

# NEWSLETTER

## *Hong Kong Association of Critical Care Nurses (HKACCN)*

Vol. 5, No. 3, November 2003

### **PRESIDENT'S REPORT** **AGM Meeting on 31<sup>st</sup> October, 2003**

Esther Wong Yee-hing, President, HKACCN

It has been 17 months since our last AGM in 2002. We all had a terrible experience and difficult times from March through June this year.

It was noted that 20% of SARS patients required ICU care. During the saga of the SARS crisis, ICU nurses were invited to voluntarily join the ICU teams in fighting the battle at Prince of Wales Hospital and Princess Margaret Hospital. It was the most challenging task of the Hospital Authority. Council members of HKACCN realized that anyone involved could easily become frustrated and worried working in the SARS ward/ICU. Therefore, in mid March, we sent boxes of fruits to critical care nurses in all adult ICUs and some AEDs to show our support and sincere appreciation of their dedication and generosity in caring for others. We were proud of all critical care nurses and reminded them to take care of themselves when they were caring for their patients.

On 25 March 2003, the HKACCN was invited by Dr. E.K. YEOH to express the difficulties and criticisms in the management of SARS patients. After pooling the views of our medical and nursing colleagues in the ICUs, we suggested the use of scavenging system in the ventilator set-up with the aim to offer better staff protection in ICUs. Later, the HKACCN was invited to attend a consultative session and the briefing session on the "Report of the SARS Expert Committee". We were pleased that the voice of critical care nurses could be heard.

Very often, HKACCN organizes professional visits to critical care areas overseas and offers free seminars for its members. This year, because of the SARS epidemic, some of these activities were cancelled or suspended. Instead, we conducted two sharing sessions for nurses, one in the Head Office of Hospital Authority and another in Queen Elizabeth Hospital. The responses were overwhelming. Altogether, 550 nurses attended the sessions. In the two sharing sessions conducted in May and June, Nursing Officers and Nurse Specialists of various SARS ICUs reported their practices during the SARS period, identified problems of those exposed to the SARS virus, and shared with our members the recommended practices that were effective and safe. With the understanding that all of us need to maintain vigilant in the event that SARS could return in the winter months, all critical care nurses are encouraged to continue learning and implementing infection control guidelines as well as practicing standard precaution in the ICUs.

HKACCN LOGO

I also would like to report that the president and the Chair of PDC of HKACCN were invited to deliver talks to critical care nurses in Nanjing in January 2003. It was scheduled that the ICU Diploma program in Beijing to be commenced in July 2003 and ended in November 2003, but these were cancelled due to SARS.

Since 2001, HKACCN has been an executive member of the Federation of Critical Care Nurses. In March 2003, our association was honoured to be invited to join the Asia Pacific Federation of Critical Care Nursing as founder member. These invitations are recognitions of our achievements in the field of critical care nursing. It is hoped that with all these connections, we can contribute to promote best practices and facilitate evidence-based critical care nursing in Hong Kong.

At time of this report, the Association has over five hundred members of which two thirds are full members and the rest are associate members.

Ms. Winnie CHAN resigned as vice-president and has left the Council on 4 July 2003. We take this opportunity to thank her for her contributions to the association since 1998. Ms. LEUNG Fung Yee is the newly elected vice president for the year 2003-2004. Your continuous support to Ms. LEUNG will be highly appreciated.

I must thank all council members, subcommittee members, opted members, instructors and editors for their hard work throughout the year. I also thank our advisors, Honorary Legal Advisor and Auditor for their valuable advice and professional support. Moreover, I thank the senior management of Hospital Authority and private hospitals for their support to the critical care nurses. Last but not least, I thank members of the association. Without your involvement, the HKACCN would not have grown to its present powerful force in the field of critical care nursing.

Thank you all and may our future be brighter than ever.



## **REPORT OF THE ANNUAL DINNER**

### **Take Time to be Together!**

Elaine Lau

MC for annual dinner, 2003

The sixth Annual General Meeting and Anniversary Dinner was held on the 31<sup>st</sup> October 2003. Our guest speaker, Dr York Chow, gave a talk on the topic “Progress in Adversity”. His idea about this topic came from a book of one hundred medical inventions in 20<sup>th</sup> century. After he read it, he got the inspiration that many medical new discoveries had a kind of special historical background, like antibiotics generated after many deaths from infection. When there is a crisis, it is also the time to move forward. With the increasing demands on public health and the possible outbreak of SARS or other epidemics, he gave us his perspective on innovations which are the most powerful tools for overcoming difficulties.

The two advisors from Hospital Authority, Dr Ko Wing Man and Dr. Susie Lum also spent time with us to enjoy the evening. Dr. Ko was frequently the focus of attention in the press and media during the SARS epidemic. With all the challenges facing him, he expressed his appreciation to our colleagues who supported him during the SARS crisis. When asked about his views on leadership, he gave his views on two important elements, Vision and Passion. Although these two elements have been commonly mentioned in the school of management, it is never easy to put these into practice. I support Dr. Ko’s opinion but also believe that a leader is to have a clear vision of the macro organization, the Hospital Authority, who has enormous passion despite all the frustrations it continuously faces in the process.

Dr. Susie Lum used the words of Florence Nightingale to encourage all of us working in the frontline. Despite the fact that there is no war currently happening in Hong Kong compared to the time of Nightingale, Dr. Lum emphasised that we are actually in a war, a war of threats from the disaster. This is a war every one of us needs to be prepared. The parabolical soldiers’ marching with Nightingale supported hers during times of darkness and despair. How does Nightingale’s words from one and a half century ago transform into a contemporary message? It is a matter of reflection and wisdom from our daily lives.



## **EDITORIAL**

### **Australian and New Zealand 28<sup>th</sup> Annual Scientific Meeting on Intensive Care**

Violeta Lopez, Professor, CUHK

This meeting was held in Cairns, Australia on the 10-14 September 2003. Keynote speakers were Dr. Ian Bullock, the education adviser to the Resuscitation Council (UK) and the European Resuscitation Council; Dr. Martha Curley, Director of Critical Care and Cardiovascular Research at the Children's Hospital in Boston, USA; Dr. Thomas Neubert, Chairman of the Policy Unit of Cooperative Nursing, Germany; and Professor Jurg Pfenninger, Director of Paediatric Intensive Care Unit, Switzerland. Other speakers were also invited from around the world.

I wish to present here short abstracts of some of the research studies presented at this meeting.

*A review of oral care practices in intensive care (Seymour-Rolls, K., Napean Intensive Care, NSA, Australia)*

A quality project was conducted to examine mouth care practices of registered nurses including assessment of the oral cavity for colour, moisture and odour. The survey revealed that oral hygiene is not delivered as per unit protocol which may have a negative impact on ventilated patients. Barriers identified included uncooperative patients, inadequate time and inadequate knowledge.

*A successful multidisciplinary approach to managing burns in a non burns unit using Anticoat dressings (Bamberry, K., O'Brien, A., Monash Medical Centre, ICU, Victoria)*

The Anticoat dressing was used and changed every three days to manage burn patients who sustained full thickness burns to 40% of their bodies by ICU nursing staff in collaboration with the surgical team. The results showed dramatic improvement and early discharge from ICU.

*Evaluation of a pressure area risk scoring tool in an ICU (Kenny, I., Howard, L., Butler, F., Frankston Hospital, Victoria)*

The Waterlow Pressure Area Risk score was used as a daily scoring tool in patients to categorized them into low, medium and high risk group for developing pressure are in ICU. The majority of patients assessed fell into the very high risk group. During the period of assessment, it was found that early detection of pressure injuries by using the tool resulted in a reduction of stage 3 and 4 pressure injuries. It has empowered nursing staff to make decisions in preventing pressure injury in the unit.

*Nails in health care workers: development of evidence-based practice guideline (Hallett, J., Ramakrisna, N., RINse group, Royal North Shore Hospital, NSW)*

One of the major source of pathogens are the hands, particularly the sub-ungula regions of the nails of health care workers. Regular handwashing can significantly reduce nosocomial infections. From the review of the literature, a practice guideline was developed that informed healthcare workers to maintain shorter nail length, remove nail polish on chipped nails, and discouraged the use of artificial nails in ICU.

*Evaluation of blind gastric aspirate volume and patient physical position (Fuzzard, K., Bendigo Health Care Group, Victoria)*

Enteral feeding is the method used to maximize nutritional status of patients in ICU and gastric volume is used to determine enteral feed absorption. This study determined the relationship between volume of gastric aspirate and patient position (supine and head elevated at >30 degrees). The study showed that there is no significant correlation between gastric aspirate volume and patient position.

*Interaction between obesity, diabetes and ethnicity on outcome in a general ICU (Chaddock, M., Galler, D., Williams, A., Middlemore Hospital, New Zealand)*

Pacific Island people have a high level of obesity and diabetes especially in an area of high levels of socio-economic deprivation. It was found that there was a high level of mortality in this group of people compared with other ethnic groups. There was also a trend towards hospital mortality in post-surgical patients who are obese and diabetic.

*Calm not comatosed: sedation on the ICU (Curley, M., Children's Hospital, Massachussets, USA)*

There is a clear evidence of the benefits of medications in providing comfort to acutely ill infants and children in ICU. This presentation proposed a change in sedation management in paediatric patients on mechanical ventilation consisting of a multidisciplinary approach, using a valid and reliable assessment tool and a nurse-implemented sedation algorithm to guide titration of sedation medications in PICU.

*Critical care education: the UK experience (Bullock, I., Imperial College of Science and Medicine, UK)*

Critical illness and care are increasingly complex that required bringing together of health care team to share different knowledge and experiences. Modernisation in education and training to promote better teamwork and contribution of all staff involve in patient care is much needed. Educational reform towards advanced degrees of healthcare professionals is required.

### **Launching of the of the Asia Pacific Federation of Critical Care Nurses**

The Asia Pacific Federation of Critical Care Nurses (APFCCN) was launched in Manila on the 1<sup>st</sup> March 2003. Representatives from Australia, Hong Kong, South Korea, Indonesia and the Philippines attended this launching ceremony.

The Federation aims to:

1. Provide and encourage professional networking and communication among critical care nurses throughout the Asia Pacific region.
2. Conduct a forum for education and research pertaining to critical care nursing.
3. Establish standards for education, practice and management of critical care nursing.
4. Improve the recognition given to critical care nurses in the Asia Pacific region.
5. Provide assistance in the development of national critical

care association in countries of the Asia Pacific region that has no established national association.

6. Foster and support research initiatives that advance and improve critical care practice.
7. Encourage the exchange and dissemination of knowledge, skills and ideas in the field of critical care nursing.

Any critical care nursing association in the Asia Pacific region can be a member provided that their national association objectives are not in conflict with the Asia Pacific Federation. Critical care nurses from countries with no critical care association may be eligible to become members provided that they will pursue establishing their own national association.

The statutory bodies and committees of the APFCCN will compose of council members and committees for membership, publication, research, education, and constitution.

The HKACCN is now a member of the APFCCN.



Vice president, Leung Fung Yee (4<sup>th</sup> on left) with other executive members of APFCCN.

## **REFLECTIVE PRACTICE**

### *Art in Nursing*

Grace Yuk-Yin Lau

Pamela Youde Nethersole Eastern Hospital  
Intensive Care Unit

Judy was transferred to Intensive Care Unit (ICU) from Obstetric Unit (OBS) immediately after cesarean section was done. She was a thirty years old woman. She has been married for eight years and had a daughter who is seven years old. From her husband John's description, Judy was a kind, enthusiastic person. She was a known case of Arteriovenous Malformation (AVM) when she was twelve years old, but none of the operation could be done because the AVM is located deep inside the brain. V-P Shunt was done to provide conservative treatment only. She valued every day of her life. She savored every moment to love, care and share. She loved John very much. She knew that John liked children. Then she took a big risk of being pregnant and gave John a baby girl, Tina. Later she took the risk of another pregnancy. She

wanted to bring him one more child but this time she was unlucky. Her AVM ruptured during week 32 of pregnancy. Before she went into coma, she insisted to keep her baby alive no matter what happened.

Her condition got worse and she underwent an emergency cesarean section. A baby girl was born but she remained comatose and was admitted to ICU on a critical condition. When John received this bad news, he did not say anything. He just ran away of the unit and stayed outside for an hour. I could see that he was in the most difficult time in his life. I gave him a hot cup of tea to drink and gave him a light touch to show my support. Later, he came in and sat beside Judy. He held her hand tightly. I drew the curtain to provide privacy and a quiet environment. I could hear that John burst into tears. It brought sorrow to all of us who were present in the unit.

John was expressing his feeling of grief. I did not disturb him until his cries became silence. I went in and brought him some paper towel. I sat beside him and gave him a glass of warm water. He received it and returned a nod. He began to tell me their unforgettable love story, their wonderful wedding party and their harmonious family life. I became his active listener. In fact, it was a touching story that I cannot help shedding a tear-drop in front of him. I was not ashamed of showing my emotion and my concern.

I did not only show him my empathy and also would like to do more for them. He wished to have time for a family reunion so I started to arrange it. I called neonatal ICU to confirm the baby girl's condition. Luckily, her condition was suitable to be brought into the ICU. On the other hand, I asked John to bring Tina to the unit as well. After that I started to prepare Judy for this reunion. I removed the unnecessary tubing and equipment. I made her look more presentable and appear bright. At that time, other colleagues came to help me. I could see that we had the same goal to work together. We wanted to do more for this family. In the afternoon, John and Tina arrived, the baby girl in the incubator was escorted to the unit. "A family reunion in ICU." I never forgot that picture. John put Judy's hand through the window of incubator to hold the hand of the baby girl. He also asked Tina to hold hand with the baby girl on the other side. He promised Judy to take care of the children with all his heart. I could see the power of love in this family. I also saw the power of caring of nurses. Although we could not save her life, we preserved her love and courage within the family.

How powerful nursing care can be if we only provide it with such care and dignity to our patients and their love ones! It was the ability of nurses to grasp the meaning in the encounters we had with John and Judy no matter how wonderful or difficult this may be. It also made meaningful connections with them. It drove us to perform some special nursing activities no matter how hard it was.

*Nursing is not only a science and also an art. It has a power to sparkle every heart to love, to care and to work together. It can touch every heart.*(Chinn & Kramer, 1999).

## Reference

Chinn, P. L. & Kramer, M. K. (1999). *Theory and Nursing: Integrated Knowledge Development* pp. 183-206. Mosby: St Louis.

## **CONTINUING EDUCATION**

### **ADVANCED CARDIAC LIFE SUPPORT (ACLS)**

#### **Provider & Instructor Course (Program 04-1)-**

**HA CNE = 17 points**

**Date & Time :** 3 February 2004 (Instructor)  
4-5 February 2004  
6-7 February 2004  
9-10 February 2004  
11-12 February 2004

**Venue :** A&E Training Centre, 5/F Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong. (Previously located at TSK hospital).

**Course Fee :** HK\$ 2,000 (Member)  
HK\$2,500 (Non HKACCN member)

**Target Group :** All Health Care Professionals

**Deadline :** 16 December 2003

**Enquiry :** Mr. Sunny LAI, A&E Training Centre  
Tel: 2116 2721 Fax: 2572 9058

Ms Mandy CHAN  
Tel: 2861 2972 Fax: 2861 2784

Website: [www.medicine.org.hk/hkaccn](http://www.medicine.org.hk/hkaccn)  
or  
E-mail: [hkaccn@hotmail.com](mailto:hkaccn@hotmail.com)

This resuscitation training program is conducted by the faculty from the American Heart Association, USA. The course incorporates theory and practical skills in managing cardiac arrest and other critical cardio-respiratory emergencies. It consists of lectures, demonstrations and small group skill stations. Participants are expected to possess basic knowledge of ECG interpretation and are strongly recommended to read the manual before the course. As current BLS status is a pre-requisite for ACLS certification, the AHA Basic Life Support Courses will be provided free to uncertified participants in a separate session before the actual ACLS program starts.

Potential instructors who have satisfactorily completed the BLS and ACLS Instructor Courses will be awarded the AHA-BLS and AHA-ACLS Instructor certificates.

## **CONFERENCE REPORT**

### **Facing New Challenges: 4th World Congress on Paediatric Intensive Care**

Tang Sze-Kit, R.N., PICU Specialty Nurse  
Paediatric Intensive Care Unit (PICU), Paediatric and Adolescent Medicine Department  
Princess Margaret Hospital

Children are not just small adult. There are some manifestations and complications unique to children. They are emotionally and cognitively immature and the immaturity will affect them how to react and respond to illness and injury. Paediatric intensive care nurses are a special group of nurses whose training focus on this group of children and their families to serve their special needs and to help them to overcome the vulnerable period of their lives. Only meeting our day-to-day practice cannot satisfy facing the coming new challenges in health care science and our clients' demand. I am very glad to have attended the 4th World Congress on Paediatric Intensive Care (PIC) held in Boston in 8-12 June 2003 to update my new trend of PIC care.

The conference focused on a wide range of areas which included: pulmonary sciences, multi-organ failure, nutrition in PICU, transplantation, transport of critically ill children, ethical issues, bereavement services in PICU, and disaster preparedness/management, and etc... Because of the outbreak of SARS in Hong Kong and Canada, a special SARS symposium was also conducted in the conference. In fact, the conference provided a venue for worldwide paediatric intensivists to debate their different views on paediatric intensive care topics. Famous PICU nurses specialists and PICU advanced practice nurses who come from all over the world conducted lectures and seminars to discuss about the most recent nursing care and intervention for critically ill children.

Furthermore, this conference provided a special opportunity to expand my horizons such as meeting paediatric intensive care nurses from different countries, visiting PICU and Cardiac intensive care unit of Boston Children Hospital which is the most famous hospital in Boston to see the ward setting and nursing management of ill children, trying of different new medical paediatric products and technologies.

From this conference, I expanded my vision and found new ideas. I am sure that these could help me improved and reach a higher standards of care for my patients and their families.

## **CONFERENCE ANNOUNCEMENTS**

18-22 January 2004

The second Pan-Pacific Bioinformatics Conference  
Dunedin, New Zealand

<http://www.fit.gut.edu.au>

2-5 February 2004

The international corporate forum on breast cancer  
Vancouver, Canada

<http://www.sisbreast.org>

24-26 March 2004

Sleep and sedation in ICU, quality versus resources,  
measuring outcomes

ANZICS: New Zealand Region Annual Scientific Meeting  
Te Papa, Wellington, New Zealand

<http://www.ccdhb.org.nz/anzics/anzics.htm>

6-10 June 2004

10<sup>th</sup> International conference of Emergency Medicine  
Cairns, Queensland, Australia

<http://www.icem2004.im.com.au>

10-13 June 2004

The 13<sup>th</sup> Congress of the Western Pacific Association of  
Critical Care Medicine  
Seoul, Korea

<http://www.wpaccm2004.org>

1-3 October 2004

1<sup>st</sup> Global Conference on Cardiovascular Clinical Trials and  
Pharmacotherapy (CCTaP)

<http://www.cctap.com>

## USEFUL WEBSITES

The following websites are useful to members who may be  
doing further studies and are conducting research.

<http://www.manaink.com/nurse/nursenetnotes.html>

NetNurseNotes offers articles on acid-base balance, ABG  
interpretation and shock.

[http://www.virtualnurse.com/ICOPAGE/specialist/Critical  
Care/html](http://www.virtualnurse.com/ICOPAGE/specialist/CriticalCare/html)

This is a virtual critical care ICQ list that can be used to chat  
with friends and colleagues online.

<http://www.intensivecare.com>

This site offers resources for practicing evidence-based  
nursing and medicine.

[http://www.ccrnnet.com/main\\_index/](http://www.ccrnnet.com/main_index/)

This is a CCRN website that includes articles, index of  
resources, chat, and games.

[http://www.virtualnurse.com/ICOPAGE/specialist/Critical  
Care/html](http://www.virtualnurse.com/ICOPAGE/specialist/CriticalCare/html)

This is a virtual critical care ICQ list that can be used to chat  
with friends and colleagues online.

## GREETINGS TO NEW MEMBERS

The HKACCN takes this opportunity to welcome all new  
members who have chosen to join the Association in  
enhancing and promoting excellence in critical care as a new  
dimension in nursing education, practice, management and  
research. Members are encouraged to continuously support  
and promote the Association and its activities to their  
colleagues.

This is our last issue for the year 2003. We wish you all a  
happy holiday season and a good beginning for the year 2004.  
In spite of the delay of the publication of the newsletter this  
year due to the outbreak of SARS, we manage to provide you  
with a limited but informative issues of the newsletter.

We also thank members for all the hard work and  
contributions they gave to the betterment of critical care  
nursing in Hong Kong and for the HKACCN.

**We wish you a  
happy holiday!**



## CONTRIBUTIONS TO THE NEWSLETTER

The HKACCN Newsletter is published quarterly. The editor  
welcomes articles reporting news and views relevant to  
critical care nursing. The following deadlines for submission  
of issues, news clips, short articles, and research briefs must  
be adhered to. Please forward contributions to:

Dr. Violeta Lopez, Editor  
Room 825 Esther Lee Building  
Chung Chi College, CUHK  
New Territories, HK

Tel No. 2609 8180

Fax No. 2603-5936

Email: [violeta@cuhk.edu.hk](mailto:violeta@cuhk.edu.hk)

### Article Preparation

Individual submissions should be double-spaced and can  
be sent through the email. Accompanying photographs must  
be of good quality. The editor reserves the right to accept,  
modify, reject and/or check material to corroborate  
information.

### Submission Dates

January issue – December 30

May issue - April 30

September issue – October 30

### Editorial Staff

Chief Editor

Associate Editors

Violeta Lopez

Esther Wong

David Chan

Wong Lai King