

HEART BEAT

A Quarterly Issue for the Faculty and Staff of Tabba Heart Institute

Issue No. 07, September 2009

Tabba Heart Institute's Health Information Management Services

Since its establishment in March-2005, the department of Health Information Management Services (HIMS), at Tabba Heart Institute, has very ably maintained the patient's medical record, which has helped to preserve the medical history of the patients and facilitated the health care team in providing high quality patient care. The records are maintained according to the international standard and specification. HIMS department has followed the American Health Information Management Association (AHIMA) guidelines and procedures, and has met the standard of AHIMA benchmarking for performance improvement.

HIMS department collects, compiles, manages, protects and disseminates the health information pertaining to patients. The data within a Medical Record justifies the treatment administered / prescribed for the patient, satisfies legal requirements, maintains sufficient provider documentation and authentication, as well as allows statistical reporting and improves patient care.

The record processing area is responsible for retrieving, assembling and analyzing medical records of patients discharged from the In-patient location, or seen in the Out-patient areas. These medical records are retrieved on daily basis from all In-patient and Out-patient units. The records are assembled in a specific order and analyzed for completion requirements, in accordance with the HIMS policy and procedure. Although the physical property of Tabba Heart Institute, the information contained in the medical records belongs to the patient. The patient or a representative may have access to this information with a properly completed and signed request.

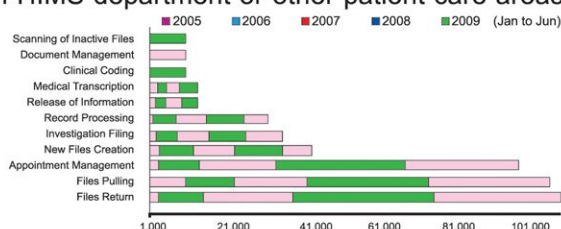
To assist physicians with their documentation requirements, Transcription services are provided by the HIMS department. The Medical Transcriptionist transcribes various types of reports including operation notes, discharge summaries, reference letters and consultation reports.

The coding staff is responsible for applying appropriate International Classification of Disease, 9th Revision Clinical Modification (ICD-9-CM) Diseases and Procedure code for both In-patient and Out-patient records. The indexing of diseases and procedures allows the extensive request for retrospective review of the patient records by researchers.

Those Medical Records, which remain inactive for two years are scanned and preserved on the computer. All medical records are scanned in-house. The scanned medical records may be retrieved in HIMS department or other patient care areas whenever required.

Future plans envisage the inclusion of:

- Radio Frequency File Tracking and Management System
- Remote Access of Patient Medical Record.
- Electronic Medical Records.
- HIMS Internship training



OUTREACH SERVICES

- Keeping by its commitment to provide quality service at an affordable price at the doorsteps of the community, Tabba Heart Institute, now offers its quality laboratory and diagnostic services through its second outreach unit established in Gulistan-e-Johar (Shop # 6, Javed Arcade, near Johar Chowrangi). Easily accessible, the **THI Laboratory Collection Unit** will benefit the residents of the Gulistan-e-Johar and Gulshan-e-Iqbal.
- The newly established THI's Consultant Clinic at "**The DHA Clinics**", has also added Non Invasive Cardiac Investigation facilities like ECHO and ETT, under the supervision of highly qualified Cardiologists and competent Technicians. This facility is currently offered on Fridays from 1600 hours onwards. For appointment and further inquiry, please call 35344201-2-8.
- The Cardiac Rehabilitation Service at **Medilink Clinics, Clifton** has been started where qualified and trained Cardiac Rehabilitation Specialists are providing their services, to the residents of Clifton and DHA.

Editorial Board

Mohammad Yousuf
Farzana Amir Hashmi
Dr. Moimuddin Khan
Farrukh Siddiqui
Sadiah Abbas
Zeeshan Butt

Dear Colleagues,

At the onset, the Board wishes all the readers a very happy Independence day and the blessings of the Holy month of Ramadan. It is with pride and pleasure that the Board presents yet another issue of the 'Heart Beat'. With sincere hopefulness, the readership will appreciate the contents and composition of this valued journal. We would avail this opportunity to thank all colleagues and associates for their untiring effort and cooperation with the Editorial Board in the publication of this news letter on time. We wish you a Happy Eid.

Mohammad Yousuf



**Tabba Heart
Institute**
A state-of-the-art Cardiac Hospital
WHERE YOU MEET CARING, FRIENDLY PEOPLE

“Challenges in Coronary Interventions” Educational symposium at THI

Atherosclerotic disease of coronary arteries is projected to become the leading cause of global morbidity and mortality by 2020. This calls for aggressive preventive and management strategies; however the frequency of educational activities specially holding symposia, continuous medical education & seminars for physicians and general public covering the prevention and management of coronary artery disease that can save lives and improve the quality of life of patients suffering from cardiovascular disease, is not up to the mark in Pakistan.

Having it as a part of quality objective, THI has always taken pride in contributing and sharing its academic activities with other institutions. We regularly hold joint academic sessions with AKUH and other institutions, and participate in various national and international cardiology conferences to present research papers and as faculty.

This year, THI had the privilege of hosting a scientific program organized at its premises to update interventional cardiologists and trainees in interventional cardiology. A one day symposium, titled “Challenges in Coronary Interventions” was arranged on the June 6, 2009, in association with Cordis, Pakistan, and in collaboration with Pakistan Cardiac Society and Pakistan Society of Interventional Cardiology & Council on atherosclerosis and thrombosis.

The symposium experienced an unprecedented attendance of eminent interventional cardiologists, paramedical staff and cardiology trainees. The program commenced with an introduction to the program by Dr. Khawar Kazmi. The first session comprised of talks from very eminent interventional cardiologists on **“The role and importance of primary angioplasty in the setting of acute heart attack”**. The local experience from Aga Khan University Hospital, NICVD and Tabba Heart Institute was presented. Expert panelists including Prof. Azhar Faruqi, Dr. Sajid Dhakam (AKU), Dr. Nadeem Hayat Malik (PIC Lahore) and Dr. Khan Shah Zaman (NICVD) shared their views on implementation of primary angioplasty program in other institutions as well. During the second session, the speakers shared their experiences related to the complications that can occur during an angioplasty and how to bail out. The third and final session encompassed **“The techniques, benefits and advantages of angiography and angioplasty performed through radial artery”**- a much safer and easier method of performing the procedure for the patient (Being performed at THI routinely in more than 90% of the cases). A live case of coronary angiography and angioplasty eliciting the steps and technique of performing the procedure through radial artery was demonstrated and telecasted live from the Cath Lab to the auditorium, for the benefit of the audience and trainees, by Dr Bashir Hanif and his Cath. Lab. Team. Other eminent cardiologists who took part in the program as panelist or experts included Dr. Muhammad Ishaq, Dr. Asad Pathan, Dr. Feroz Memon, Dr. Fazal ur Rehman, Dr. Nadeem Rizvi, Dr. Nazir Memon and Dr. Khalida Soomro.

The event comprised of very high quality lectures and interactive and lively discussions. The program ended with vote of thanks from Dr. Bashir Hanif, Medical Director THI. Numerous media representatives from TV & Radio were there to cover the event. The program was highly appreciated by the cardiologists' community as a source of professional information for the practicing and post graduate trainees in interventional cardiology.



CME PROGRAM
CONTINUOUS MEDICAL EDUCATION

- **‘World Hypertension Day’** was celebrated at Tabba Heart Institute on May 17, 2009, in collaboration with World Hypertension League & Pharmevo. It was a full day event. Free Cardiac Screening and Consultation Clinic was arranged. The event was enthusiastically responded. Over 160 people were screened & tested. Free medicines were distributed. This was followed by an interactive session between the patients, their attendants and the Panel of Experts including renowned cardiologists of the city, supported by a small educational quizshow.
- Dr. Nazra Hudaa renowned clinical dietitian presented her study on **‘The Modalities Pertaining to Nutrition in Cardiac Patients’** on June 15, 2009. This was held in collaboration with the Nutrition Division Abbott Laboratories (Private) Ltd. This was attended by THI Consultants, cardiology fellows, Technical and paramedical staff.
- Another presentation was delivered by Dr. Fatima Noman from the Infection Control Department on **‘Swine Flu’** on May 7, 2009, in which she discoursed on various aspects of the disease and the remedies. This session was well attended by Physicians and Paramedical staff.

THI CELEBRATES INTERNATIONAL NURSES DAY

To applaud the nursing fraternity for their heart rendering service to promote health, the International Nurses Day is observed around the world every May 12, the birth anniversary of Florence Nightingale, who is widely considered as the founder of modern nursing, and is remembered for her undying commitment to the cause of healthcare. This day is commemorated to acknowledge nursing as the backbone of the healthcare system.

This year, the day was celebrated with the theme “Delivering Quality, Serving Communities: Nurses Leading Care Innovation”. Tabba Heart Institute organized & celebrated a weeklong activity (May 24-30, 2009) of events, comprising of community awareness programs inside THI premises, where enthusiastic participation by patients and visitors was observed. Participatory competitions like general knowledge based quiz, and other indoor educational games were arranged. A poster competition, among clinical areas of THI was the limelight of the event. Community discourses were offered on various subjects including Diabetes & its prevention, Risk factors of Heart Disease, High Blood Pressure & its management, Introduction to Angiography, Angioplasty & Bypass Surgery, Hygiene Care & Infection Control Practices, & Life Style Modification.

A full-day Free Cardiac Screening Camp was organized at Jumma Goth, Bhains Colony, Landhi Town Karachi. More than 250 residents of nearby area visited the camp and got screened. The week concluded with a full day seminar on May 30, 2009 at Abdul Razzak Tabba Auditorium, where eminent dignitaries from nursing profession graced the event. Prof. Dr. Abdul Ghaffar Billoo (Consultant Paediatrician) and Prof. Dr. Muhammad Ishaq (Consultant Cardiologist) added value by attending the event as Chief Guest respectively. They highly appreciated the role of nurses in general and in the field of human service.



DIVINE WED LOCK



- Ms. Sitara Ansari daughter of Mr. Anjum Ansari (Manager Engineering) July 2009

WELCOME TO THI FAMILY

- Ms. Rokeya Mahmood – Supervisor Bio Chemistry, Laboratory
- Dr. Khawaja Tasawor Riaz – Deputy Manager, Diagnostic Services
- Dr. Zeeshan Kaleem – Medical Officer, Anesthesia
- Dr. Kaleemullah Shaikh – Cardiology Fellow, Medicine
- Dr. Minhas Hafeez – Fellow, Cardiothoracic Surgery
- Dr. Faiza Malik, Research Medical Officer, Medicine
- Dr. Mohammad Azimuddin – Medical Officer, Cardiac Surgery.
- Lt. (Rtd.) Khadim Hussain Bajwa – Assistant Manager, Safety, Security & Transport.
- Syed Aqleem Akhtar – HR Officer, Human Resources
- Dr. Tabish Jabeen – Medical Officer, Cardiology
- Mr. Fahad Anwer Chishti – Deputy Manager, Marketing & PR

THE STORK VISITS



- Dr. S.M.Noman (Senior MO Surgery) birth of baby boy Syed Muhammad Ahmed - May 2009
- Mr. Anjum Zafar Khan (Sr. Manager MIS) birth of baby girl Alayna Anjum Khan - June 2009
- Dr. Mohammad Ali - (Fellow Cardiology) birth of twins Muhammad Huzaifa & Fatima Eman Muhammad - July 2009

Annual ISO Audit Surveillance

THI takes pride in sharing the credit with all its staff members & associates on successfully qualifying the 2nd annual surveillance audit for ISO 9001-2000. The success, without a single Non Conformity is reflective of the preparedness and alertness exhibited by all departments.

Annual Dinner

THI was hosting its Annual Staff Dinner Party. The environment was aggrandized by the presence of the Chief Executive. Highly decked up and gracefully adorned, the ladies of the staff, mingling with the gentlemen with their immaculate characteristics and distinguished behavior, serenaded in the cool evening's gentle breeze.

The honored attendance of Barrister Shahida Jamil and Mrs. Kulsoombai R. Tabba ; speckled with distinguished guests, dotted by our very honorable senior colleagues and mesmerized by the mastery control of the stage by Syed Ilyas Ahmed, all rolled together and imprinted as a cherished and a memorable episode.

Syed Ilyas Ahmed's poetic and artistic charm, blended with a high class presentation of skits by our own talented doctors and technicians, enhanced with a 'touch of class' performance of parody by Ms. Aisha Haider and Mr. Abdul Rasheed, supported by the discourse on "Zarrurat-e-Rishta" by Dr. Irfan Elahi Chandna and accomplished by sumptuous food, fortified the efforts. All blended together to reflect the spirit of the "THI Family".

Benefiting the pleasure of the gathering, the occasion was utilized to recognize the Five Years long service of the following staff members:

- Mr. Ahmed Shakoor Munshi
- Mr. Abdul Rasheed
- Mr. Amin Raza
- Mr. Altaf Latif
- Mr. Imran Manjevry
- Mr. Shah Nawaz A. Ghani
- Mr. Azeem Khan
- Mr. Saeed ur Rehman
- Mr. Aftab Ahmed

Two parting senior colleagues, Dr. Umer Darr & Mr. Ikram Khan were bestowed with mementos in appreciation of their tireless and dedicated service to the hospital.

Star Performers

(Jul-Aug 2009)



Dr. S.M. Noman
Senior RMO
(Surgery)



Mr. Muhammad Feroz Naz
Technician
(CSSD)



Mr. Amjad Masih Bhatti
CCT
(Nursing)

گلابی دیوار

ایک دن بیگم یہ بولیں اپنی نظریں موڑ کے
دانت ہونے کے لگاؤ سارے خرچے چھوڑ کے
عرض کی بیگم سے ہم نے ہاتھ اپنے جوڑ کے
لے گئے ڈاکو کسی کے دانت جڑا توڑ کے

سما غریبا

شیردل سے اب گذر سکتے ہیں سارے مہ جین
موسم جاں ان کو آئے گا یقیناً راس اب
اب کوئی بھی روسیہ اس دل میں آسکتا نہیں
بن چکا ہے شیردل کے پاس بائی پاس اب

ضیاء الحق قاسمی

انتخاب الطاف لطیف

BEREAVEMENT

- Brother of Mr. Zafar Ahmed (Electrician) - June 2009.
- Father of Ms. Samina Naz (Nurse Aid) - July 2009.
- Mother of Mr. Shahzad Qaiser (Nurse Aid) - July 2009.
- Father of Mr. Junaid Naqvi (Telephone Operator) - August 2009.

We pray to Almighty Allah for a heavenly abode of the departed souls.



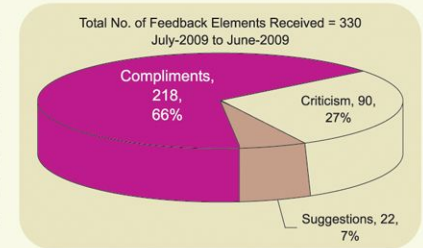
INHOUSE MEDICAL EDUCATION TV CHANNEL AT THI

The Communications Department is pleased to announce the commencement of THI's Inhouse Medical Education T.V. channel. This newly introduced facility will enable patients, attendants, visitors & OPD patients to view selected documentaries & programs on health. A lot of material is available for public awareness programs related to health education. Programs telecast will include interviews of prominent medical practitioners, Pre & Post Surgical tips for patients, Cardiac Rehabilitation exercises, and excerpts from seminars, lectures & symposia, especially pertaining to the domain of Cardiac Care.

Patient Feedback Analysis

THI continuously encourages all patrons to feed the administration with comments and suggestions to measure, monitor and analyze the performance, enabling

corrective actions. Feedback is received through the conveniently placed suggestion boxes on all floors and the Patient Relation Office. The comments received are passed on to all concerned for remedial action which helps in closing the issue. The entire process helps to improve the Quality Management System.



RESEARCH HIGHLIGHTS

- Association of post exercise ST depression with severity of coronary artery disease (Accepted for publication in JPMA)
Dr. Ayaz Hussain Shaikh, Dr. Bashir Hanif, Dr. Adeel Siddiqui, Dr. Hunaina.
- Outcomes of ST elevation myocardial infarction in tertiary care cardiac centre (In progress).
Dr. Ayaz Hussain Shaikh, Dr. Bashir Hanif, Dr. Amina Adil, Dr. Wasiq Rawasia.
- Use of inferior vena cava filter in complex clinical scenario - A case report (submitted for publication in JPMA)
Dr. Ayaz Hussain Shaikh, Dr. Bashir Hanif, Dr. Wasiq Rawasia, Dr. Khursheed Hasan.
- Correlation of TIMI Risk Score and extent of coronary artery disease in patients with acute coronary syndromes. (Accepted by Journal of Pak Medical Association 2009).
Dr. Shakir Lakhani, Dr. Faisal Qadir, Dr. Bashir Hanif, Dr. Salman Farooq (Accepted in JPMA 2009 for Publication)
- Correlation of Troponin I Level (> 10 folds ULN) with the extent of coronary artery disease in Non – ST elevation Myocardial Infarction
Dr. Faisal Qadir, Dr. M. Shakir Lakhani, Dr. Bashir Hanif, Dr. Salman Farooq (In process of review by Journal of Pak Medical Association)



FELICITATION

- Dr. Fatima Noman has been declared successful in Certificate examination of Infection Control and Epidemiology held by CBIC.
- Dr. Omer Saad (Medical Officer Cardiology) has cleared his exam MRCGP (International South Asia)
- Dr. Khursheed Hassan has passed his fellowship exam (FCPS Part II-cardiology) from College of Physician and Surgeons Pakistan.
- Mr. Mohsin Ali, (Audit Officer) has passed his exam (Public Finance Accountant) held by Pakistan Institute of Public Finance Accountant (PIPFA) in first attempt which is a remarkable achievement.

Another Success Story of THI

A Life Saving Procedure in a Young man with end stage heart disease

This is the story of a 20-year-old young man, who was known to have hole in the heart since childhood. He lived with that condition until the present time and had never consulted any cardiologist. Over the last few months, he was complaining of severe shortness of breath. He was brought to the THI in the moribund end stage condition. All this while he remained on piped oxygen. He was thoroughly examined at this hospital. Echocardiography revealed a large hole in the ventricular septum (partition wall between the right and the left ventricle). The hole had caused damage to the aortic valve, resulting in severe backward leakage into the left ventricle, which dilated to a massive proportion. Initially, he was managed by medical means but was not improving. Operative intervention, though at a very high risk, was eventually planned. The hole was repaired and the damaged valve was replaced with a new mechanical one. Alhamdulillah the patient has fully recovered. He continues to visit his cardiologist and is doing extremely well.

FRIENDS OF THI
Cordis
a Johnson & Johnson company

The management of THI would like to avail this opportunity to express pride on their long time association with Cordis, Pakistan, a franchise of Johnson & Johnson Company, well established provider of products and services for house-hold and medical services. Cordis Pakistan specializes in the services for the individuals undergoing cardiac catheterization and surgeries. Having a vast experience in manufacturing Cardiac Catheters, Introducer Sheaths, Guide Wires, Angioplasty Balloons, Stents and Sutures, Cordis has offered innovative solutions to their clients who trust in their reliable and safe performance. Cordis has not only provided THI the benefits of a fully integrated approach to the design and manufacture of custom medical devices, but have also extended full cooperation towards organizing and

sponsoring events related to public awareness, such as CMEs, symposia, lectures etc. Recently THI and Cordis arranged a day long symposium in collaboration with Pakistan Cardiac Society and Pakistan Society of Interventional Cardiology at THI, titled "Challenges in Coronary Interventions". THI & Cordis won high words of praise for having organized such an informative event that will help to improve the standards of management, treatment and prevention of cardiovascular disease in our country, with a hope that Cordis will continue to be partner in arranging such beneficial programs in future.

Dietary consideration during the Holy month of Ramadan

Mehreen Amer



Dietitian's Kitchen

During the holy month of Ramadan, our diet should not differ very much from our normal diet and should be as simple as possible. The diet should be such that we maintain our normal weight, neither losing nor gaining. However, if one is overweight, Ramadan is an ideal time to normalize the excessive weight. The physiological effect of fasting includes lowering of blood sugar, cholesterol and systolic blood pressure. In fact, Ramadan fasting would be an ideal recommendation for treatment of non-insulin diabetes, obesity and hypertension. In view of the long hours of fasting and a lot of health problems we should consume slow digesting foods including fiber containing-foods rather than fast-digesting foods.

- Slow-digesting foods which we should consume more specially in sehri, are foods that contain grains and seeds like barley, wheat, oats, millet(bajra), semolina(suji), beans (lobia), lentils, whole meal flour, unpolished rice(brown rice) etc. called complex carbohydrates.
- Fast-burning foods are foods that contain sugar, which we should limit specially in sehri but can have at iftar. The foods eaten should be well balanced, containing foods from each food group i.e. fruits, vegetables, meat/chicken/fish, Bread/cereal and dairy products. Fried foods are unhealthy and should be limited. They cause indigestion, heartburn and weight gain.

EATING HABITS WE SHOULD AVOID ARE:

- Taking excessive amount of fried, deep fried and fatty foods (pakoras, samosa, roll etc).
- Excessive intake of foods containing too much sugar (Soft drinks, Sherbet, fruit juices)
- Over-eating especially at sehri.
- Taking too much tea at sehri, makes you pass more urine during the day.
- Smoking Cigarettes, it is the best time to quit smoking.

EAT MORE

- Complex carbohydrates at sehri. Haleem is an excellent source of protein and is a slow-burning food.
- Dates are excellent source of sugar, fiber, carbohydrates, potassium and magnesium.
- Almonds are rich in protein and fiber, with no fat.
- Bananas are a good source of potassium, magnesium and carbohydrates.

DRINK

Plenty of water or fresh fruit juices (without sugar) between iftar and bed time.

Beside all that, there are some traditional dishes without which Ramadan table seems to be incomplete for most of the people. It is advisable to prepare those dishes with some modification. Do not deep fry samosa / roll. Bake or shallow fry these, filled with vegetables, lentils / low fat cheese or boiled chicken. Use lean meat or chicken. Avoid baghar at dahi barras. Use boiled Chana Chat instead of cooked in oil. Use fat free milk and less sugar in sweet dishes. Diabetic patients may use sugar substitutes. Replace sweet dishes with fruits. Eat comparatively smaller portion of food that contain high calories. Try to eat this food (high caloric) as last item of your meal, not as the first one.

SAMPLE MENU FOR RAMADAN

This is a 1200-1500 calorie diet plan for Ramadan for those who have no disease and normal weight (other people need special prescription according to their health status).

SEHRI:

- 1 egg omelet(fried in 01 tsp oil) or boiled egg or chicken curry with 2 medium boti (2 tsp oil) or 1 plate cooked Daal or vegetables
- ½ cup non-fat yogurt
- 1 medium chapatti or 2 slices of bread or 1 plate of boiled rice or a cup of cooked oat meal. Suji with low fat milk or (1 cup cooked at meal or 1 Bajra ki roti).
- Lassi (without balai / cream, with 1 tsp sugar) or 1 cup non-fat milk
- 1 cup tea with 1 tsp sugar

IFTAR:

- 02 medium sized Dates
- 01 small bowl of boiled Chana Chat or boiled lobia chat or Haleem or Dahi barras (without baghar, 3 small barras)
- 2-3 pakoras or 02 mini samosas or 1 medium vegetable roll either baked or shallow fry
- 1 medium sized fruit or 1 small bowl of fruit chat (without sugar)
- 1 glass namkin lassi or lemonade (with 1 tsp sugar) or fruit squash (with 1 tsp sugar)

DINNER:

- Meat curry (chicken, fish or mutton) 2 small boti with vegetables or 1 plate cooked Daal ½ bowl yogurt
- 1 plate boiled rice or 1 medium size chapatti or 1 cup of boiled noodles or 2 slices of bread
- Small serving of raw vegetables salad

Nuclear (Thallium/Technetium Myoview) Stress Test Dr. Salman Habib

A nuclear stress test is a noninvasive test that gives information about your coronary arteries whether they might be narrowed or blocked because of coronary artery disease. It can be done either with physical or pharmacological exercise. Just before the end of the exercise part of the test a small amount of a perfusion radiotracer is injected intravenously. The "perfusion tracer" (a nuclear isotope that travels to heart muscle with blood flow) that is injected, is extracted by the heart muscle in proportion to the flow of blood. After the exercise part, the picture of heart (scan) will be performed by "gamma camera". A gamma camera, similar to the one in the picture will rotate (SPECT imaging) slowly across the chest for approximately 20 minutes and take pictures of the heart. The patient will be allowed to wait for two to three hours and get a light snack or lunch (containing fatty diet). The patient will be asked to stay in the department for two to three hours for resting study to be performed.



The results of the nuclear stress test can show doctors if the heart is not working properly while you are resting, exercising or both. No differences between stress and rest images would indicate there is no blockage in the coronary arteries supplying the heart. But a change from rest to exercise would show what is known as a "perfusion defect" and would indicate a blockage. The results may influence your physician's decision to change your treatment or recommend additional testing such as angiography, or a change in your medications.

How safe is a Treadmill Stress Test?

The patient is exposed to a very small amount of radiation and the risk is minimal, if any. The risk of the stress portion of the test is very small and similar to what you would expect from any strenuous form of exercise.

What is the reliability of Isotope Stress Test?

If a patient is able to achieve the target heart rate and good quality images are obtained, a nuclear stress test is capable of diagnosing significant blockages in blood vessels artery of the heart in approximately 85% of patients.

From the Desk of Infection Control



Hospital Acquired Infections (HAI)

HOSPITAL ACQUIRED INFECTIONS (HAI)

A hospital-acquired infection, also called a nosocomial infection, is an infection that first appears between 48 hours and four days, after a patient is admitted to a hospital or other health-care facility. Hospital-acquired infections are usually related to a procedure or treatment used to diagnose or treat the patient's initial illness or injury.

CAUSES:

Hospital-acquired infections can be caused by bacteria, viruses, fungi, or parasites. These micro-organisms may already be present in the patient's body or may come from the environment, contaminated hospital equipment, health care workers, or other patients. Localized infection is limited to a specific part of the body and has local symptoms. For example, if a surgical wound in the abdomen becomes infected, the area around the wound becomes red, hot, and painful.

A generalized infection is one that enters the bloodstream and causes systemic symptoms such as fever, chills, low blood pressure, or mental confusion. This can lead to sepsis, a serious, rapidly progressive multi-organ infection, sometimes called blood poisoning that can result in death. Hospital-acquired infections may develop from the performance of surgical procedures; from the insertion of catheters (tubes) into the urinary tract, nose, mouth, or blood vessels; or from material from the nose or mouth that is aspirated (inhaled) into the lungs. The most common types of hospital-acquired infections are urinary tract infections (UTIs), ventilator-associated pneumonia, and surgical wound infections.

Other risk factors that increase the opportunity for hospitalized adults and children to acquire infections are:

- A prolonged hospital stay
- Severity of underlying illness
- Compromised nutritional or immune status
- Use of indwelling catheters Failure of health care workers to wash their hands between patients or before procedures
- Prevalence of antibiotic-resistant bacteria from the overuse of antibiotics
- Any type of invasive (enters the body) procedure can expose a patient to the possibility of infection.

Some common procedures that increase the risk of hospital-acquired infections include:

- Urinary bladder catheterization
- Respiratory procedures such as intubation or mechanical ventilation Surgery and the dressing or drainage of surgical wounds
- Gastric drainage tubes into the stomach through the nose or mouth intravenous (IV) procedures for delivery of medication, transfusion, or nutrition.

A proper Infection Control Setting with Infection Control Practitioner is important for an institute to minimize the risk of HAI in an institute, and create a healthy and safe environment for both patients and health care providers.



پیدائشی نقائص قلب ڈاکٹر شمیم صدیقی

دل کے وہ امراض جس میں نومولود بچوں کے دل کی ساخت یا بڑی شریان متاثر ہوتے ہیں۔ اکثر امراض یا خون کے بہاؤ میں رکاوٹ کا باعث بنتے ہیں یا پھر غلط سمت میں خون کے بہاؤ کا سبب بنتے ہیں۔ جبکہ باقی امراض دل کی دھڑکن کو متاثر کرتے ہیں۔ نومولود بچوں میں یہ دل کے امراض عام پائے جاتے ہیں اور بچوں کی شرح اموات میں اضافے کا باعث بھی بنتے ہیں۔ بعض اوقات یہ امراض بچپن میں تشخیص نہیں ہو پاتے اور عمر کے کسی اور حصے میں تشخیص پاتے ہیں۔ پچھلے بیس سے تیس سال میں ان امراض کی تشخیص اور طریقہ علاج کے سلسلے میں بہت ترقی ہوئی ہے جس کے نتیجے میں اب متاثرہ بچے اور افراد علاج کے بعد زندگی کا بقایا سفر صحت مندی کے ساتھ طے کرنے میں کامیاب ہو پاتے ہیں۔

وجوہات: دل کے پیدائشی نقائص کا اہم سبب نومولود بچوں کی نشوونما کے دوران ہونے والی بیماریاں ہیں خصوصاً پیدائش سے قبل حاملہ خواتین کو ہونے والی مختلف بیماریاں، ملنے والا خراب ماحول یا موروثی مسائل شامل ہیں مثلاً **ذیابیطس**: اگر حاملہ کو حمل سے قبل ذیابیطس کا مرض لاحق ہو خواہ ذیابیطس کی قسم اول یا دوم ہو، پیدا ہونے والے نومولود میں دل کی ساخت کے نقائص کا باعث بن سکتی ہے۔ حمل کے دوران ہونے والی ذیابیطس اس مرض کا سبب نہیں بنتی۔

ریبلا اور انس: اگر دوران حمل (Rubella) ہو جائے تو نومولود کے دل کی ساخت یا نشوونما متاثر ہو سکتی ہے۔

ادویات: دوران حمل کچھ خاص ادویات کا استعمال بھی نومولود میں مختلف پیدائشی نقائص کے ساتھ ساتھ پیدائشی دل کے امراض کا باعث بن سکتا ہے۔ مثلاً (Accu tance) tretinion اور لیٹھیٹیم lithium جسمی ادویات جو کہ Bipolar امراض کے علاج میں استعمال ہوتی ہیں، شراب نوشی، نشہ آور ادویات بھی ان امراض کا باعث بنتی ہیں۔

موروثیت: پیدائشی نقائص قلب بظاہر ایک موروثی مرض ہے جو بہت سارے دوسرے موروثی امراض سے جڑا ہوا ہے (Down Syndrome) ڈاؤن سنڈروم جو کہ موروثی مرض میں مبتلا ایک تہائی سے زائد بچوں میں دل کے مختلف امراض پائے جاتے ہیں۔ Genetic testing کے ذریعے پیدائش سے قبل ان امراض کا پتہ لگایا جاسکتا ہے۔

علامات: دل کے پیدائشی نقائص میں مبتلا ہونے کی علامات عموماً کچھ عرصے کے بعد ظاہر ہوتی ہیں۔ اور کچھ افراد میں دل کے امراض کے علاج کے کچھ عرصے بعد دوبارہ ظاہر بھی ہو سکتی ہیں۔ اس مرض کی کچھ خاص علامات درج ذیل ہیں۔

☆ دل کی غیر معمولی بے ترتیب دھڑکن (arrhythmias) ☆ جلد کا نیلا پڑنا (cyanosis) ☆ سانس کا پھولنا ☆ معمولی کاموں میں تھکن محسوس ہونا ☆ بے ہوشی / چکر آنا ☆ جسم کے کسی عضو کا سوج جانا ☆ اضافی تھکن

علاج:

مرض کی جلد از جلد تشخیص زیادہ بہتر علاج کی ضامن ہوتی ہے۔ علاج کا انحصار مرض کی نوعیت پر منحصر ہے۔ عموماً دل میں درج ذیل نقائص پائے جاتے ہیں جو پیدائشی ہو سکتے ہیں۔

☆ (Aortic Stenosis) اورٹک اسٹینوسس

☆ (Atrial septal defect) ایٹریل سپٹل ڈیفیکٹ (ASD)

☆ (Atrio ventricular septal defect) ایٹریو وینٹریکلر سپٹل ڈیفیکٹ (AVSD)

☆ (Cardiomyopathy) کارڈیو مایوپتی

☆ (Dextro cardia) ڈیکسٹرو کارڈیا (Ebsteins's anomaly) ایبسٹین اینومالی

☆ (Hypo plastic left heart syndrome) ہائپو پلاسٹک لیفٹ ہارٹ سنڈروم

☆ (Levo transposition of great arteries) لیوو ٹرانسپوزیشن آف گریٹ آرٹریز

☆ (Patent Ductus Arteriosus) پیٹنٹ ڈکٹس آرٹیریوسس (PDA)

☆ (Pulmonary Atresia) پلومونری آرٹریز

☆ (Pulmonary Stenosis) پلومونری اسٹینوسس

☆ (Tetralogy of Fallot) ٹیٹرو لوجی آف فیلوٹ

☆ (Dextro Transposition of the great Artries) ڈیکسٹرو ٹرانسپوزیشن آف گریٹ آرٹریز (d.TGA)

☆ (Tricuspid Atresia) ٹرائکی سپڈ ایٹریز

منفی حراروں والی خوراک کے ذریعے وزن گھٹانے کی تھراپی فرزانہ عامر

ہر کھانے یا خوراک میں کچھ حرارے ہوتے ہیں۔ کوئی بھی اشیاء خورد و نوش منفی حراروں کی حامل نہیں ہو سکتی، لیکن بعض اشیاء خورد و نوش ہمارے جسم پر ہونے والے مجموعی اثرات منفی حراروں کے حامل ہو سکتے ہیں۔ منفی حراروں کی حامل خوراک وہ ہوتی ہے جس کو ہضم کرنے کیلئے ان میں موجود حراروں Calories کے مقابلے میں جسم زیادہ حرارے خرچ کرتا ہے۔ مثال کے طور پر، ہمارے جسم کو ۳۰۰ حراروں کی حامل خوراک کو ہضم کرنے کے لئے ۱۵۰ حرارے خرچ کرنے پڑتے ہیں۔ نتیجے میں ۱۵۰ اضافی حرارے چربی کی صورت میں ہمارے جسم میں جمع ہوتے ہیں۔ جبکہ اس کے مقابلے میں اگر آپ ۱۰۰ حراروں پر مشتمل ایسی خوراک کھائیں جس کو ہضم کرنے کیلئے ۱۵۰ حراروں کی ضرورت ہو تو آپ اضافی ۵۰ حرارے خرچ کرتے ہیں۔ پس جتنا زیادہ ایسی خوراک کا استعمال کریں گے اتنا ہی زیادہ وزن کم کریں گے۔ کیونکہ اگر آپ خوراک میں لیے جانے والے حراروں کے مقابلے میں زیادہ حرارے خرچ کریں گے تو وزن گھٹے گا اور کم حرارے خرچ کریں گے تو وزن بڑھے گا۔ بہت سی اشیاء خورد و نوش کم حراروں، مزیدار ذائقے اور بہترین منفی حراروں پر مشتمل ہوتی ہیں۔ وزن کو کم کرنے اور موٹاپے سے بچاؤ کیلئے آپ کو اب مزید بھوکا رہنے کی ضرورت نہیں۔ آپ اپنی اضافی چربی کو کم کرنے اور قدرتی طور پر بلا ہونے کیلئے آپ زیادہ سے زیادہ منفی حراروں کی حامل خوراک کا استعمال کر سکتے ہیں۔ ان میں سے کچھ قدرتی اشیاء درج ذیل ہیں۔

اخروٹ، انجیر، مویا بین، زیتون، مچھلی، مونگ پھلی، ادراک، لہسن، گاجر، مولی، پیپٹا، پالک، آملہ، ست مولی،

توری، ہری مرچ، سیب، چھندر، مختلف اقسام کی پیریز، بند گوبھی، آم، پھول گوبھی، نارنگی، چکوترا، لیموں، پیاز، شلغم، انناس وغیرہ۔ آپ منفی اور کم حراروں والی خوراک کے استعمال کے ساتھ ساتھ جسم میں موجود اضافی چربی کو ورزش کر کے بھی گھٹا سکتے ہیں۔

یہ یاد رکھیے کہ بہترین ورزش، متوازن خوراک کا استعمال، اور رہن سہن کے طریقے میں تبدیلی لاکر ہی آپ دیرپا نتائج حاصل کر سکتے ہیں۔

رمضان اور ذیابیطس ڈاکٹر یعقوب احمدانی۔ زاہدہ پروین

رمضان سال کا سب سے بابرکت مہینہ ہے اور ہر مسلمان مرد اور عورت کی اولین خواہش ہوتی ہے کہ وہ اس مہینے کی فضیلت سے فیض حاصل کر سکے۔ ذیابیطس کے حامل افراد کے لیے روزہ رکھنے یا نہ رکھنے کا انحصار ان کے موجودہ کنٹرول علاج اور معالج سے مشورہ پر منحصر ہے۔ روزہ رکھنے کے لیے اپنی غذا میں احتیاطی تدابیر اور احتیاط کو مد نظر رکھیں۔ رمضان المبارک میں غذا میں کوئی خاص تبدیلی کی ضرورت نہیں ہوتی لیکن غذائی پرہیز کو اس مہینے پر رقرارکھنا مفید ہوتا ہے۔ روزہ کے دوران خون میں شکر کی سطح بہت زیادہ یا پھر بہت کم بھی ہو سکتی ہے۔ ضرورت اس بات کی ہے کہ آپ خون میں شکر کی سطح کم ہونے کی وجوہات اور علامات کو جانیں۔

خون میں شکر کی سطح کا کم ہونا:

اگر خون میں شکر کی سطح کم ہو جائے تو یہ علامات ہو سکتی ہیں۔

☆ زیادہ تھکاوٹ ☆ دل کی دھڑکن کا تیز ہونا ☆ سردی لگنا ☆ پسینہ آنا ☆ سر درد ہونا ☆ دھندلا دکھائی دینا ☆ چکر آنا ☆ اچانک بھوک کا لگنا
خون میں شکر کی مقدار 60 ملی لیٹر سے کم ہونا پریشانی کا باعث بن سکتی ہے۔

خون میں شکر کی سطح کا زیادہ ہونا:

روزہ کی حالت میں کھانے پینے کے اوقات تبدیل ہو جاتے ہیں اور افطار کے وقت نشاستہ اور میٹھی چیزوں کا استعمال جسم میں شوگر کی سطح کے بڑھنے کا باعث بن سکتا ہے۔ اگر جسم میں شوگر کی سطح 200 mg/dl یا اس سے زیادہ ہے تو اس کا مطلب ہے مریض شوگر کی زیادتی کا شکار ہے جس کی علامات یہ ہو سکتی ہیں۔
☆ تھکن محسوس کرنا ☆ پیشاب زیادہ آنا ☆ پیاس کا زیادہ لگنا ☆ دھندلا دکھائی دینا وغیرہ

درج ذیل ہدایات پر عمل کر کے آپ خون میں شکر کی سطح متوازن رکھنے میں کامیاب ہو سکتے ہیں:

- ☆ ذیابیطس کے مریضوں کے لیے ممکن ہے کہ رمضان کے روزہ رکھیں لیکن اسکے لیے ضروری ہے کہ وہ مناسب منصوبہ بندی کریں۔
- ☆ اپنے خون میں شکر کی سطح بڑھنے یا کم ہونے کی علامات پر توجہ دیں اور اگر کوئی بھی علامت محسوس کریں تو فوراً اپنے خون میں شکر کی سطح کو چیک کریں۔ ☆ خون میں شکر کی سطح چیک کرنے سے روزہ نہیں ٹوٹتا۔
- ☆ اگر خون میں شکر کی سطح 60 mg/dl سے کم ہو تو فوراً روزہ کھول لیں اور دو چائے کے چمچے چینی آدھے گلاس پانی میں گھول کر پی لیں۔
- ☆ ایسے مریض جو علاج کیلئے انسولین استعمال کرتے ہیں، ان لوگوں کو روزہ کے دوران خون میں شکر کی سطح کم ہونے کا خطرہ زیادہ ہوتا ہے۔ اس خطرے کو انسولین کی قسم میں تبدیلی اور استعمال کے اوقات اور مقدار کو تبدیل کر کے کم نہ حد تک قابو پایا جا سکتا ہے لیکن اس کے لئے اپنے معالج سے مشورہ ضرور کریں۔
- ☆ رمضان میں ذیابیطس کی دواؤں کی مقدار اور اوقات کا تعین ڈاکٹر کرتا ہے، اپنی مرضی سے تبدیل نہ کریں۔ عموماً صبح کی خوراک افطار کے وقت اور شام کی خوراک سحری کے وقت استعمال کی جاتی ہے۔ انسولین کی مقدار اوقات کے حساب سے کم و بیش کی جاتی ہے۔

- ☆ سحری کا کھانا بہت پہلے یا آدھی رات کو نہ کھائیں بلکہ سحری کا نام ختم ہونے سے تھوڑا پہلے کھائیں اس طرح دوران خون شکر کی مقدار زیادہ دیر تک متوازن رہے گی۔
- ☆ رمضان میں رات کا کھانا وقت پر کھانا بہت ضروری ہے تراویح سے پہلے رات کا کھانا کھالینا چاہئے اور سونے سے پہلے چکنائی کے بغیر دودھ لیں۔
- ☆ روزے کے دوران خون میں شوگر کی مقدار بتائی گئی روٹین کے مطابق چیک کرتے رہنا چاہئے اور اپنی ڈائٹیشن سے خوراک کا چارٹ بالخصوص رمضان کے حوالے سے ضرور بنوائیں اور اس پر سختی سے عمل کریں۔
- ☆ خون میں شکر کی سطح چیک کرنے سے یا اپنے ڈاکٹر کے مشورے سے ڈرپ لگانے سے بھی روزہ نہیں ٹوٹتا۔
- ☆ اگر روزہ کھولنے میں ایک سے ڈیڑھ گھنٹہ باقی ہے اور خون میں شکر ۸۰ ملی گرام لیٹر ہو جائے تو ہر مشقت سے پرہیز کریں اور آرام کریں اور ساتھ ہی ساتھ ہر آدھ گھنٹے بعد شوگر چیک کریں۔

* حوالہ۔ دارالعلوم کورنگی کراچی۔

روزہ رکھنا کس کیلئے خطرناک ہو سکتا ہے؟

☆ اگر آپ کی شوگر کنٹرول میں نہیں رہتی ہے۔ ☆ اگر پچھلے تین مہینوں میں آپ کی شوگر بہت کم یا بہت زیادہ رہی ہو۔ ☆ حاملہ خواتین ☆ وہ لوگ جن کے گردے، آنکھیں یا اعصاب ذیابیطس سے متاثر ہو چکے ہوں۔ ☆ معمر افراد جن کی صحت متاثر ہو چکی ہو ان کا روزہ رکھنا مناسب نہیں۔ ☆ وہ مریض جو پچھلے دنوں میں شدید بیماری کا شکار رہ چکے ہوں۔ ☆ ذیابیطس قسم اول کے مریض اپنے معالج کے مشورے سے روزہ رکھ سکتے ہیں۔ ☆ وہ لوگ جو گردوں کے علاج کیلئے Dialysis کر رہے ہوں۔

یہ ہدایات ڈاکٹر کے مشورے کا نعم البدل نہیں۔ ذیابیطس کے وہ مریض جو رمضان المبارک میں روزہ رکھنا چاہتے ہیں وہ روزہ رکھنے سے پہلے اپنے ذیابیطس کے معالج سے مشورہ کریں۔

رمضان، ذیابیطس اور آپ کی خوراک مہرین عامر

رمضان کے مہینے میں کھانے کا معمول اور انداز مختلف ہو جاتا ہے۔ آپ دن میں صرف دو بار کھانا کھاتے ہیں یعنی سحری اور افطار کے وقت۔ چونکہ روزہ کے دوران ایک طویل عرصے کے لئے آپ کچھ کھاتے پیتے نہیں ہیں اور پھر افطار کے وقت یکدم وافر مقدار میں ایسا کھانا کھاتے ہیں جس میں نشاستہ کی مقدار زیادہ ہوتی ہے جیسا کہ چاول، تلی ہوئی اشیاء، میٹھی اشیاء اور مشروبات وغیرہ جسم فوراً گلوکوز میں تبدیل کر دیتا ہے اور خون میں شکر کی مقدار بہت زیادہ بڑھ جاتی ہے جبکہ دوسری طرف روزے کے دوران عموماً بہت کم ہوتی ہے۔ درج ذیل تجاویز پر عمل کر کے آپ اپنے خون میں شوگر کی مقدار کے اس اتار چڑھاؤ کو کم نہ حد تک کنٹرول کر سکتے ہیں۔

روٹی۔ چاول۔ دالیں۔ پاستا کا استعمال تجویز شدہ مقدار میں روزانہ مشتمل رکھیں۔ ایسی خوراک استعمال کریں جس میں ریشے کی مقدار زیادہ ہو جیسے بھوسی ملا آنا، سالم اجناس، دالیں جیسے مونگ اور مسور کی دال۔
☆ مختلف اقسام کی پھلیاں (Beans) چکنائی کی زائد مقدار والے کھانے مثلاً پٹھے، پوری، ہمسے، رول، چیورہ، پکوڑے، تلیے ہوئے کباب اور دیگر ڈیپ فرائی (deep fry) اشیاء سے پرہیز کریں اسکی بجائے کم چکنائی والی اشیاء استعمال کریں مثلاً اسکڈ ملک، کم چکنائی والا دودھ، کھانوں کو تیل کے بجائے بیک کریں۔ کھانوں میں ایک سے دو چائے کے چمچ تیل فی فرد کے حساب سے استعمال کریں۔
☆ کھانوں میں نمک کا استعمال کم از کم کریں کیونکہ زائد نمک بلڈ پریشر میں اضافے کا باعث بن سکتا ہے۔ اسکے بجائے لیموں، دیگر مصالحہ جات اور جڑی بوٹیوں استعمال کر کے کھانوں کے مزے میں اضافہ کیا جا سکتا ہے۔ تازہ پھل، سبز یوں، دالوں اور بغیر چکنائی کے دودھ، دہی کا زیادہ استعمال کریں۔ افطار کے وقت بہت زیادہ میٹھے کھانوں اور مشروبات سے پرہیز کریں۔ اور چینی کا استعمال نہ کریں۔

ان تمام ہدایات پر عمل کر کے روزے کے دوران ذیابیطس کو کنٹرول میں رکھ کر مکمل خیر و عافیت سے گذار سکتے ہیں۔