# 哈爾格薩總醫院 (HGH) 心臟科現況

- 現有設備:
  - 心電圖機
  - 心臟超音波儀 (用於成人及兒童): 具備彩色都卜勒功能 (Color Doppler)
- 心臟病房 (CCU): 監視器、除顫器 (defibrillator)
- ICU/急診室均有呼吸器 (ventilators), 但因缺乏訓練而全院各科均未使用
- 無兒科心臟專科醫師, 由一般心臟科醫師 Dr. Idiris 診斷先天性心臟病
- 無心導管室, 需轉診至私立醫院 (三家)

# 2024 年心臟內科醫師建議培訓計畫

為 Dr. Idiris Hassan Dahir 安排為期 3 個月的臨床培訓計畫:

- 地點:臺北市立萬芳醫院
- 時間:2024 年第四季 (暫定)
- 培訓內容:
  - 呼吸器及除顫器操作訓練
  - 兒童先天性心臟病診斷與處置: 包括
    - \* ASD: 心房中隔缺損 (Atrial Septal Defect)
    - \* VSD: 心室中隔缺損 (Ventricular Septal Defect)
    - \* PDA: 動脈導管未閉 (Patent Ductus Arteriosus)
    - \* TOF: 法洛氏四重症 (Tetralogy of Fallot)
    - \* TGA: 大血管轉位 (Transposition of the Great Arteries)
  - ICU/CCU 加護病房
    - \* Integrate Cardiology-Specific Content/modules:
      - · cardiac causes of acute respiratory failure (e.g., cardiogenic pulmonary edema, acute coronary syndromes)
      - · Include training on management of cardiac patients requiring mechanical ventilation
    - ★ Cardiovascular-Respiratory Interactions:
      - · Expand on the "Cardiovascular dysfunction and hemodynamic monitoring" module

- Add content on interpreting ECGs in the context of respiratory failure
- 心導管檢查及介入性治療技術簡介

# 後續支援

- 2024/09 萬芳醫院胸腔內科專家訪問 HGH, 進行 ICU/呼吸器示範及教學
- 2025 年 安排萬芳醫院小兒心臟科專家訪問 HGH, 進行示範及教學
- 建立遠距會診機制, 協助複雜病例診治

# 預期成效

- 提升 HGH 心臟科診療能力, 尤其在兒童心臟病及重症處置方面
- 培養當地心臟科醫師, 提升索馬利蘭心臟醫療水準

請示長官,此計畫是否加入 2024 年 TMM 培訓計畫? 具體計畫書將進一步討論制定。

# Hargeisa Group Hospital (HGH) Intensive Care Unit (ICU) Capacity Assessment [May 2024]

# **Bed Capacity**

Total beds: 14 (7 male, 7 female)

## Primary Case Mix

Predominant conditions include cerebrovascular accidents (CVA), pneumonia, acute myocardial infarction (AMI), and major trauma. Notably, post-operative care for major elective surgeries is not routinely managed in this ICU.

### Staffing

#### **Nursing Staff**

- Total complement: 16 nurses
- Shift distribution:
  - Shift A: 6 nurses
  - Shift B: 4 nurses
  - Shift C: 6 nurses
- Responsibilities: Vital sign monitoring, nursing documentation, and execution of medical orders
- Care model: Shared responsibility for all 14 patients without primary nursing assignments

# **Respiratory Therapy**

- One respiratory therapist
- · Work schedule: Shift A, with Fridays off
- Current role: Performing nursing duties due to absence of intubated patients
- Professional development: Received 10 months of training in the Philippines

#### **Medical Staff**

- ICU Director: Dr. Jacfar
- 8 General Practitioner (GP) doctors
- 3 Internist specialist doctors (including Dr. Saed Ahmed)
- Care model: Shared responsibility among 8 GP doctors for all 14 patients without primary physician assignments
- Educational component: Medical student rotations incorporated

## **Equipment Inventory**

#### Oxygen Supply

- Source: Oxygen cylinders, supplied from HGH oxygen concentrator
- Dedicated personnel for transport and supply management

#### Ventilation Equipment

- Mechanical ventilators (Dräger): 3 units (only 1 operational, unused to date)
- Portable ventilator: Quantity unspecified
- BiPAP: 1 unit (functional but unused)
- CPAP: 1 unit (functional but unused)

#### Monitoring and Support Equipment

- Vital signs monitors (three-in-one): 11 units (ECG leads used on an as-needed basis due to shortage)
- IV micro-pumps: 6 units
- Defibrillator: 1 unit (functionality questionable)
- Ultrasound: 1 standard unit, supplemented by several handheld ultrasound devices (Android tablets) donated and used for teaching by Dr. Max from SAHA

#### **Diagnostic Equipment**

- Arterial Blood Gas (ABG) analyzer: 1 unit (currently non-operational due to reagent depletion)
- Glucometers: 4 units