief Institute, Inc., the Roudebush VA Medical Center and the Indiana University-Purdue University Indianapolis School of Engineering and Technology are serving as the national resource centre for the project, led by Bradley N Doebbeling, director of research at these institutions and professor of health services research and medicine at the IUSM.

The goal of the initiative is to share lessons learned about successes, barriers and challenges in implementing and maintaining strategies that decrease the likelihood of patients acquiring an infection during a hospital stay.

Source: <http://medicine.iu.edu>

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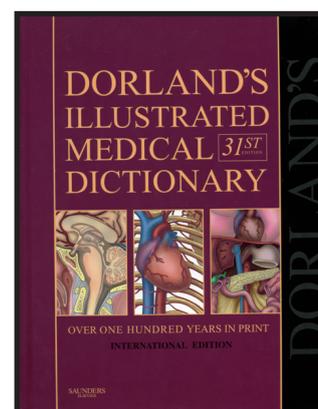
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