Peads

Pediatrics different sections within the department these are: ICU, Outpatients, Casualty, Theatre, ground-floor, 1st floor, 2nd floor, clinic, Nutrition,

**Pediatrics ICU**

Pediatrics ICU: taking care of critically ill patients that need close monitoring. Some are admitted straight via Pediatric casualty/ any other Pediatric ward

Pediatrics ICU refers to the total patient care. Why? These patients can do nothing on their own to take care of themselves.

NB: once a person can/able to take care of themselves they’re quickly moved away from ICU

Basic Nursing to Patient care procedure

1)administer medication

2)serve food to patient

3)maintain hygiene

4)check conditions: wounds care, burns care

If need be

5)get further referrals for better management

ICU aids patients in breathing

1. Intubation. Means critically ill patients, which can’t breathe by themselves thorough their nasal prongs. So, maintain oxygen levels are optimum

2. Administration of medications

Assure patient is given drugs/medicines, to ensure they recover

3. hygiene

They can be bathed. Some are in coma, so bathing them& overall hygiene is important to help them recover better& have better comfort

4. feed them

Feed the patient with essential nutritious food to gain strength and improve their overall health

**Pediatrics Outpatients**

Patient screening (when patients or visitors come to pediatrics, they’re screened for any infectious diseases like covid)

Do immunization of the 6 killer diseases

Covid testing PCR

HIV testing (DNA&DBS)

Health education to mothers

Statistics on patients (coming in& going out)

Outpatient clinics= consultants & other doctors see patients. These are patients not admitted but are coming from home& then they go back. Also this includes patients coming for reviews

**Casualty/ Reception**

Receive patient from home/ any other clinic& districts hospitals. Why? Mpilo is referral hospital. The patients are seen by different doctors according to their conditions

Nurses check their vitals

Administer medication

In some cases, patient might be off medication but if vitals aren’t functioning well the nurse can resuscitate their medication

Then assess condition and referrals via:

OI clinic

Physiotherapy

Straight home

Or any other pediatric ward

In the very unfortunate event that the patient passes away, they’re received via casualty, then goes through ZRP, then mortuary

**Theatre**

We do surgical procedures& any operation minor/ major. Minor operation like finger fracture. Major operation like operation of the abdomen

Some patient patients are given medication/ transferred blood/ blood components

Ground-floor

It’s a surgical ward, that handles patients who have no medical condition but have a surgical one. This includes:

Hydrocephalus

Hernia

Fractured patients

&Burnt patients

The patients are then given medication, they’re given feedback, then referred to other sections of pediatrics depending on their conditions, these include OI clinic, ESG at Mpilo, Engutsheni for tests like EEG

Now give patient Basic Nursing to Patient care procedure

1st Floor

Is a medical ward& an oncology bay

oncology bay deals with patients with cancer like leukemia

as a medical ward we deal with medical conditions such as Bronchitis, gastro enteritis

medical conditions

malnutrition

anemia

acute respiratory tract infections

diabetes

heart disease

2nd floor

Is also a medical ward, plus a cardiac bay& a covid bay

Has same medical conditions as 1st floor

Cardiac conditions include

Congenital heart disease

Covid bay deals with anything related to covid

Basic Nursing to Patient care procedure

Thereafter if patient become stable, they can be discharged or if they’re not stable they can be referred to other sections of pediatrics

OI

Administer of OI drugs:

Tests

DNAPCR

Viral loads

If there need transfer to other hospitals/ clinics

Give food hampers

Do follow ups, to see if the patients are properly managed

If there’s need they can be admitted straight from OI to ward via casualty

When a child come in with other condition on top of malnutrition, they’re

1st stabilized in 1st/2nd floor, thereafter they are sent to nutrition unit for nutrition rehabilitation

Nutrition unit is a unit separate from pediatrics

Nutrition Unit

Deals with malnutrition amongst kids 0-12 years

Manage malnutrition

Department must be kept warm at all times because patient might die because of low temperature. So by design we don’t open windows

Conditions

1. Dematas severe malnutrition (kwashiokor)
2. Non dematas severe malnutrition (marasmus)
3. Therapeutic feeds. To children after every 3hours
4. TB

Nutrition unit on admission

-check weight

-check height

-mid upper circumference: tool used to check malnutrition

-Done each morning on daily basis. Why? Expected weight gain is 25grams, set standard

-Check height after every 21 days

Nutrition unit Process to manage

3 therapuic feeds

1. F75 .F75 is given to kids with kwahiokorfor 1st phase
2. F100. F100 given to kids with marasmas for 2d phase (rehabilitation)
3. Plumpy nut. It’s donated by donors & government assisted (iporridge ele dobi/ porridge ine dovi) ready to eat

Patients are discharged on plumpy nut

Nutrition unit on discharge

-check Multi-charts, as a reference to check patients progress& what to do next

-if there’s steady weight gain, we discharge home, unless if another condition has arisen, which is in rare cases

-For 1st month we review after every 14 days whilst supplying plumpy nut, thereafter review is done once a month. Afterwards if we satisfied with weight gain, discharge completely

PRIVATE WARD (pvt ward)

PRIVATE WARD Philosophy: Provision of health care to our clients through diligence, people central care, confidentiality, teamwork and accountability

Pvt ward caters for patients who want privacy during patient recovery.Patient Service payment is in USD and does not take medical aid.Private ward bedding.Each room $60/day which include food.2 bedded room $80/day.4bedded room $60/day.Ensuite $200/day.Private ward food.Serve good food.2 course: main meal + desert .Eating 4times (Cereal, Breakfast, Lunch, Supper)/ day is bare minimum. In addition, patients can request tea/ snacks any anytime outside

Private Consultant patient. Only private consultants with rights are allowed to admit patients to private ward.Thereafter patients are informed& given opportunity to make choice at which hospital they want to be admitted Mpilo/ Mata-Dei/ UBH.On admission, doctor calls to book patient.The doctor who has reffered the patient to pvt ward will come to cluck (taking normal information when admitting any patient including history of patient) the patient

Commence Treatment. Only Qualified and experienced nurses allowed to work in private ward.Patient on arrival won’t go through casualty but come straight to pvt ward. Pvt ward a specific accountant dealing with pvt ward patients. Accountant takes care of everything, on payments when admitted& also does same thing when patient is discharged

RENAL UNIT

Dialyze Patients using machines

Services

Dialysis services: this is a service provided for patients who have kidney problems to assist their kidney to function properly

Functions of the process

1. Clean blood
2. Remove excess water
3. Assist electro-light balance: kidney problem is a result of imbalanced electro-lights, so these need to be balanced

Drugs given to patients

Verofer (helps in ion supplement) & erethropoeitin (helps in production of red blood cells)

Both work together& given during treatment

If treatment is a success and patient is stable, we disconnect patient from machine return back blood to the system and they get discharged.

if the patient is not yet stable but treatment has finished they rest before they are sent home

Patients come twice a week. Each session is 5hours.

Nurse give patient a schedule on which days to come& what session. Session can be a morning session/ night session

Dialyses is usually for life. The lucky ones stop when they are fully recovered.

MISSION STATEMENT FOR MPILO

SCHOOL OF MIDWIFERY

WE BELIEVE IN TRAINING A COMPETENT MIDWIFE WHO IS ABLE TO GIVE QUALITY FAMILY AND CHILD HEALTH CARE IN ANY SETTING IN ZIMBABWE TAKING INTO ACCOUNT THE CULTURE AND TRADITIONAL VALUES OF THE ZIMBABWEAN SOCIETY, USING AVAILABLE RESOURCES AND APPROPRIATE TECHNOLOGY

PHILOSOPHY

The one year midwifery training programme is designed to prepare a midwife to be able to function and maintain a high standard of theoretical knowledge and practical skills within the scope of the national health policy.

The educational requirements should be at a level which ensures that the

Learner will have educational background to enable her/him to cope with

Academic stringencies of the programme, changes in socio-political system and advance herself/himself in the profession and pursue continuing

Education.

The programme design is based on the principle that adults must be

Motivated enough to assume responsibility for their own learning and

Therefore is student centered.

The graduate is intended to function at any level of health delivery within

The national health services. The ultimate aim is to help midwives to

Develop into sensitive competent midwives who are able to promote health

Plan, implement and evaluate care but flexible enough to adapt to the

Changing needs of those they care for.

Maternity

Deals with care of mother& child

Mothers with minimum of 20 weeks pregnancy

Those with less, get referral to another department

Antenatal services

Total health assessment of a patient

Use ultrasound scans

Vital observations

Admission of sick pregnant mothers with conditions like PHI (Pregnant Induced Hypertension), latent phase of labor etc

Labor delivery services

These cater for women of all ages

Theatre services

Viacc

Family planning

PMTCT

HIV

Aids counselling

Berevement counselling

Neo-natal Services

Kangaroo services

Neonatal intensive care