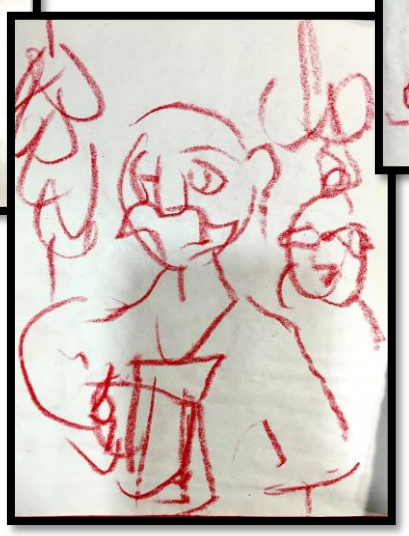
What's Up?
@St John's Hospital

Issue 28, July 15th, 2019



Johny sir goes for a holiday
- Dr. Rakesh Ramesh

WORLD ELDER ABUSE AWARENESS DAY

Building Strong Support for Elders

St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru

CONTENTS

TRY NEW INTERACTIVE MENU!!

MESSAGE FROM THE EDITORIAL TEAM

Dear All!!!

We are pleased to share the twenty eighth issue of "What's Up? @ St John's Hospital" magazine today. The magazine editorial team now welcomes undergraduate students to its multitalented family. We have three bright 6th term MBBS students to welcome – Ms. Anjana Ann Mary, Ms. Anjalin Sebastian and Ms. Neha Zacharias.

Friends, as you all are aware, the section 'St. John's Fountainhead' will publish abstracts of 2 published research articles from the year 2018. The articles are selected by a criteria laid down by the editorial team. We request you all to please mail your publications to us.

The present issue is themed purple to symbolize World Elder Abuse Awareness day which was observed on 15th June 2019. Our section Rhyme Chyme is themed on Elderly abuse as well!

Did you ever know that, St. John's has a 'Quick Response team'? Don't forget to go through the section 'Team of the Month'. And, dear readers, this issue introduces you to 'Anti Retroviral Therapy – Centre' in St. John's Medical College Hospital in Know your hospital section.

Please feel free to communicate with us to publish your achievements and events. Your feedback motivates us to work harder. Happy Reading!!

Editorial Team

UPDATES THIS WEEK

World Elder Abuse Awareness Day
15th June 2019

CONTENTS

UPDATES THIS WEEK

World Elder Abuse Awareness Day
15th June 2019

WORLD ELDER ABUSE AWARENESS DAY

Building Strong Support for Elders

Virtually all countries are expected to see substantial growth in the number of older persons between 2015 and 2030, and that growth will be faster in developing regions. As the numbers of older persons are growing, the amount of elder abuse can be expected to grow with it. While the taboo topic of elder abuse has started to gain visibility across the world, it remains one of the least investigated types of violence in national surveys, and one of the least addressed in national action plans.

Elder abuse is a global social issue which affects the health and human rights of millions of older persons around the world, and an issue which deserves the attention of the international community.

The United Nations General Assembly, in its resolution 66/127, designated June 15 as World Elder Abuse Awareness Day. It represents the one day in the year when the whole world voices its opposition to the abuse and suffering inflicted to some of our older generations.

The theme this year is *"**Access to Justice: Legal, Social and Economic Services for Older Victims of Sexual, Physical and Financial Crimes**"*

World Elder Abuse Awareness Day
15th June 2019

Around 1 in 6 older people experience some form of abuse, a figure higher than previously estimated and predicted to rise as populations age worldwide. Rates of abuse may be higher for older people living in institutions than in the community. Elder abuse can lead to serious physical injuries and long-term psychological consequences. Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations. The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050

ELDER ABUSE IN INDIA:

India is growing old! The stark reality of the ageing scenario in India is that there are 77 million older persons in India today, and the number is expected to increase to 177 million in another 25 years. With life expectancy having increased from 40 years in 1951 to 64 years today, a person today has 20 years more to live than he would have 50 years back.

Old Age has never been a problem for India where a value based, joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. With that background, elder abuse has never been considered as a problem in India and has always been thought of as a western problem. However, the coping capacities of the younger and older family members are now being challenged. More often than not there is unwanted behaviour by the younger family members, which is experienced as abnormal by the older family member but cannot however be labelled.

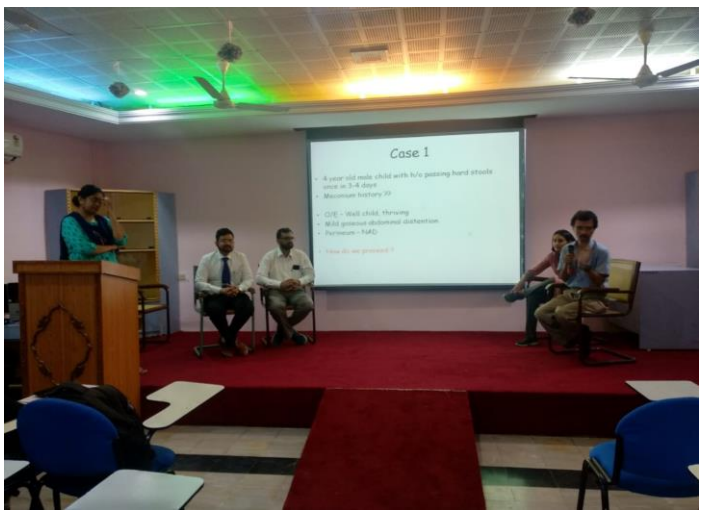
World Elder Abuse Awareness Day

REEFERENCES: 1. United Nations Website
2. Concept Note
3. World Health Organisation

CME “Office Paediatric And Paediatric Surgery – Early Referral And Management”

DEPARTMENT OF PEDIATRIC SURGERY & PEDIATRICS

30th June 2019



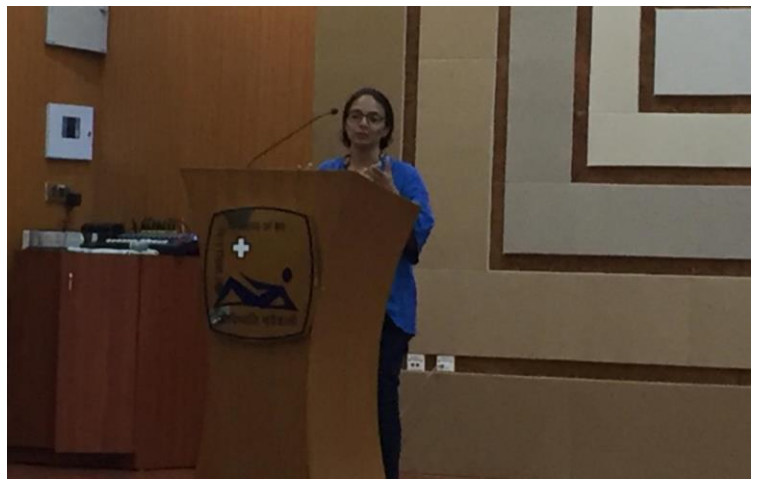
Departments of Pediatric Surgery and Pediatrics, SJMCH conducted a CME “***Office paediatric and paediatric surgery – early referral and management’*** on 30/6/2019. It was attended by pediatricians from the district of Anantapur. The whole Programme was supported by pediatricians working at RDT - Bathalapalli and IAP Ananthpur.

The topics of discussion included those of public and community importance in Paediatric and were aimed at sensitizing the pediatricians towards prompt diagnosis and early referral. It was well appreciated and interactive. This endeavor should help further strengthen the collaboration and referral of the patients needing tertiary and speciality care to SJMCH

This was a fruit of continued support and encouragement towards clinical and academic exercises by the administration.

Memorial Service for
Dr. Mary. M. Ollapally

1st July 2019



CONTENTS

Memorial Service for Dr. Mary. M. Ollapally

1st July 2019

OBITUARY NOTE FROM THE DIRECTOR REV. DR. PAUL PARATHAZHAM

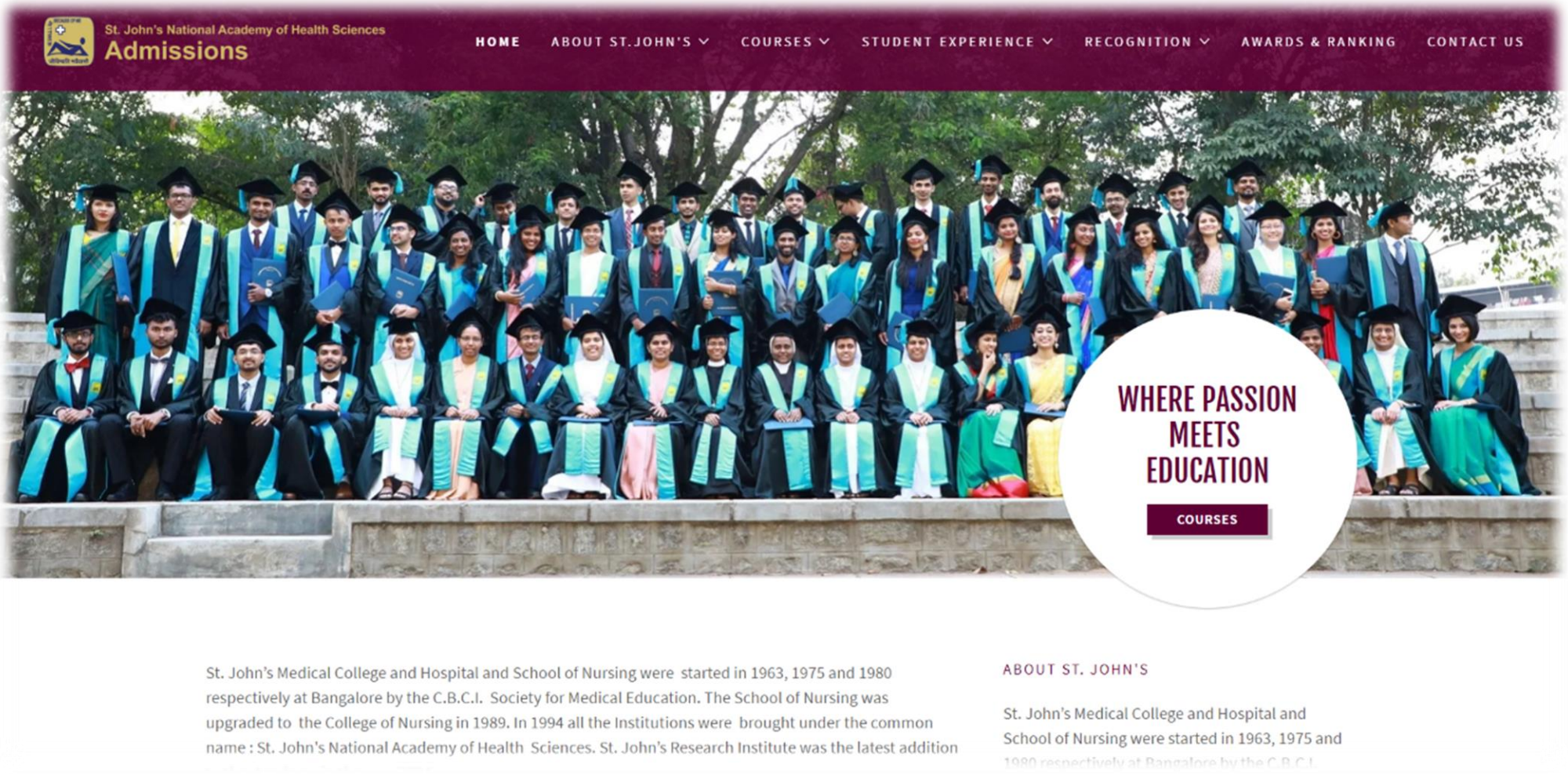
On behalf of the Management of St. John's, I wish to convey our deepest sympathies to the bereaved children, family members, dear and near ones of Dr. Mary Ollappally. Dr. Mary was a student of the first 1963 MBBS batch of St. John's students; she was the first student to win the prestigious Pope Paul VI prize for the best outgoing MBBS student. After her studies, she joined St. John's as a faculty member in 1975 and served for 37 long years in various capacities as Tutor, Assistant Professor, Professor, Head of the Dept. of Anesthesiology, Additional Vice-Principal, Vice-Principal, Dean of the Medical College and Chief of Medical Services. I understand that Dr. Mary Ollappally was the first Johnite to serve as the Dean of the Medical College and Chief of Medical Services.

Although I did not have the good fortune of working with her and knowing her personally, I am told that Dr. Mary Ollappally, in her personal life and professional service, epitomized the values and ideals that define the character and ethos of St. John's. I understand that Dr. Mary integrated in her personality a spectrum of qualities that are often difficult to combine. She was confident, but not arrogant; she was kind but not weak; she was strong but not rude; she was sensitive but not gullible; she was simple but not naïve; optimistic but not unrealistic, lighthearted but not frivolous. St. John's National Academy of Health Sciences owes much to Dr. Mary for what it is today. Dr. Mary's footprints in the history of St. John's will serve as guide posts for the students, faculty and administrations for generations to come. She was truly a blessing to St. John's. As we thank God for the many blessings St. John's has received through the life and service of Dr. Mary, we pray that God may grant her eternal rest and everlasting happiness. May she rest in peace.

New St. John's Admissions Website Launched

http://stjohnsadmissions.in

12th July 2019



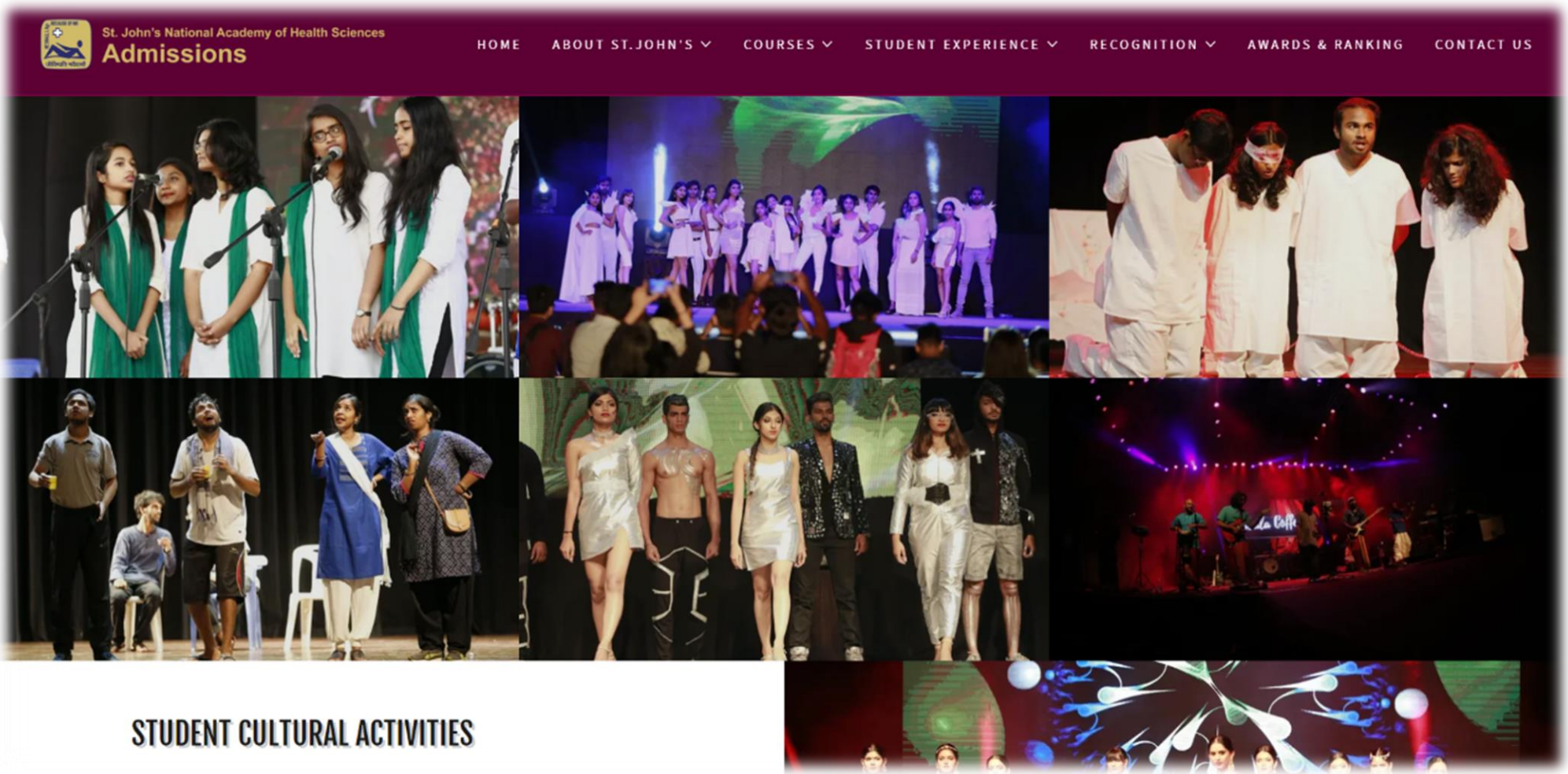
After two months of hard work and dedication, the IT Team of St.John's delighted to officially announce the launch on 12th July, 2019. The new site launch is available, and the URL is http://stjohnsadmissions.in

The goal with this new website is to provide visitors and easier way to know about St.John's courses, institutes and also, to allow the visitors to browse the information based on their own choice. The new website is interactive and gives better access to the sections, about us, courses, institutes, recognitions, awards and rankings. The student activity page will find information about the life of the students at St.John's.

New St. John's Admissions Website Launched

http://stjohnsadmissions.in

1st July 2019



The site will be constantly updating with helpful information, announcements, Events and students successes in different sections.

The website was designed and developed by the Internal IT Team of St.John's. The project was headed by Mr.Bhavyank Contractor with the help of Ms.Harshitha under the guidance of Mr.Bharat Gera and Dr.Marjorie Correa.

For any questions, suggestions, feedback or comments, please E-mail us : it@stjohns.in

FRIDAY CLINICAL MEETING

21st June 2019

Conducting Clinical Research (esp. trials) effectively in St. John's

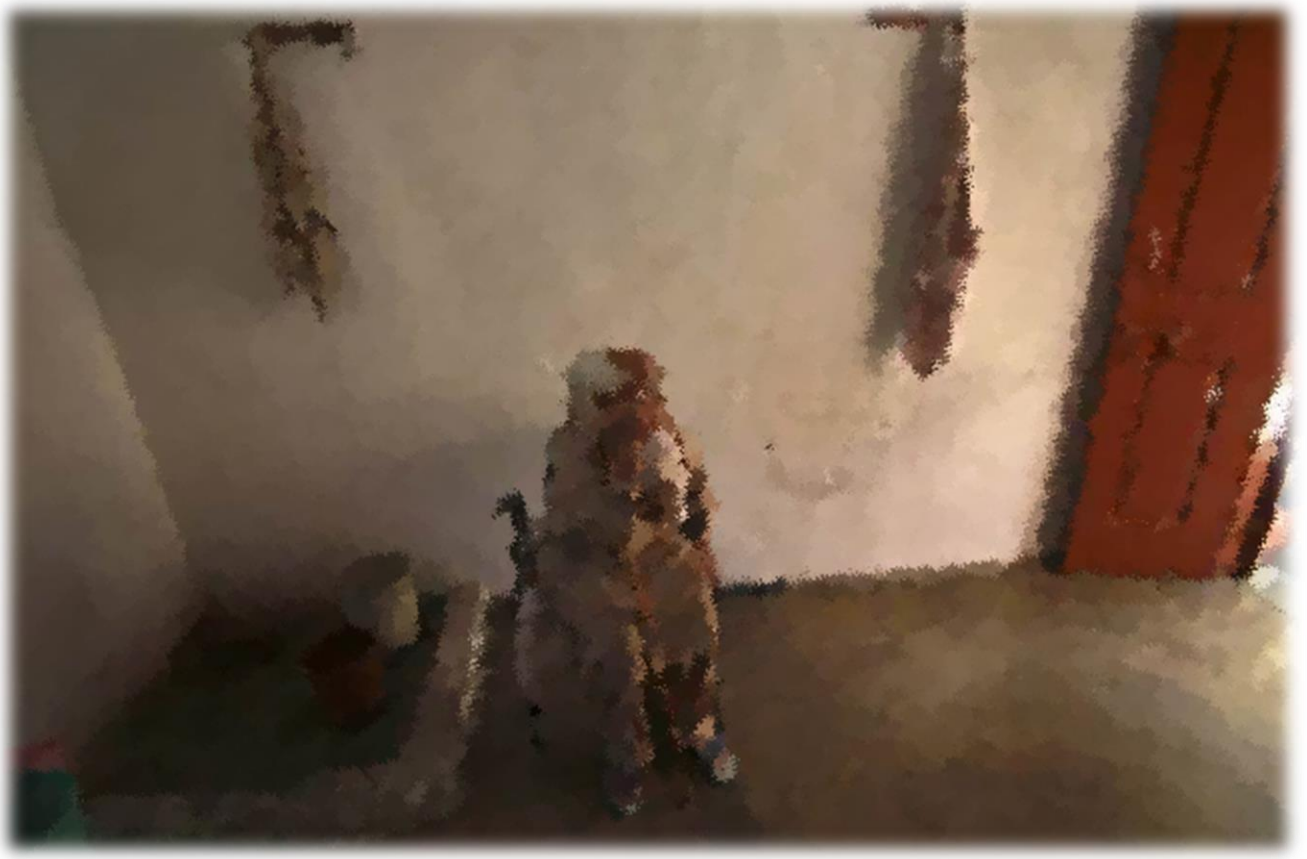
- Division of Clinical research and training, SJRI

On the occasion of Clinical Research Day, the Friday clinical meeting on 21/06/2019 focussed on clinical research on campus and the role of St.John's Research Institute in facilitating clinical research. The session started with a brief introductory note by Dr.Denis Xavier, Vice Dean (PG studies) and Head of the Division of Clinical Research, SJRI. Dr.Tony Raj, Dean of SJRI, gave an overview of the research institute, the various divisions, the available infrastructure, such as the Biorepository with bio-safety level 3 status, data management facilities, grants office to manage grants administration and so on. He also told the audience that a separate St.John's Health Innovation Foundation as a non-profit organisation that could serve as an incubation centre for innovation.

Dr.Dhiraj R.S., Senior Resident (St.John's Research Institute) spoke of the evolution of trials over the last 10 years. He especially highlighted the evolution of regulations over the last 8 years, which initially adversely affected the trials milieu, but later pragmatic rules were framed, that ensured patient safety and facilitated quality trial conduct. This was followed be a panel discussion comprising Dr.Denis Xavier (moderator), Dr.Tony Raj, Dr. Shruti Kulkarni (Assistant Professor, Medicine), Dr.Deepak Kamath (Assistant Professor, Pharmacology), Ms.Freeda Xavier and Ms.Nandini Mathur (Senior Coordinators, Division of Clinical Research & Training, SJRI). Dr.Tony Raj and Dr.Deepak highlighted the infrastructure available at St.John's Research Institute to conduct research. These include advice on desiging and implementing trials, writing academic grants, advising on regulations and Standard Operating Procedures (SOPs) and managing data. Dr.Shruti Kulkarni spoke of her own experience and challenges while designing and executing a trial in pre-diabetes. Ms.Freeda and Nandini spoke about the coordination infrastructure available to execute high quality, multi-centre academic research. This was followed by a Q & A session and high tea.

A LONELY DESOLATION

- Dr Srilakshmi M Adhyapak



Her fingers moved over the cloth, gnarled and knobbed,
Heart filled with an icy vacuum, she sobbed.

Patterns heavenly onto a cloth plain sprang,
Banishing sorrow's tentacles, easing hunger's pang.

A house of brick and mortar of grime,
Once a home to happiness and love sublime.

In the race for power and pelf,
Values lofty, forgotten in pedastalled self.

Tears which stream and those that do not,
Mute sentinels for a future sought.

A pain tangible, imperceptible to senses numbed,
Harvest sown by offspring, a Karmic summed.

CONTENTS

RELIABILITY OF A RESEARCH INSTRUMENT

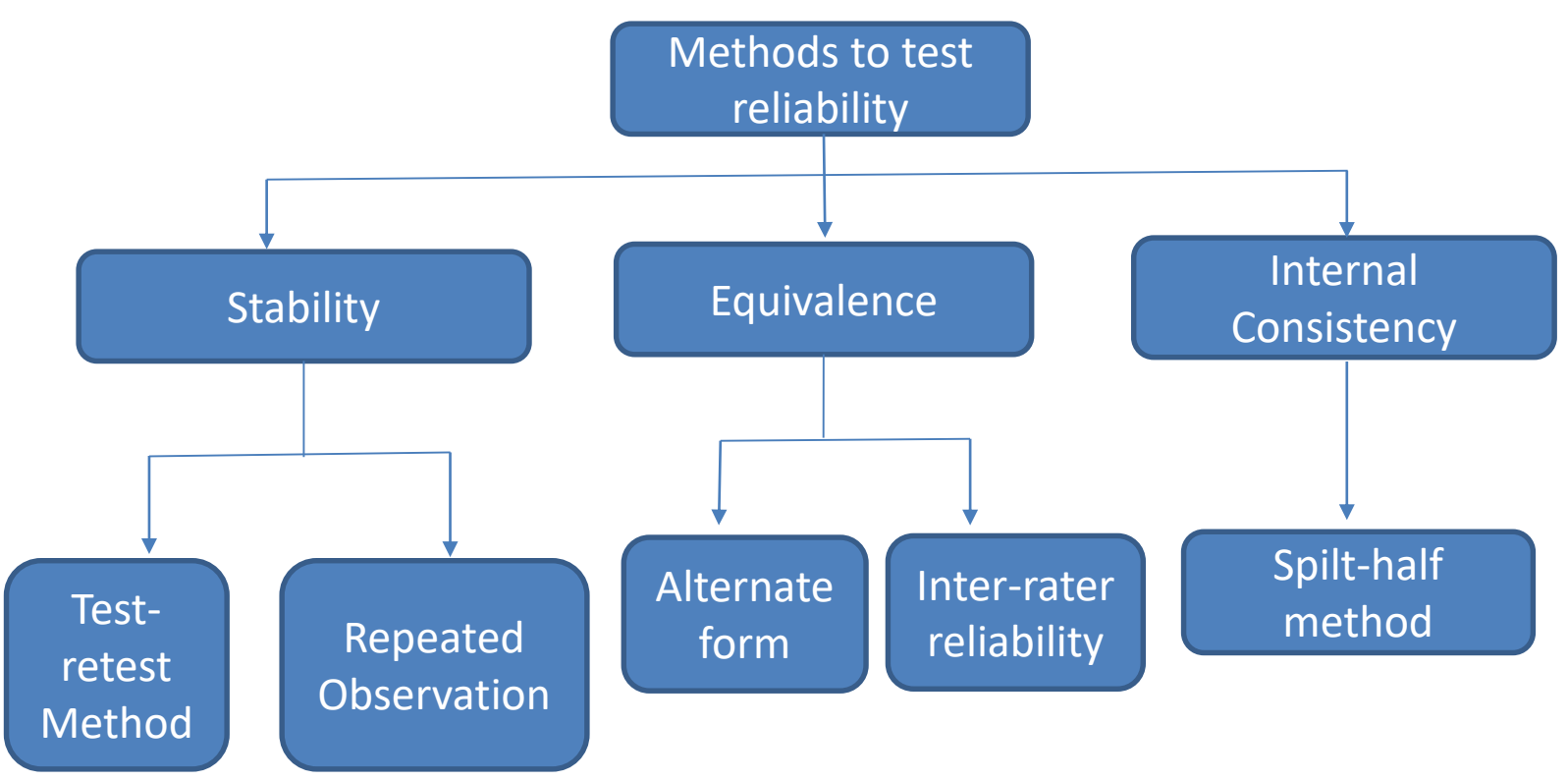
Usefulness of a research tool depends on its Reliability and Validity

These are 2 terms that can often confuse a young researcher.

Validity is the consistency with which an instrument measures what it is supposed to measure.
While reliability is the extent to which the instrument yields the same results on repeated administration

There are 3 aspects to reliability

- Stability – repeated tests give same result (eg: Test- Rest method)
- Equivalence – different observers get the same result, at the same time (Inter-Rater method)
- Internal consistency – all parts of the tool measure the same concept (Split- Half method)



Watch this space for details on Validity in the next issue……

CONTENTS

IG NOBEL 😂

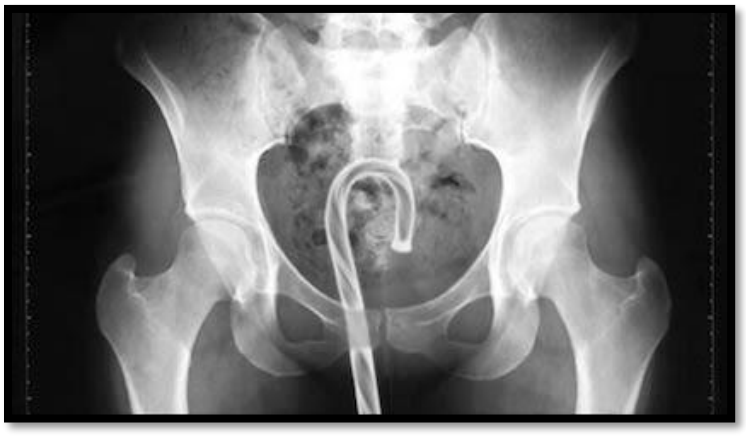
1995 - LITERATURE

David B. Busch and James R. Starling

Rectal foreign bodies: Case Reports and a Comprehensive Review of the World's Literature

David B. Busch and James R. Starling, of Madison Wisconsin, for their deeply penetrating research report, "Rectal foreign bodies: Case Reports and a Comprehensive Review of the World's Literature." The citations include reports of, among other items: seven light bulbs; a knife sharpener; two flashlights; a wire spring; a snuff box; an oil can with potato stopper; eleven different forms of fruits, vegetables and other foodstuffs; a jeweler's saw; a frozen pig's tail; a tin cup; a beer glass; and one patient's remarkable ensemble collection consisting of spectacles, a suitcase key, a tobacco pouch and a magazine.

The surgical management of two patients presenting with incarcerated, apparently self-inserted foreign bodies is reported. The large volume of prior literature on this subject is reviewed, with tabulation of 182 previous cases by type and number of objects recovered and with a discussion of patients' age distribution, history, complications, and prognosis. Management problems addressed include history, differential diagnosis of reported pruitis ani, and handling of suspected assault. The variety of surgical techniques used to remove rectal foreign bodies transanally or after celiotomy is discussed. Vaginal foreign bodies and large bowel injuries due to fist fornication, colorectal instrumentation, pneumatic rupture, foreign body ingestion, impalement, and abdominal trauma are also discussed.



REFERENCE: Busch DB, Starling JR. Surgery. 1986 Sep;100(3):512-9.

Know Your Hospital!

ART (Anti Retroviral Therapy) Centre

IN

ST. JOHN'S MEDICAL COLLEGE & HOSPITAL

India has the third largest HIV epidemic in the world, with 2.1 million people living with HIV. The HIV/AIDS epidemic in India is almost 24 years old. The response to the disease in early years was primarily focused on creating awareness and blood safety and later on shifted to prevention through targeted and general population interventions. As numbers infected with the HIV increased, the focus shifted on developing and providing treatment services

The free Antiretroviral Treatment (ART) initiative under NACP (National AIDS control Program). It was launched on 1st April 2004 at eight institutions in six high prevalent states and the National Capital Territory of Delhi. Since then, it has been scaled up in a phased manner

Karnataka was one of the six states where ART was initiated in 2004.

HIV CARE AT ST JOHN'S HOSPITAL

HIV treatment and care started in St John's Hospital when first HIV patient was admitted in year 1988. Being pioneer in health care and research in the year 1994 hospital formulated a policy for management of HIV patients and became first institute in India to have institutional policy on care of HIV & AIDS patients. Hospital started training programmes in HIV & AIDS management and had participants from all over India and other countries.

All this activities and efforts had led to make St John's Medical College and Hospital, the first institute in India to get government sponsored ART Centre under the public-private partnership in April 2008.

The hospital has signed a MOU with the Union Ministry of Health and Family welfare through **National AIDS Control Organisation (NACO) and it works under Karnataka State Aids Prevention Society (KSAPS).**

Know Your Hospital!

ART (Anti Retroviral Therapy) Centre

IN

ST. JOHN'S MEDICAL COLLEGE & HOSPITAL

Recognizing significance of work performed by the institute in providing care to HIV & AIDS patients, Government agreed on Institution's policy on, not to promote birth control techniques under the services of ART centre. The centre however functions with the guidelines *stated exclusively* by NACO /KSAPS.

1. National AIDS Control Organisation (NACO): NACO is a division of the Ministry of Health and Family Welfare (MOHFW) that provides leadership to HIV/AIDS control programme in India through 35 HIV/AIDS Prevention and Control Societies
2. Karnataka State Aids Prevention Society (KSAPS): First AIDS case in the country was detected in 1986. Following which, MOHFW constituted the National AIDS Committee at national level and Karnataka State AIDS Prevention Society (KSAPS) at the state level. This provides antiretroviral therapy at zero cost to the retro positive (HIV positive patients)

Currently Dr.Umadevi.G.S is in-charge of the ART Centre through nodal officer Dr Savitha Sebastian.

LOCATION AND TIMING

Location: Old Mortuary Building No. 72
Timing: 9AM to 5 PM

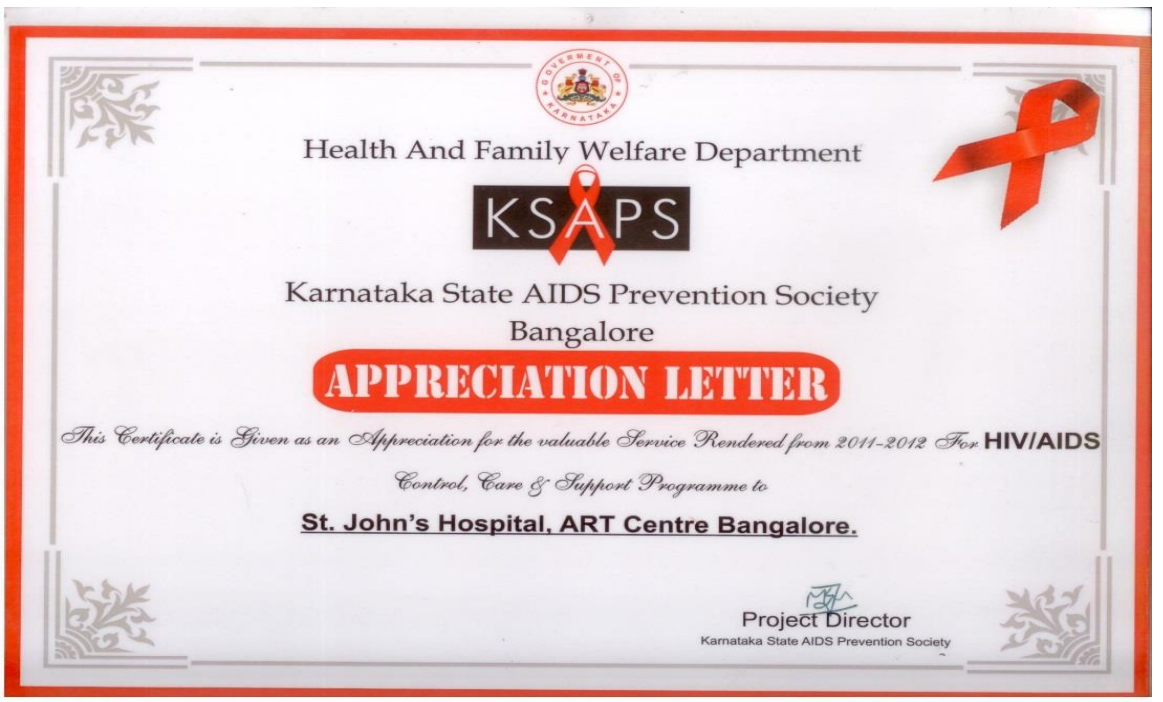
Per day approximately 100 patients visit the Centre and avail the services

APPRECIATION:

The ART Centre at St John's Hospital is glad to share that within four years of inception it received appreciation certificate from KSAPS (Karnataka state Aids prevention society) in the year 2012.

Know Your Hospital!

ART (Anti Retroviral Therapy) Centre



SERVICES:

The ART Centre provides holistic care to HIV patients

1. Screening and consultation to immuno-compromised patients on issues related to TB and other opportunistic infections and on nutritional and hygiene.
2. Diagnosis and treatment for Opportunistic Infections including primary and secondary prophylaxis as per the guidelines
3. PEP (post exposure prophylaxis) Intervention of intensive counselling on the probable side effects of the medicines and follow up with Health Care workers, care givers.
4. Counselling and education to the patients/spouse/ significant family members on nutrition, importance of medication ,drug toxicity and other relevant topics.
5. ANC (Ante natal care), counselling for the mothers and follow up for the new born.
6. Follow up with ART and pre ART patients.
7. Follow up for SACEP (For second line medicine) meetings
8. CD4 count and Viral load testing, dispensing ART medicines are free of cost for patients
9. INH preventive therapy for TB prevention and ATT (TB medicines) being dispensed at free of cost

Apart from patient care ART Centre also provide training to MBBS, MSW, & Nursing students

Know Your Hospital!

ART (Anti Retroviral Therapy) Centre

THE TEAM:

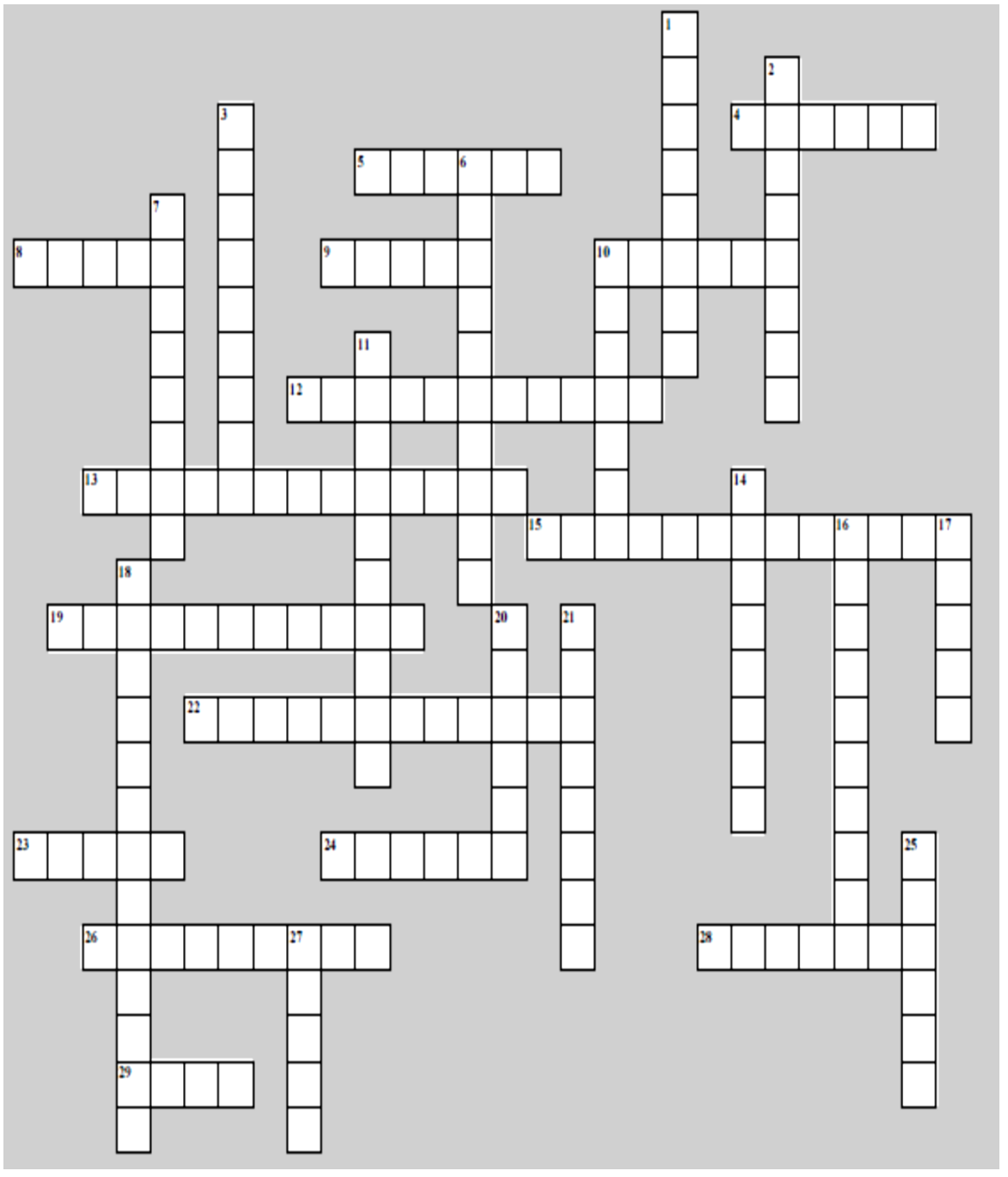
The team consist of

1. Medical Officer
2. Counsellors
3. Staff Nurses
4. Pharmacist
5. Data Manager
6. Care coordinators

Left to Right: Standing: Mr. James Ravi Kumar (Attender), Mr. Anand Kumar S (Data manager) KSAPS, Mrs. Pushpalatha MC (Care coordinator), Ms. Veena Maria Saldanha (MSW/Counsellor), Mrs. Shirley George (Senior Pharmacist), Mrs. Vimala (Staff Nurse), Mrs. Alphonsa PT (Counsellor) KSAPS, Mrs. Deepa J (Counsellor) KSAPS, Sitting: Sr. Cecily (Senior Counsellor), Dr. Umadevi GS (Medical Officer)

GREY Matters!

SEE IF YOU CAN DECODE THESE EPONYMOUS MEDICAL SIGNS?!



ACROSS

4 I crunch when there is air in the wrong place
5 When you wheeze, I move inward
8 As the vessels thicken, the pressure goes up!
9 Never do this with a DVT
10 Infected heart and cottony retina
12 Pericardial effusion and tummy bulge
13 I love to breathe periodically*
15 I love waddling
19 When the joints grumble, I rumble
22 Sleeping sickness and a swollen neck?
23 Look at my ear to know my heart
24 Squeeze my Achilles and I don't wince!
26 Shock through the spine
28 Poke my belly on the left and I have pain on the right side
29 Punch my belly and my shoulder hurts

DOWN

1 Tap my tragus and I contort my face
2 Tickle my sole and you get a big-toe-up
3 I raise my arms and go blue and breathless
6 Look down and I lag behind*
7 When I enlarge, the end is near
10 Raise my leg and I scream in pain
11 See me pale when the lung has no blood
14 Touch my tummy and I recoil!
16 I am more meningeal than anyone else
17 I walk up my own body
18 Dry run before parturition*
20 Crack my skull and I turn red behind the ear
21 Shake your head to the (heart)beat
25 Do cocaine and I crawl under your skin
27 Tap my nerves and I tingle

NOTE: Clues marked with * are hyphenated words and the hyphen occupies a square in the crossword

CLICK HERE FOR ANSWERS (CROSSWORD)

Crossword grid made with: www.edhelper.com

CONTENTS

Team of The Month

QUICK RESPONSE TEAM IN SECURITY, ST. JOHN'S HOSPITAL

Hospitals are vulnerable to fire, violence, mass casualties and life threatening incidents. To rescue the victims in exigencies and to create a optimum environment for the doctors to treat the patients on priority, QRT (Quick Response Team) is necessary to reach the security spot at the time of call and take action of solving the existing and inherent problems.

QRT comprises of one Vigilance Supervisor, one Security Supervisor and two Security Guards. They are specially trained and skilled to handle fire, crowd control and public relations and also well versed with the hospital evacuation plan.

In case of Emergencies and Threats, the Doctors, Nurses or any other in the campus can call Quick Response Team of our Security 24/7 hrs. for help.

The following numbers may be called:

9591990332 - Vigilance Supervisor

9591990324 - Security Supervisor inside the Hospital

Team of The Month

QUICK RESPONSE TEAM IN SECURITY, ST. JOHN'S HOSPITAL

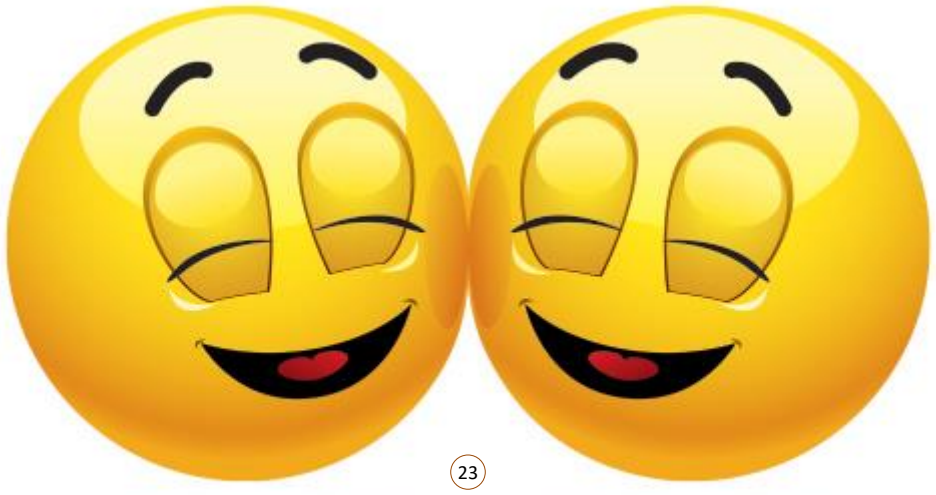
Duties and Responsibilities cum SOP of Quick Response Team:

1. QRT is available round the clock.
2. Rushes to the spot within shortest possible time.
3. Protection
   a) Protection and Evacuation of Patients.
   b) Protection of Staff Members.
   c) Protection of Hospital property.
4. Co-ordination with other Departments to defuse tension.
5. Obliging chain of Command.
6. Segregating Mob from the crowd.
7. Bringing the workforce to normalcy.
8. Attending to Emergency needs.
9. Informing Police Control Room if necessary.

LAUGHTER IS THE BEST MEDICINE...

The reports are all fine…. There is no plague, only dengue, malaria, cholera, typhoid……

I am worried he is not like other kids. I want to show him to a psychiatrist.



CONTENTS

Best of RK Laxman, Times of India

New Section!!

"ST. JOHN'S FOUNTAINHEAD"

We will publish Abstracts of your published research……

Based on criteria laid down by the Editorial Board……

Email your Full Articles at the earliest to Dr. Santu Ghosh

santu.g@stjohns.in

Articles published in the year 2018 (1^{st} January to 31^{st} December 2018)

CONTENTS

Impact of blood pressure lowering, cholesterol lowering and their combination in Asians and non-Asians in those without cardiovascular disease: an analysis of the HOPE 3 study

Pais P[1], Jung H[2], Dans A[3], Zhu J[4], Liu L[4], Kamath D[1], Bosch J[2], Lonn E[2], Yusuf S[2]

1 Division of Clinical Research and Training, St John's Research Institute, India.2 Population Health Research Institute, McMaster University and Hamilton Health Sciences, Canada. 3 College of Medicine, University of Philippines, Philippines.4 Department of Cardiology, Fuwai Hospital, China Academy of Medical Sciences and Pekin Union Medical College, China.

Abstract

BACKGROUND AND DESIGN: There are limited data on the effects of blood pressure and cholesterol lowering in Asians at intermediate risk and no cardiovascular disease. We report an analysis of the effects of blood pressure and cholesterol lowering in Asians enrolled in the Heart Outcomes Prevention Evaluation 3 (HOPE 3) trial.

METHODS: We randomly assigned 6241 Asians and 6464 non-Asians at intermediate risk without cardiovascular disease to candesartan 16 mg/hydrochlorothiazide 12.5 mg or placebo and rosuvastatin 10 mg or placebo. The first co-primary outcome was a composite of cardiovascular disease death, myocardial infarction and stroke. The second co-primary outcome additionally included heart failure, cardiac arrest and revascularisation. Median follow-up was 5.6 years.

RESULTS: Reduction in systolic blood pressure was less among Asians (4.3 vs. 7.7 mmHg for non-Asians, $P < 0.0001$) mainly due to a lesser effect in Chinese (2.1 mmHg) than in other Asians (7.3 mmHg), reduction in the latter being similar to non-Asians. The effect on the composite outcomes was similar, with no significant benefits from blood pressure lowering for either Asians (Chinese or non-Chinese) or non-Asians. Rosuvastatin reduced low-density lipoprotein cholesterol to a lesser degree in Asians (0.49 mmol/L (-19.1 mg/dL) compared with non-Asians 0.95 mmol/L (-36.7 mg/dL), $P_{interaction} < 0.0004$). Yet both groups had similar reductions in the two co-primary outcomes. There was no increase in permanent medication discontinuation due to muscle-related symptoms in either group. There was an excess in new diabetes in non-Asians (4.70% rosuvastatin, 3.52% placebo, $P = 0.025$) but not in Asians (3.02% rosuvastatin, 4.04% placebo, $P = 0.0342$), $P_{interaction} = 0021$.

CONCLUSIONS: Candesartan/hydrochlorothiazide had fewer effects in reducing blood pressure in Chinese and rosuvastatin reduced low-density lipoprotein cholesterol to a lesser extent in Asians compared with non-Asians. There was no overall reduction in clinical events with lowering blood pressure in either Asians or non-Asians, whereas there were clear and consistent benefits with lipid lowering in both. Despite extensive analyses, we have no obvious explanation for the observed findings. Future studies need to include larger numbers of individuals from different regions of the world to ensure that the results of trials are applicable globally.

Eur J Prev Cardiol. 2019 May;26(7):681-697. doi: 10.1177/2047487318819019. Epub 2018 Dec 11

Gastric Residual Volumes Versus Abdominal Girth Measurement in Assessment of Feed Tolerance in Preterm Neonates

Thomas S[1], Nesargi S, Roshan P, Raju R, Mathew S, P S, Rao S.

[1] Department of Paediatrics, St John's College of Nursing (Mrs Thomas, Drs Mathew and Sheeja, Ms Raju and Mrs Roshan) Bangalore, Karnataka, India; and Department of Neonatology, St John's Medical College Hospital, Bangalore, Karnataka, India (Dr Nesargi and Dr Rao).

Abstract

BACKGROUND:

Preterm neonates often have feed intolerance that needs to be differentiated from necrotizing enterocolitis. Gastric residualvolumes (GRV) are used to assess feed tolerance but with little scientific basis.

PURPOSE:

To compare prefeed aspiration for GRV and prefeed measurement of abdominal girth (AG) in the time taken to reach full feeds in preterm infants.

METHODS:

This was a randomized controlled trial. Infants with a gestational age of 27 to 37 weeks and birth weight of 750 to 2000 g, who required gavage feeds for at least 48 hours, were included. Infants were randomized into 2 groups: infants in the AG group had only prefeed AG measured. Those in the GRV group had prefeed gastric aspiration obtained for the assessment of GRV. The primary outcome was time to reach full enteral feeds at 150 mL/kg/d, tolerated for at least 24 hours. Secondary outcomes were duration of hospital stay, need for parenteral nutrition, episodes of feed intolerance, number of feeds withheld, and sepsis.

RESULTS:

Infants in the AG group reached full feeds earlier than infants in the GRV group (6 vs 9.5 days; P = .04). No significant differences were found between the 2 groups with regard to secondary outcomes.

IMPLICATIONS FOR PRACTICE:

Our research suggests that measurement of AG without assessment of GRV enables preterm neonates to reach full feeds faster than checking for GRV.

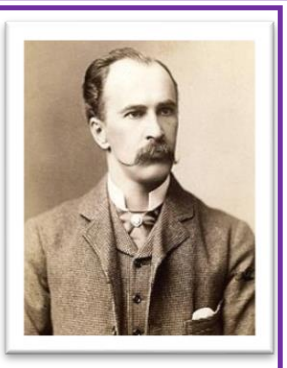
IMPLICATIONS FOR RESEARCH:

Abdominal girth measurement as a marker for feed tolerance needs to be studied in infants less than 750 g and less than 26 weeks of gestation.

Adv Neonatal Care. 2018 Aug;18(4):E13-E19. doi: 10.1097/ANC.0000000000000532.

CONTENTS

THE QUOTABLE OSLER



SIR WILLIAM OSLER

Do not expect too much from others:

One of the first essentials in securing a good-natured equanimity is not to expect too much of the people amongst the people whom you dwell… Deal gently then with this deliciously credulous old human nature in which we work, and restrain your indignation.

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan

MEDICINE DIS WEEK

A Bird's Eye View…..

Meatal cleaning with chlorhexidine before urethral catheter insertion.

Evidence for the benefits of antiseptic meatal cleaning in reducing catheter-associated urinary tract infection (UTI) is inconclusive. A cross-sectional, stepped-wedge, open-label, randomised controlled trial was undertaken in Australian hospitals. 21 hospitals, over 1600 patients involved. Meatal cleaning with 0.1 percent chlorhexidine solution versus normal saline decreased the incidence of catheter-associated asymptomatic bacteriuria by 74 percent and urinary tract infection by 94 percent. Hence antiseptic cleaning of the meatus before urethral catheter insertion is recommended to reduce incidence of CAUTI and has a potential to improve patient safety.

- Fasugba O et al. Lancet Infect Dis. 2019;19(6):611.

Complex sleep-related behaviors due to nonbenzodiazepine hypnotics.

Complex sleep-related behaviours, including sleepwalking, driving, eating, and other behaviours performed while not fully awake, can occur in patients taking nonbenzodiazepine hypnotics (zolpidem, zaleplon, eszopiclone) for insomnia. In rare cases, serious injuries including death have been reported, even after low doses and in the absence of concomitant alcohol or other sedative drugs. In April 2019, based on cumulative reports of serious injury, the US Food and Drug Administration (FDA) issued a formal boxed warning for this class of medication related to the rare but serious risk of complex sleep-related behaviours.

-FDA 2019, Uptodate.

Chorhexidine for meatal cleaning in reducing catheter-associated urinary tract infections: a multicentre stepped-wedge randomised controlled trial

Oyebola Fasugba, Allen C Cheng, Victoria Gregory, Nicholas Graves, Jane Koerner, Peter Collignon, Anne Gardner, Brett G Mitchell

Summary

Background Evidence for the benefits of antiseptic meatal cleaning in reducing catheter-associated urinary tract infection (UTI) is inconclusive. We assessed the efficacy of 0·1% chlorhexidine solution compared with normal saline for meatal cleaning before urinary catheter insertion in reducing the incidence of catheter-associated asymptomatic bacteriuria and UTI.

Methods A cross-sectional, stepped-wedge, open-label, randomised controlled trial was undertaken in Australian hospitals. Eligible hospitals were Australian public and private hospitals, with an intensive care unit and more than 30 000 hospital admissions per year. Hospitals were randomly assigned to an intervention crossover date using a computer-generated randomisation system. Crossover dates occurred every 8 weeks; during the first 8 weeks of the study, no hospitals were exposed to the intervention (control phase), after which each hospital sequentially crossed over from the control to the intervention every 8 weeks. Patients requiring a urinary cathetwer were potentially eligible for inclusion in this hospital-wide study. Participants were excluded if they were younger than 2 years, had a medical reason preventing the use of the chlorhexidine, had the catheter inserted in theatre, did not have the catheter insertion date documented, required in-and-out or suprapubic catheterisation, had symptoms and signs suggestive of UTI at the time of catheter insertion, or were currently undergoing treatment for UTI. The intervention was the use of 0·1% chlorhexidine solution for meatal cleaning before urinary catheterisation with 0·9% normal saline used in the control phase. Masking of hospitals was not possible because it was not feasible to mask staff administering the intervention. The co-primary outcomes were the number of cases of catheter-associated asymptomatic bacteriuria and UTI per 100 catheter-days and were assessed within 7 days of catheter insertion in the intention-to-treat population. This trial is registered with Australian New Zealand Clinical Trials Registry, number ACTRN12617000373370.

Findings 21 hospitals were assessed for eligibility between Jan 5, 2017, and May 1, 2017; of these, three were successfully enrolled and randomised to one of three intervention crossover dates. 1642 participants in these hospitals were included in the study between Aug 1, 2017, and March 12, 2018, 697 (42%) in the control phase and 945 (58%) in the intervention period. In the control period, 13 catheter-associated UTI and 29 catheter-associated asymptomatic bacteriuria events in 2889 catheter-days (0·45 catheter-associated UTI cases and 1·00 catheter-associated asymptomatic bacteriuria cases per 100 catheter-days) were recorded compared with four catheter-associated UTI and 16 catheter-associated asymptomatic bacteriuria events in 2338 catheter-days (0·17 catheter-associated UTI cases and 0·68 catheter-associated asymptomatic bacteriuria cases per 100 catheter-days) during the intervention period. The intervention was associated with a 74% reduction in the incidence of catheter-associated asymptomatic bacteriuria (incident rate ratio 0·26, 95% CI 0·08–0·86, p=0·026), and a 94% decrease in the incidence of catheter-associated UTI (0·06, 95% CI 0·01–0·32, p=0·00080). There were no reported adverse events.

Interpretation The use of chlorhexidine solution for meatal cleaning before catheter insertion decreased the incidence of catheter-associated asymptomatic bacteriuria and UTI and has the potential to improve patient safety.

Funding HCF Research Foundation.

Lancet Infect Dis 2019

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April 12, 2019
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See Online/Comment
http://dx.doi.org/10.1016/S1473-3099(18)30758-8

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Introduction

Urinary tract infections (UTIs) are a common health-care-associated infection and a large proportion of these are associated with the high usage of indwelling urinary catheters.[1] Bacteriuria due to urinary catheterisation can represent colonisation (catheter-associated asymptomatic bacteriuria) or symptomatic infection (catheter-associated UTI).[2] The proportion of hospitalised patients that receive a urinary catheter is high and ranges from 18% in the UK, 24% in the USA, to 26% in Australia.[3–5] A large point-prevalence study in the USA done in 183 hospitals, identified that catheter-associated UTIs account for 8·7% of all health-care-associated infections.[5] Catheter-associated UTIs pose substantial health and economic implications for patients and the health-care system by prolonging hospital stay[6] and increasing the risk of

CONTENTS

FDA adds Boxed Warning for risk of serious injuries caused by sleepwalking with certain prescription insomnia medicines

FDA Drug Safety Communication

Safety Announcement

[04-30-2019] The Food and Drug Administration (FDA) is advising that rare but serious injuries have happened with certain common prescription insomnia medicines because of sleep behaviors, including sleepwalking, sleep driving, and engaging in other activities while not fully awake. These complex sleep behaviors have also resulted in deaths. These behaviors appear to be more common with eszopiclone (Lunesta), zaleplon (Sonata), and zolpidem (Ambien, Ambien CR, Edluar, Intermezzo, Zolpimist) than other prescription medicines used for sleep.

As a result, we are requiring a *Boxed Warning*, our most prominent warning, to be added to the prescribing information (https://www.accessdata.fda.gov/scripts/cder/daf/) and the patient Medication Guides (https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=medguide.page) for these medicines. We are also requiring a *Contraindication*, our strongest warning, to avoid use in patients who have previously experienced an episode of complex sleep behavior with eszopiclone, zaleplon, and zolpidem.

Serious injuries and death from complex sleep behaviors have occurred in patients with and without a history of such behaviors, even at the lowest recommended doses, and the behaviors can occur after just one dose. These behaviors can occur after taking these medicines with or without alcohol or other central nervous system depressants that may be sedating such as tranquilizers, opioids, and anti-anxiety medicines.

Eszopiclone, zaleplon, and zolpidem are medicines used to treat insomnia in adults who have difficulty falling asleep or staying asleep. They are in a class of medicines called sedative-hypnotics and have been approved and on the market for many years. These insomnia medicines work by slowing activity in the brain to allow sleep. Quality sleep can have a positive impact on physical and mental health.

Health care professionals should not prescribe eszopiclone, zaleplon, or zolpidem to patients who have previously experienced complex sleep behaviors after taking any of these medicines. Advise all patients that although rare, the behaviors caused by these medicines have led to serious injuries or death. Tell the patient to discontinue taking these medicines if they experience an episode of complex sleep behavior.

CONTENTS

Patients should stop taking your insomnia medicine and contact your health care professional right away if you experience a complex sleep behavior where you engage in activities while you are not fully awake or if you do not remember activities you have done while taking the medicine.

We identified 66 cases of complex sleep behaviors occurring with these medicines over the past 26 years that resulted in serious injuries, including death (see Data Summary). This number includes only reports submitted to FDA* or those found in the medical literature,[1-5] so there may be additional cases about which we are unaware. These cases included accidental overdoses, falls, burns, near drowning, exposure to extreme cold temperatures leading to loss of limb, carbon monoxide poisoning, drowning, hypothermia, motor vehicle collisions with the patient driving, and self-injuries such as gunshot wounds and apparent suicide attempts. Patients usually did not remember these events. The underlying mechanisms by which these insomnia medicines cause complex sleep behaviors are not completely understood.

FDA is also reminding the public that all medicines taken for insomnia can impair driving and activities that require alertness the morning after use. Drowsiness is already listed as a common side effect in the drug labels of all insomnia medicines, along with warnings that patients may still feel drowsy the day after taking these products. Patients who take insomnia medicines can experience decreased mental alertness the morning after use even if they feel fully awake.

We communicated safety information associated with certain insomnia medicines in January 2013 (https://wayback.archive-it.org/7993/20170404172106/https:/www.fda.gov/Drugs/DrugSafety/ucm334033.htm) (http://www.fda.gov/about-fda/website-policies/website-disclaimer) (risk of next-morning impairment with zolpidem), May 2013 (/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-approves-new-label-changes-and-dosing-zolpidem-products-and) (approved lower recommended doses for zolpidem), and May 2014 (/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-warns-next-day-impairment-sleep-aid-lunesta-eszopiclone-and-lowers) (risk of next-morning impairment with eszopiclone; lowered recommended dose). We are continuing to monitor the safety of insomnia medicines and will update the public as new information becomes available.

To help FDA better track safety issues with medicines, we urge health care professionals and patients to report side effects involving eszopiclone, zaleplon, and zolpidem or other medicines to the FDA MedWatch program, using the information in the “Contact FDA” box at the bottom of the page.

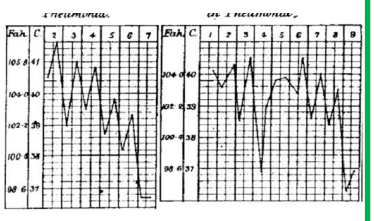
*The cases were reported to the FDA Adverse Event Reporting System (FAERS) (/drugs/fda-adverse-event-reporting-system-faers/potential-signals-serious-risksnew-safety-information-identified-fda-adverse-event-reporting-system).

CONTENTS

THE STORY OF MEDICINE

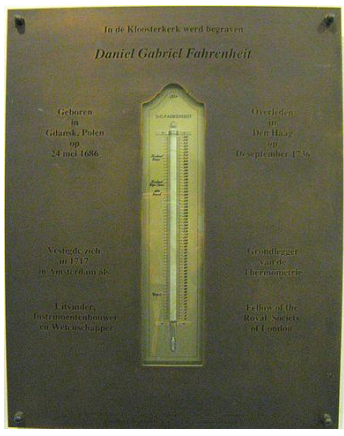
THERMOMETER AND MEASURING TEMPERATURE

It took many centuries for the medical significance of temperature to be understood and several more centuries before a practical thermometer was devised. The first, crude thermometer was invented in the 16th century by the Italian scientist, Galileo. It was refined by Santorio Santorio, and assembeled statistics of body temparature in his work *The Art of Statistical Medicine in 1614.*



Gabriel David Fahrenheit (1686-1736) developed a mercury thermometer and fixed three temperature standards. Herman Boerhaave used this to investigate fever cases in Holland. Anton de Haen (1704-76) introduced the thermometer at the Old Vienna School.

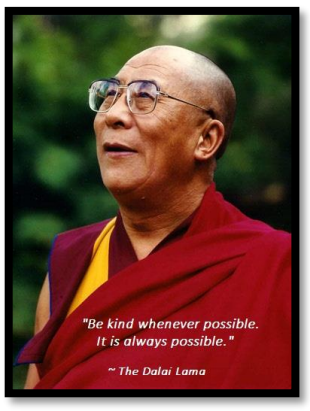
In 1868, Carl Wunderlich, published *The Temperature in Diseases,* based on data from 25,000 patients; he also introduced temperature charts. Unfortunately, his thermometer was 1ft (30.5cm) long and took 20 minutes to register. Sir Thomas Clifford Allbutt, England, had devised, in 1867, a 6-inch (15.25cm) thermometer, which registered quickly and accurately. The thermometer was ready to take its place in medical diagnosis.



PEARLS OF WISDOM

Be kind whenever possible. It is always possible.

- *Dalai Lama*



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We must dare, dare again, and go on daring!

- *George Jacques Danton*

No bird soars too high if he soars with his own wings.

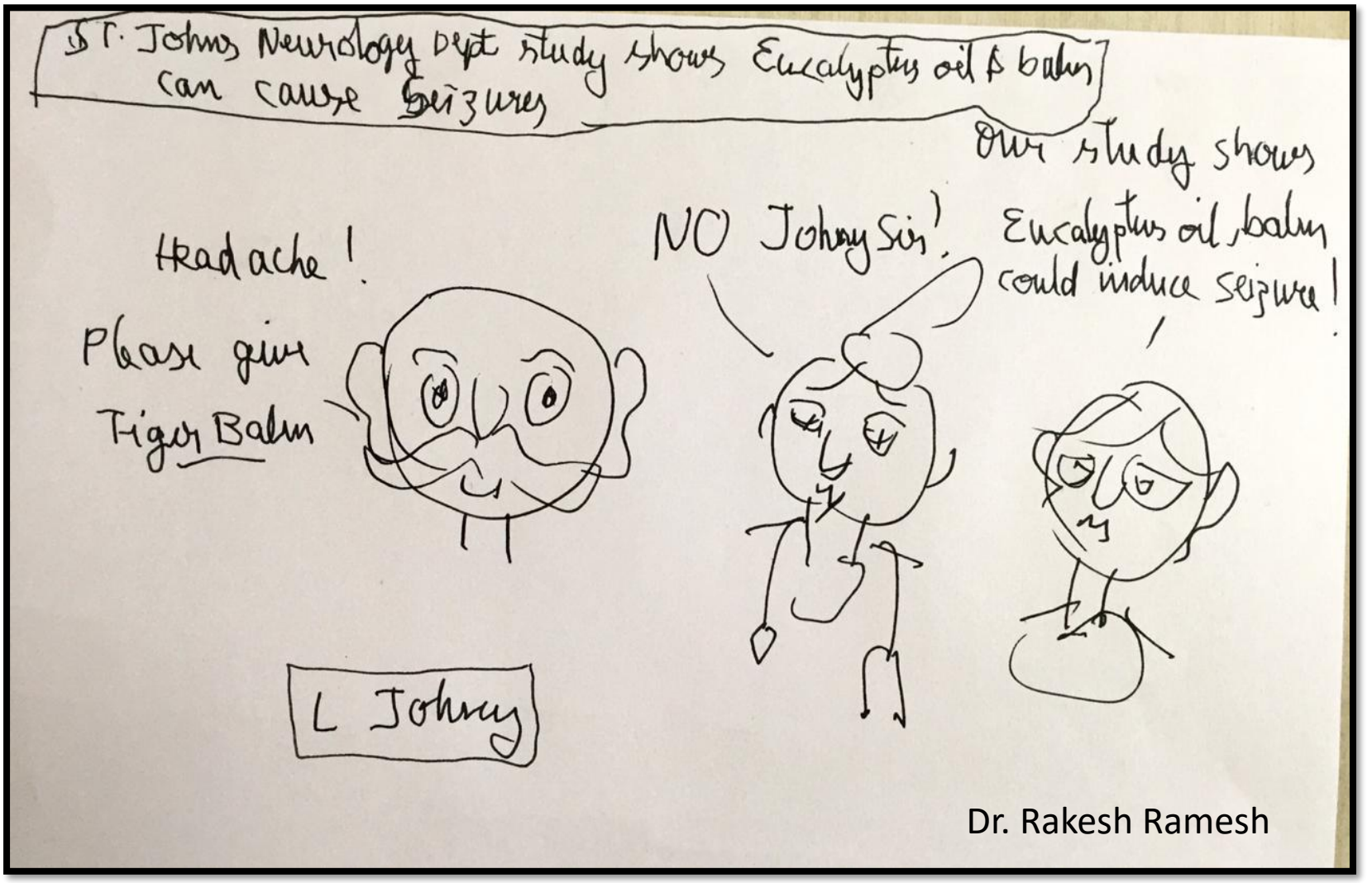
- *William Blake*

© Leadership Management Australia

REF: 365 Days of Wonder: R.J.Palacio.

CONTENTS

L Johny



Did You Know?

Coconut oil has excellent mosquito repellent properties. One study published in the Journal of Scientific Reports, said that coconut oil is better and more effective insect repellent than DEET, an active ingredient in a number of commercially available insect repellents. Great season for the Dengue season!.

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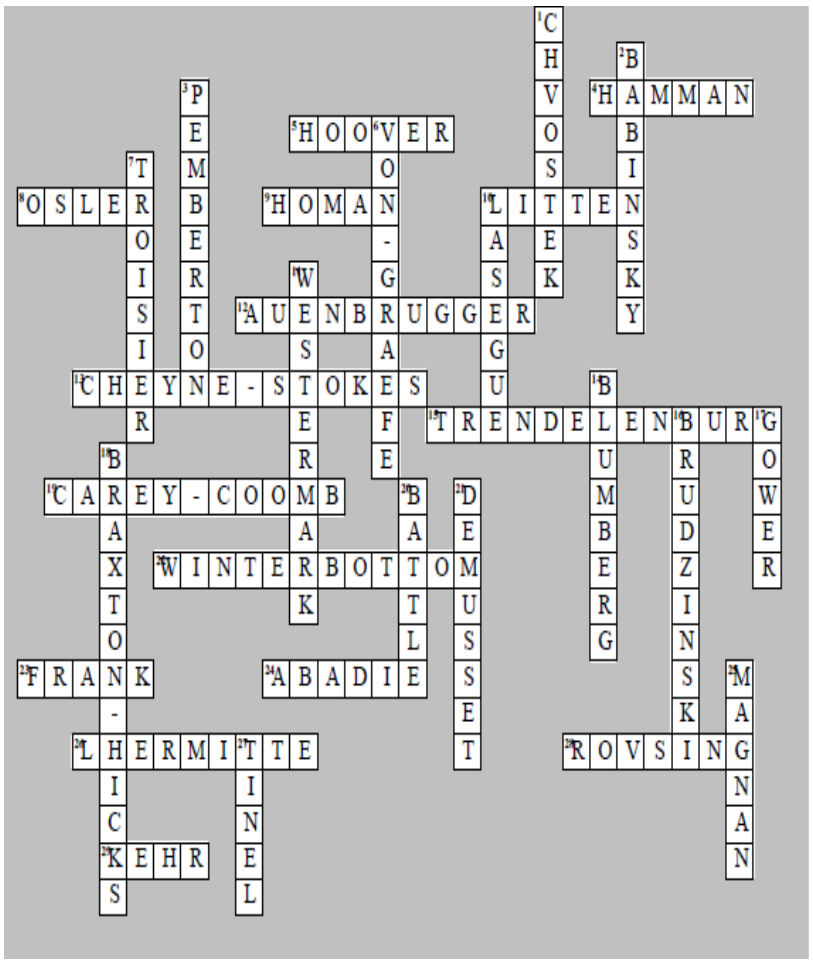
DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

Write to Dr. Avinash. H. U: ***avinash.hu@stjohns.in***

GREY Matters!

CROSSWORD ANSWERS



ACROSS

4 I crunch when there is air in the wrong place – HAMMAN (Pneumomediastinum)
5 When you wheeze, I move inward- HOOVER (COPD)
8 As the vessels thicken, the pressure goes up!- OSLER'S SIGN (Arteiosclerosis)
9 Never do this with a DVT- HOMAN
10 Infected heart and cottony retina- LITTEN(Infective endocarditis)
12 Pericardial effusion and tummy bulge- AUENBRUGGER (Pericardial effusion)
13 I love to breathe periodically*- CHEYNE-STOKES
15 I love waddling- TRENDELENBURG)
19 When the joints grumble, I rumble- CAREY-COOMB (Rheumatic fever)
22 Sleeping sickness and a swollen neck?- WINTERBOTTOM (Posterior cervical adenopathy)
23 Look at my ear to know my heart- FRANK
24 Squeeze my Achilles and I don't wince!- ABADIE (Tabes dorsalis- Abadie's symptom)
26 Shock through the spine- LHERMITTE (Multiple Sclerosis)
28 Poke my belly on the left and I have pain on the right side- ROVSING (Appendicitis)
29 Punch my belly and my shoulder hurts- KEHR (Splenic rupture)

DOWN

1 Tap my tragus and I contort my face- CHVOSTEK
2 Tickle my sole and you get a big-toe-up- BABINSKY
3 I raise my arms and go blue and breathless- PEMBERTON
6 Look down and I lag behind*- VON-GRAEFE (Thyrotoxicosis)
7 When I enlarge, the end is near- TROISIER
10 Raise my leg and I scream in pain- LASEGUE(Straight Leg raising)
11 See me pale when the lung has no blood- WESTERMARK (PTE-on CXR)
14 Touch my tummy and I recoil! – BLUMBERG(rebound tenderness)
16 I am more meningeal than anyone else- BRUDZINSKI
17 I walk up my own body- GOWER(Muscular dystrophy)
18 Dry run before parturition*- BRAXTON-HICKS
20 Crack my skull and I turn red behind the ear- BATTLE (Base of skull fracture)
21 Shake your head to the (heart)beat- DEMUSSET (Aortic regurgitation)
25 Do cocaine and I crawl under your skin- MAGNAN
27 Tap my nerves and I tingle- TINEL

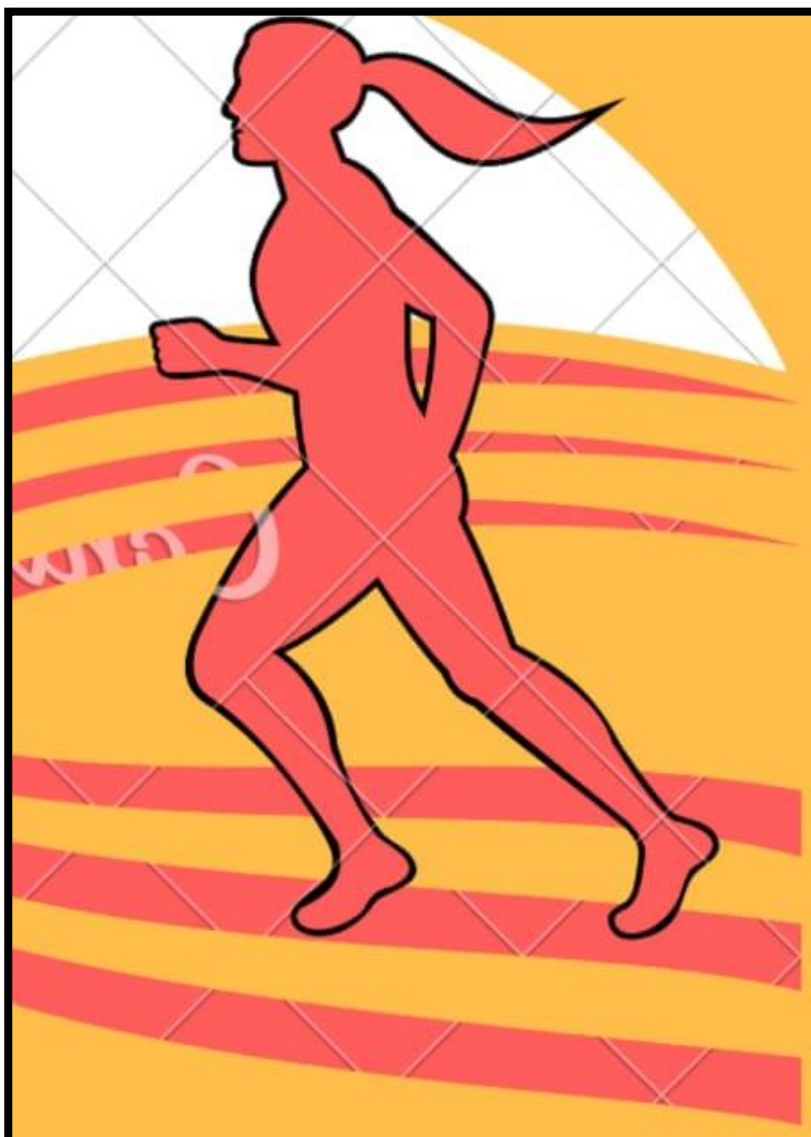
NOTE: Clues marked with * are hyphenated words and the hyphen occupies a square in the crossword

CLICK HERE TO GO BACK TO THE QUESTION!

ANSWER for Grey Matter Issue 27: 1. Diaphragm; 2. Anaesthesia; 3. Tachycardia; 4. Idiopathic; 5. Percussion; 6. Melatonin; 7.Macrophage; 8. Xenograft; 9. Fibromyalgia; 10. Mydriasis;

CONTENTS

ANNOUNCEMENTS



SATURDAY
AUGUST 3
2019

Attractive prizes to be won!

TIME: 1 PM

STARTING POINT:
UNIT OF HOPE
ENTRANCE

Do visit the staff food stalls for some mouth watering treats !!!

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ANNOUNCEMENTS

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CONTENTS