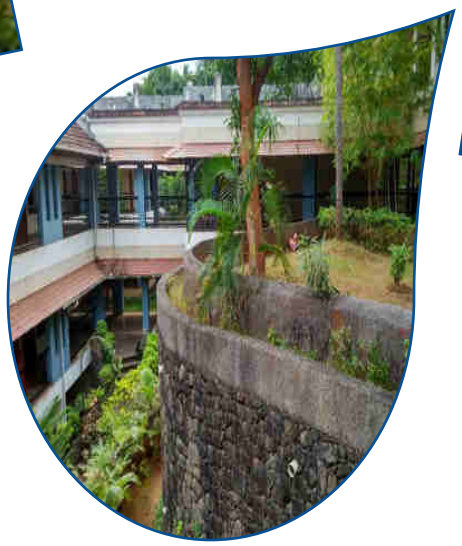
# REFLECTIONS

## MIMS College of Nursing

First NAAC Accredited Health Care Institute in Kerala



MIMS College of Nursing

ASTER DM HEALTHCARE

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- Glimpse of Workshop on Biostatistics Organised by 8th Batch M.Sc Nursing Students at MIMS College of Nursing (August 2018)
- Observance of World TB Day : 24th March 2018

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## Objectives of the News letter

- To encourage the creative writing of faculty & other staff members
- To develop journaling technique among faculty members
- To communicate the activities done by the college

## Guidelines for authors

- *Articles can only be submitted via email or online (mimsreflection@gmail.com)*
- *Articles should be concise, brief and comprehensive*
- *Drawing and paintings can be scanned and save it as 'jpg' format*
- *Departmental and other news must be send within 2 days after the programme along with photographs*
- *Articles should be the individual's original work only*
- *Proper references should be given for Quotes*
- *Copyright must be given to the publishers upon acceptance of the article*
- *Use Times new Roman with font size 12*
- *The decision of Editor in chief will be the final for the publication of manuscripts*

## EDITOR'S DESK

**Dear Readers,**

It is indeed a great honour to be the Newsletter Editor for the '*Reflections*' and it is an immense pleasure to pen few words of this 4th edition. I indeed very happy to see that major part of the faculty had contributed for this issue and a variety of articles that satisfy value of all readers. I congratulate Mr. Jyothis Prakash, editor in charge for compiling and editing this issue within a short span of time. Hope you all will keep your enthusiasm and spirit de corps.

**Wishing you the best**

**Dr. Assuma Beevi T.M**

**Chief Editor, Reflections**

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# Advanced Technology Benefits for Psychiatric Mental Health Nurse Practitioners

**Mr. Jyothis Prakash, Senior Lecturer, Dept. of Psychiatric Nursing**

People generally don't think of the behavioral sciences as disciplines that make great use of technology. This perception may originate from historical observations that mental health practitioners are often late technology adopters or bypass innovations entirely. However, new technologies can deliver considerable benefits for these disciplines just as they have in other fields.

## A Solution for an Underserved Population

Developed nations employ nearly one psychiatrist for every 11,640 citizens. Despite the region, behavioral health is a commonly overlooked and under budgeted discipline. Case in point, only one in ten patients who suffer from mental health conditions receive treatment.

Recently, global behavioral health advocates have lobbied to remedy this issue. As a result, public opinion about mental health is shifting toward understanding and legislators are taking actions that will soon promote positive behavioral health outcomes. In the meantime, advanced psychiatric mental health nurse practitioners (APMHNPs) can use developing technologies to fill the behavioral health treatment void. For example, cell phones allow practitioners to deliver treatments to remote, inaccessible, and financially burdened regions.

In the near future, the following four innovations will grow in popularity as treatment resources for advanced psychiatric mental health practitioners.

## Mobile Sensors

Repurposed mobile technology, from smartphones to so-called "dumbphones," is a cost-effective innovation increasingly deployed by advanced psychiatric mental health nurse practitioners. Oxford University researchers and other scientists have found that short message service (also called SMS or text messages) and voice mail are the two simplest and cost-effective tools that nurse practitioners can use for manual monitoring and delivering talk therapy to patients.

Smartphones add a new level of innovation to treatment by allowing APMHNPs to utilize advanced technologies. These may include user-friendly mobile applications, multimedia presentations, and high-tech movement sensors, such as accelerometers and global positioning systems (GPS) that generate detail-rich patient information and allow care providers to develop more intelligent interventions

## Personal Health Records

Personal health records (PHRs) improve APMHNPs' ability to manage patients by accessing patient medical information such as immunizations, lab results, and appointments. Additionally, APMHNPs can share this information with patients, allowing them to better participate in their own recoveries. This transparency improves patient engagement and encourages them to participate in their own wellness outside of the treatment setting.

PHRs also make it easier for patients to share information with medical professionals, which facilitates collaboration and information consistency among multiple care providers. When emergencies occur, online personal health records provide fast access to critical information from any compatible internet-connected device. APMHNPs also use online PHR systems to allow patients to request prescription refills and arrange appointments.

## Brain Imaging Technology

In some cases, APMHNPs must repair the psychological and emotional damage caused by traumatizing events. Patients who demand such therapies may come from backgrounds with early developmental barriers such as abuse, neglect, or unhealthy relationships with close family members.

Brain imaging technologies, such as the quantitative electroencephalogram (QEEG) and functional magnetic resonance imagery (fMRI), aid APMHNPs in monitoring mental processes beyond patients' verbal responses. The technologies align with the word association test developed by noted cognitive researcher Carl Jung over 100 years ago and aid mental health nurse practitioners in making advanced diagnoses regarding patient behavioral health.

## Health Information Technology

Health information technology (HIT) aids APMHNPs in managing, storing, securing, and sharing patient behavioral records with patients, authorized family members, and care providers. HIT helps behavioral health nurse practitioners enhance care quality and efficiency by eliminating unnecessary tests, improving treatment plan accuracy, and reducing care costs.

Some benefits and savings come in the form of reduced hardcopy management and fast access to records, which allow nurse practitioners to spend more time healing patients. HIT also improves PHR accuracy and completeness. Moreover, patients can easily manage information sharing when freed from the burdens related to managing hardcopy patient records.

However, armed with the latest best practices in behavioral sciences, APMHNPs can use technology to serve the population's behavior health care demands. While the behavioral health discipline works on incorporating innovations, APMHNPs can independently implement new technologies that improve therapy outcomes now.

# Expanding possibilities in Advanced Medical Surgical Nursing

## Neuronavigation System- Overview

**Ms. Meenu Peter, Senior Lecturer, Dept. of Medical Surgical Nursing**

The utility of image guided surgical system is increasing. In the past decade, image-guided surgical system have been developed to assist surgeons in performing surgery more effectively, precisely, safely and cost-effectively. Image guided surgery allows surgeons to localize the lesion being treated more accurately, to determine the full extent of the lesion and to choose a safe surgical approach associated with reduced surgical morbidity.

There is sufficient evidence to support that the use of the navigation system is safe and effective in neurology.

**How far neuronavigation is useful?**

- Safety

  No complication is found to occur using the navigation system in assisted neurological surgery.
- Effectiveness

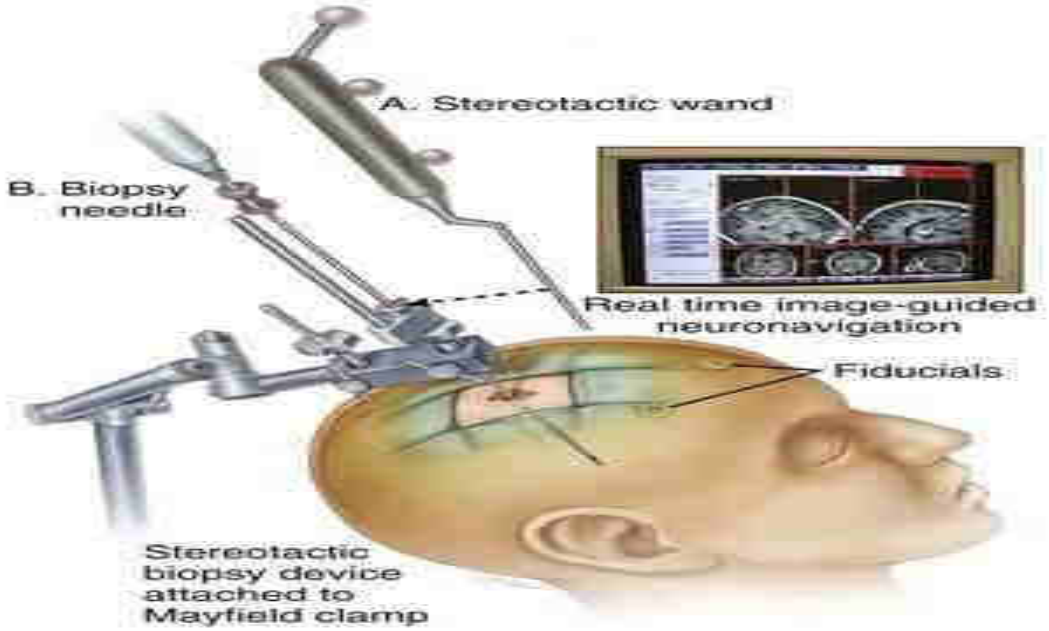
  This procedure is able to provide accurate anatomical localisation landmarks and micro-adenomas could be precisely localised by the navigation system.
- Preparatory time

  The preoperative preparatory time is found to take 10-20 minutes including co-ordination, head-holder localisation and instrument registration.
- Cost

  The navigation system demonstrated to be a fast and simple registration method.

**Applications of Neuronavigation**

- In brain biopsy – All systems for stereotactic biopsy rely on navigation based preoperatively obtained images. It provides additional reassurance to the surgeon about the accuracy of brain biopsy particularly for deep or small lesions.




- In brain tumor resection – Neuronavigation reduces the risk of neurological morbidity. Postoperative neurological dysfunction is also minimised by performing intraoperative neurological testing during craniotomy with proper surgical resection of a brain tumor.

**Role of nurse**

The shift towards patient-centred care is the priority in health care today. Providing quality care that is highly efficient and patient-friendly while also being cost-effective is a difficult, but not impossible task. Nurses can play a vital role in facilitating a shift in outpatient neurosurgery towards a more patient-care focused environment. By providing information and education to patients and families, nurses have enormous potential to improve satisfaction and outcomes for patients undergoing these procedures. Thoroughly preparing patients for their surgery and helping them manage their care post-operatively are the keys to decreased complications and re-admission. This would undoubtedly improve cost-effectiveness for the system while simultaneously improving the patients' quality of life.

# ALCAPA- Anomalous Left Coronary Artery from the Pulmonary Artery

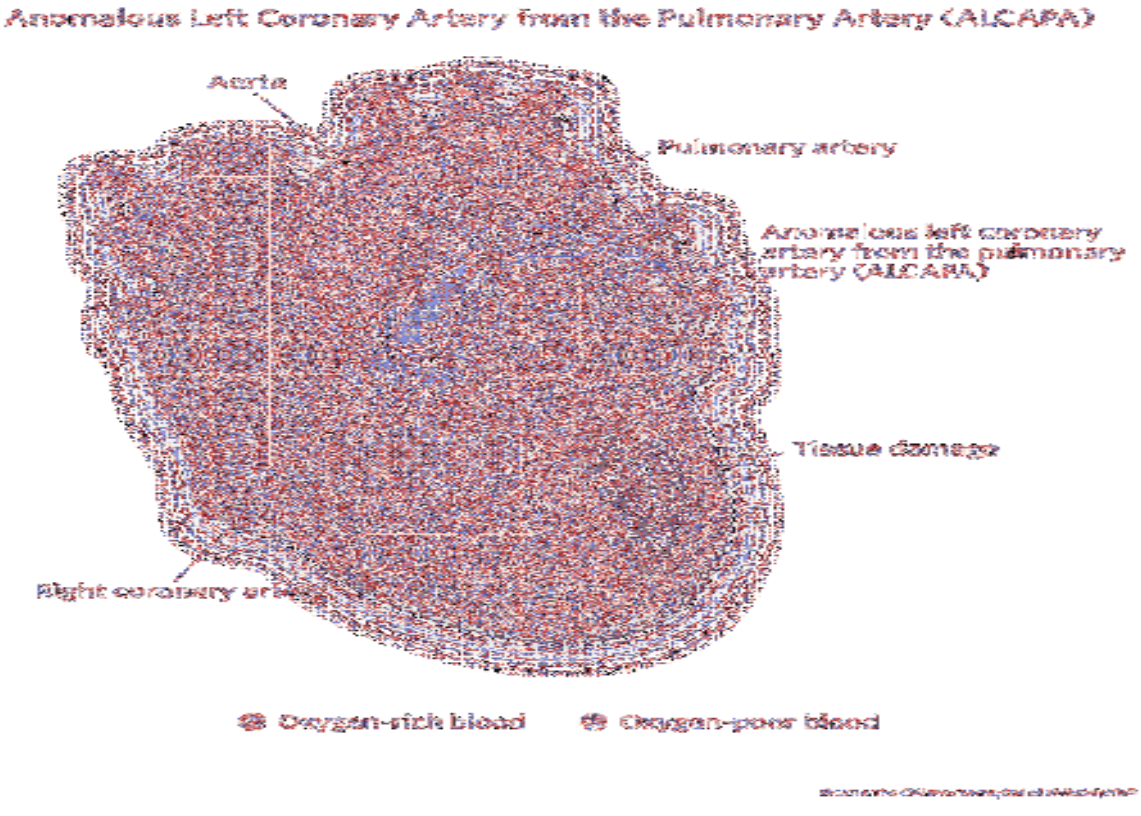
**Ms. Dilna C, Senior Lecturer, Dept. of Pediatric Nursing**

**Ms.Sushmi M S, Associate Professor, Dept. of Pediatric Nursing**

ALCAPA is a condition where the left coronary artery arises from the pulmonary artery instead of the aorta. When the left coronary artery is attached to the pulmonary artery instead of the aorta, two main differences occurs

- Not enough blood reaches the heart because of "coronary steal." Instead, it flows back into the pulmonary artery.
- The blood that does reach the heart doesn't have as much oxygen as it should. When there is less overall oxygen in the blood, the heart muscle has less oxygen.

The combination of coronary steal plus lower blood oxygen leads to the starvation of the heart muscle, which can cause heart muscle damage or death.



## Signs and symptoms of ALCAPA

- Blue or purple tint to gums, tongue, skin and nails (cyanosis)
- Poor eating and poor weight gain
- Crying with feeds
- Rapid breathing or shortness of breath
- Profuse sweating, especially with feeding
- More sleepiness than normal
- Unresponsiveness (the baby seems “out of it”)
- Heart murmur - the heart sounds abnormal when a doctor listens with a stethoscope

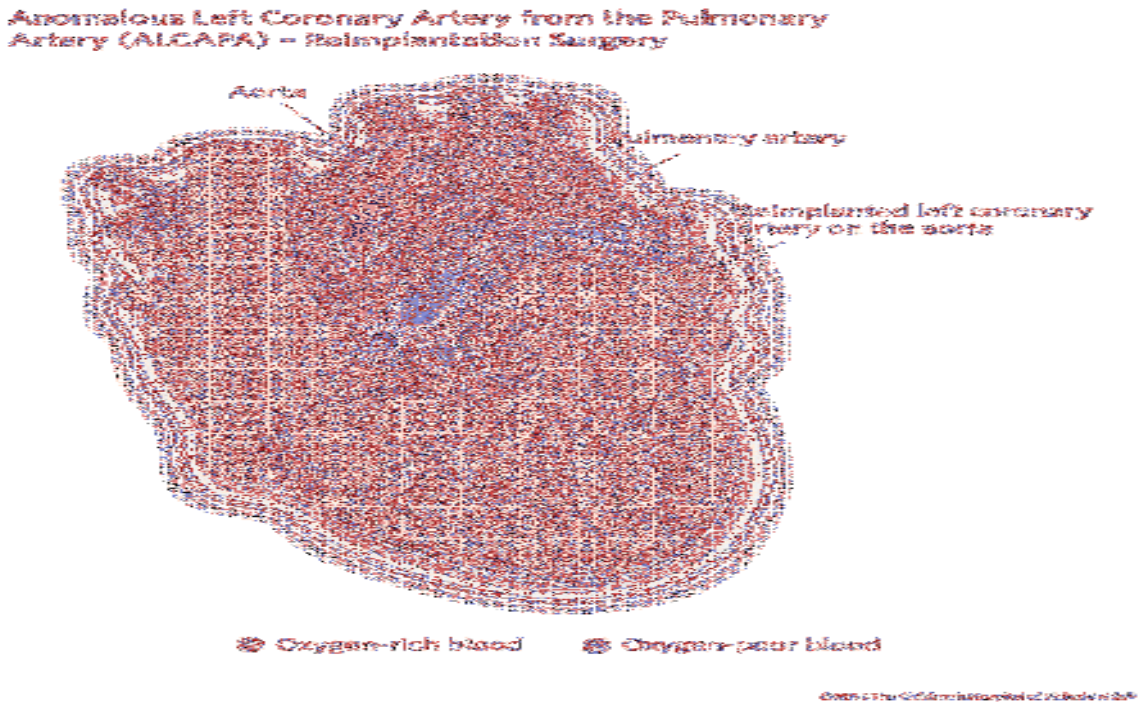
## Diagnosis

- Chest X-ray- This usually shows an enlarged heart.

- Echocardiogram
- ECG –it may show evidence of myocardial infarction (heart attack).
- Cardiac MRI – a three-dimensional image shows the heart's abnormalities.

## Treatments for ALCAPA

Surgery is required to fix ALCAPA.



- Detaching the left coronary artery from the pulmonary artery and suturing it into the correct position on the aorta.
- Creating a tunnel from the aorta to the anomalous left coronary artery, and then closing the connection between the left coronary artery and the pulmonary artery.
- Removing the faulty left coronary artery, then using a vein from the leg to create a new left coronary artery.
- Creating a connection between the left subclavian artery (a large artery that carries blood to the left arm and upper body) and the left coronary artery. This allows some of the very oxygen-rich blood from the subclavian artery to feed the left coronary artery and the heart.

# Moulding the Nursing Ethics for the Future

**Ms. Alphilin Jose, Associate Professor Dept. of OBG Nursing**

Ethics has been integral to the nursing profession from its beginning. The need to strengthen the ethical foundation of nursing is urgent, particularly in light of pressures that threaten the integrity of individual nurses, the profession, and the people they serve. Nurses in all roles and settings must have the knowledge, skills and tools to uphold their professional values. Following are some of the ideas that can be implemented to enhance the ethics in four key domains.

**Clinical practice**

- Develop and sustain work environments that support ethical nursing practice
- Conduct interdisciplinary nursing rounds that include chaplains for the holistic approach
- Create and implement systems that allow frontline nurses to address micro-issues
- Develop the concept of ethics ombudsman who could respond to health professional's moral distress

**Nursing education**

- Promote excellence in nursing ethics education, in order to build a strong and diverse health care work force
- Incorporate an ethical framework when discussing nursing students' clinical experience
- Introduce doctoral education in nursing ethics as a separate nursing specialty
- Develop a nursing ethics education consortium and teach every nurse conflict management strategies

**Nursing research**

- Develop a research agenda that will lead to a culture of ethical practice in diverse settings that is evidence based
- Develop a nursing ethics data center with resources from multiple sources

- Develop evidence based solutions for addressing nurses' moral distress
- Develop a standardized means to identify any ethical issues in different work setting

**Nursing policy**

- Make competence in ethics and conflict resolution a part of employment, licensing and relicensing
- Provide all practicing nurses access to an intervention to address moral distress
- Develop standards, processes, strategies and programs to implement a culture of ethics
- Develop system wide policies that address moral distress within hospitals

**Conclusion**

Creating a culture of ethical practice is vital for all nurses and more importantly for the people we serve. Nurses should be an ethics ambassador to be the change that we want to see in our practice.

**"We are the ones we have been waiting for"**

# SPACE NURSING

**Mr. Athul Dev T, Senior Lecturer, Dept. of Medical Surgical Nursing**

Space nursing is the nursing speciality that studies how space travel impacts human response patterns. Similar to space medicine, the speciality also contributes to knowledge about nursing care of earthbound patients. 1920 onwards nurses have been part of aviation and flight. The President Eisenhower signed the National Aeronautics and Space Act to form NASA in the year 1958. Part of this act said, nurses has to work closely with medical teams to determine the fitness of astronauts for space exploration. Nurses helped observe the effects of spaceflight on astronauts upon their return from missions. O'Hara was the official staff nurse to astronauts from NASA. Before every launch she performed the pre-flight physicals including height, weight, temperatures, Blood Pressure measurements of astronauts. In 1962 NASA announced the Space Nursing Program which required bachelor's degree in nursing. The Space Nursing Society was founded by Linda Plush in 1991.

Dee O'Hara was born in Nampa, Idaho in 1935

**Space Nursing Society**

The Space Nursing Society is an international space advocacy organization devoted to space nursing and space exploration by registered nurses formed in the year 1990 for scientific purpose. The society is an affiliated, non-profit special interest group associated with the National Space Society with Headquarters at Palmdale, California, United States. The society includes members from Australia, Canada, Czech Republic, England, Germany, Greece, Scotland and the United States. The society serves as a forum for the discussion and study of issues related to nursing in space and the impact of these studies on nursing on Earth.

**What Is A Space Nurse?**

Beyond space missions, the majority of aerospace nurses today provide critical and emergency care during transport for patients who are air evacuated. These nurses are trained to deal with the unique challenges of patient care in an unstable setting with limited resources. In addition, they have to know how to deal with decompression sickness that often happens in flight. On the space front, there are also nurses who are involved in the care of astronauts prior to launch, and who are on standby when they touch down. They perform pre- and post-launch assessments and provide instructions to astronauts for how to handle medical emergencies while in flight.

**How to Become a NASA Nurse?**

The first step toward becoming a NASA nurse is obviously to become an RN. To become an RN, you have to graduate from a program of study that is approved by your State Nursing Board - either a bachelor's or associate degree program. Upon completion, you have to pass the NCLEX-RN. Because aerospace nursing is so specialized, you might consider becoming a military flight nurse with the Air Force in order to break in since they deal with pilots and high-tech flight. Another route is to pursue civilian flight nurse training. It’s also a good idea to get involved with organizations like the ASMA (Aerospace Medical Association). For instance, one of its annual conferences showcases scientific advances and contributions to flight nursing. There are also publications like the Air Medical Journal that covers the industry. Although there might not be abundance of NASA nurse or aerospace nursing jobs, the next decade’s developments could change that. There may be a time in the near future in which civilians will take trips to the moon, or you may even start to hear talk about colonizing Mars. Should those pursuits begin to happen, there will be a need for aerospace nurses who can help medically clear people for space travel, and assess their health upon return.

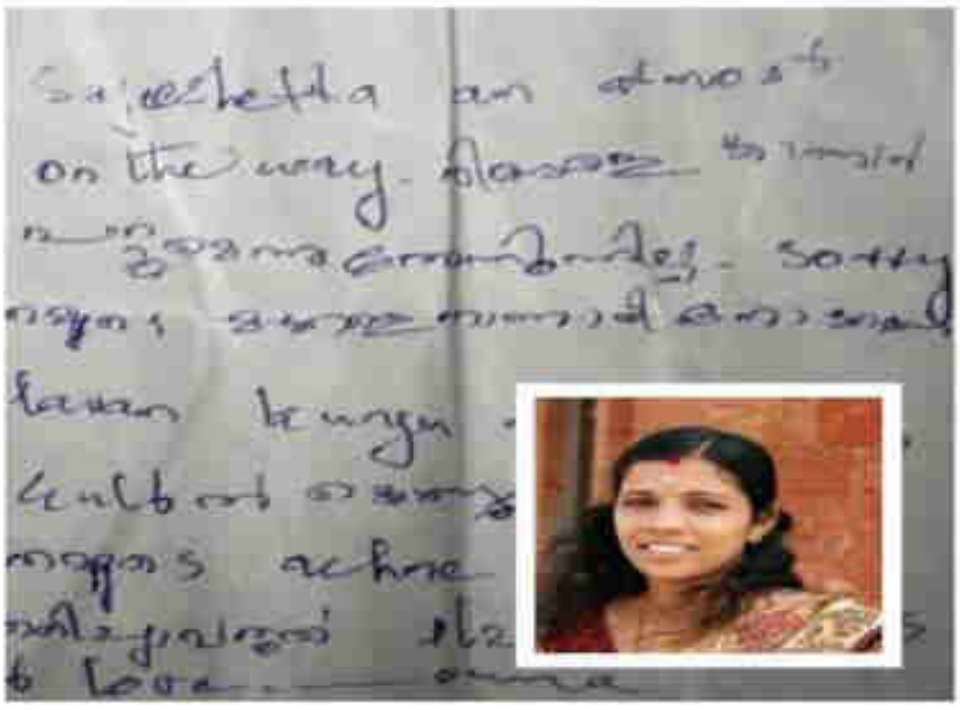
# Nipah Virus in Kerala- Nurse Lini leaves a sentimental letter for husband before her death

**Mr. Abid Faheem, Assistant Professor, Dept. of Community Health Nursing**

Lini Puthussery worked at the EMS Memorial Cooperative Hospital at Perambara, in rural Kozhikode. She was among the three nurses who looked after the first two cases of Nipah outbreak in Kerala. After eight days of suffering Lini died on Monday, 21st May 2018.

Thirty-one-year-old Lini is survived by her two sons five-year-old Rithul and two-year-old Sidharth and her husband Sreejesh. Sreejesh worked at Bahrain and flew in to see his wife but he wasn't allowed to say even a goodbye, for the risk of infection of this deadly disease. Lini's body was cremated in urgency at the electric crematorium to arrest the infection as per medical protocol.

Lini went for duty on 16th despite fever and compromised vitality, taking a personal risk because the hospital was understaffed. Lini is the epitome of selfless service. Service that thousands of nurses from her state provide to support the healthcare services in India and abroad. Unable to see her family in her last moments, Lini left a heart-wrenching note for her husband.



**What is Nipah Virus?**

Nipah Virus or NiV, is named after the place in Malasia where the first outbreak occurred. Kampung Sungai Nipah was the site where the deadly virus was first identified in 1998.

In 2001 it caused 45 deaths in Siliguri. In 2004 several people in Bangladesh died after consuming contaminated Palm sap used in making Toddy. Once again an outbreak in Bangladesh in 2011 caused fifty deaths. This year ten people have died in Kerala. It is a highly contagious disease that causes about 70% deaths in infected patients.

This disease is caused by infected fruit bats and spreads when:

- Fruit bats bite animals that humans consume. They are known to bite pigs. Avoid eating pork.
- Fruit bats bite animals whose body fluids like saliva, blood or urine infect animals in human contact.
- When humans consume fruits bitten by fruit bats. Particularly dates and toddy made from contaminated palm sap.
- Infected fruit bats contaminating drinking water.
- Infected humans passing it to healthy humans.

**How did NiV breakout in Kerala?**

Ten people have already succumbed to the disease in Kerala.

Nearly hundred people have been quarantined. The first cases were reported from a family in Perambara, Kozhikode. Their drinking water well had dead fruit bats. Two brothers in twenties and a middle-aged woman seriously ill got admitted to the hospital.

Two unfortunate patients Sindhu and Sijtha had come from Mallapuram to Kozhikode Medical College for treatment and came in contact with these infected people. The deadly virus slews them too. Lini was in the medical team that was looking after the two Perambara brothers.

**Symptoms of Nipah fever**

- The viral attack begins as respiratory discomfort, fever vomiting and headaches with vomiting.
- These symptoms may last up to 10-12 days.
- The virus moves towards the brain and affects it. It may cause epilepsy-like convulsions, drowsiness and fainting spells.
- A full-blown brain fever causes death.

**Precautions to avoid NiV**

- Do not consume fruits bitten by animals or birds.
- Do not drink toddy. Especially from areas inhabited by fruit bats.
- Wear masks and gloves if you visit or treat a patient.
- Wash hands after visiting a patient.

Lini's is an epitome of nursing service. Her sacrifice would be best honoured when we find a way to fight and control this virus. Representing the people of his state, Mr. Pinarai Vijayan, Kerala's Chief Minister, honoured the brave lady by tweeting, "Her selfless service will be remembered." Kozhikode people have stuck posters all over the town in the honour of her sacrifice.

# Role of Public in Emergency Management

**Mrs. Deepthi Nair N, Lecturer, Dept. of Medical Surgical Nursing**

In India, the most leading cause of death is Road Traffic Accidents (RTA). It has become a public health issue which has to be deal by a comprehensive and multiple approaches. The statistics shows that incidence of RTA is increasing day by day while comparing to the previous years. Several rules and laws are available to prevent RTA but it is often ineffective because people do not follow the rules. When the rule says to control over speed, the teenage says it's a craze, they want to ride the vehicle in over speed, which unfortunately results in road traffic accidents. It may be a major or minor accident. Most commonly the victim expires due to head injury. Some are seriously injured with spinal cord injury, fractures and all. The first 60 mts after the injury is the "Golden hour". What we can do in that time period reflects the future of the victim. In India the scenario is handled by the public to get the person to the hospital as soon as possible in vehicle they get the earliest. In Kerala it will be an auto mostly. But these people do not know the harmful effects of their action. It will endanger the patient's life. The trauma may cause severe head and spinal cord injuries, fractures of long bones which results in death.

The people who are in the scene are the first responders. They should act immediately by calling for medical help. Until the proper vehicle comes, they can assess the victim for consciousness, provide direct pressure over bleeding sites, maintain airway using jaw thrust method, log roll the victim to prevent spinal cord injury , applying temporary splints on limbs if fracture is suspected etc. If these are tasks are done on the scene spot, the chance for survival of the victim with no marked defects is very high. Rest of the care should be given from the hospital. Take the victim to the hospital as soon as possible in a proper way.

But in our country, very rarely people do this activity in an accident spot; resulting in death of the victim in most cases, which is constantly increasing the death rate due to accident in our country. If the person survives, he might have defects like as severe fracture, head injury, paralysis, coma and all.

In conclusion the emergency care at the scene spot is very important. Every individual should be trained with emergency management. It will be helpful to others as well as for self

# Deadly Nipah Virus Outbreak

**Ms. Theertha P Krishna, Clinical Instructor, Dept. of Medical Surgical Nursing**

Kerala, in Kozhikode has been on high alert due to mysterious deaths because of an unidentified viral attack. A virus named after Kampig Sugai Nipah, a village in Malaysia, where it was first discovered in 1998-99. The virus, that eventually killed 105 people in Malaysia, was first suspected to be Japanese Encephalitis(JE) which, like the Nipah Virus, induces brain inflammation. According to a paper by Dr K B Chau, who was a virologist in training at the University of Malaya when the disease broke out, "the outbreak of febrile encephalitis in humans was preceded by the occurrence of respiratory illness and encephalitis in pigs in the same region,' he writes, adding however, that at that point, the cause of swine mortality was assumed to e classical swine fever.

The virus, which was tracked back to the pigs, led to a large scale culling of animals in the region. Further studies indicated that the initial transmission from bats to pigs probably occurred, when pig feed was contaminated with bat excretions, says a 2007 paper titled 'Lessons from Nipah Virus outbreak in Malaysia', published in The Malaysian Journal of Pathology.

**Zoonoses**

According to WHO, "A zoonosis is ay diseases transmitted from vertebrate animals to humans." Nipah is believed to be transmitted from what are called flying foxes, or mega bats, so called because they are the largest bat species. They eat fruits ad live in trees. These are a part of the old world fruit bat family, called pteropid bats. Bats often end up being reservouirs for a number of severe infectious diseases, including Ebola, SARS, Nipah and Hendra.

**Transmission**

In case of Nipah, disease transmission or the means by which a pathogen ca e passed from one organism to another is believed to be take place. Don't eat those on the ground especially if they have broken skin. Loss of the natural habitat of the bat appears to play some part in exacerbating the rate of at to man transmission. The WHO says 'As the flying fox habitat is destroyed by human activity, the bats get stresses and hungry, their immune system gets weaker, their virus load goes up and a lot of virus spills out in their urine and saliva.' In India,

if anyone falls sick, the entire family comes and visits, so it is better they keep away until the patients get better.

**RNA Virus**

Nipah is a RNA virus. RNA Virus are most common cause of emerging diseases in humans, attributable to the high mutation rate in RNNA Viruses compared to DNA viruses. Nipah belongs to a genus called Henipavirus; the Hendra virus also found on pteropid bats, belongs to this category too.

**Biosafety level 4**

The virus, which is classified as Biosafety Level 4, meaning that it is highly infectious and needs a maximum containment facility, can be confirmed by an ELISA, RT-PCR or Serum Neutralization test. The incubation period is anywhere between 5-14 days, but it can soon affect the respiratory and nervous system and patients can go into delirium or coma. Unfortunately, there is no definite treatment, except intensive supported care. We need to maintain the vital functions and earlier diagnosis is better for the patient.

**Protection**

Avoiding direct contact with infected pigs, bats and humans in endemic regions should be practiced. Health professionals attending to such patients should take precautionary measures, such as wearing masks and gloves. If you feel uneasiness when in and around an infected region, get yourself tested immediately.

## GLIMPSE OF NSS SPECIAL CAMP AT ANAKKAMPOIL (APRIL-MAY 2018)

MIMS College of Nursing NSS unit conducted a residential medical camp for the academic year 2018-19 in the first week of May 2018 at Anakkampoyil . All NSS volunteers were actively involved in various activities such as drug collection, preparation of av aids, health drama etc for the camp.

**GLIMPSE OF WORKSHOP ON BIOSTATISTICS ORGANISED BY 8th BATCH MS.c NURSING STUDENTS AT MIMS COLLEGE OF NURSING (AUGUST 2018)**

## OBSERVANCE OF WORLD TB DAY : 24th MARCH 2018

MIMS College of Nursing NSS unit observed world TB day on 24/03/18. Poster making competition was conducted regarding the theme of the day among NSS volunteers and other students. NSS program Officer Mr.Abidfaheem had taken a session on recent advances in TB management.

## NSS UNIT GENERAL BODY MEETING: 26th MARCH 2018

MIMS College of nursing NSS unit conducted a general body to review various programs conducted in the last academic year and to plan various programs for next academic year. Discussion were done regarding upcoming residential camp and other activities