

# Health Education Collaborative Newsletter

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## *A message from the CEO*



**Bruce Greaves**  
**CEO/Director**

Welcome to issue 15

As another busy month passes by, we find ourselves in a good place regarding the pandemic. My concern is complacency. The hard yards that we have undertaken has led us to a relatively open and free lifestyle of which we are the envy of the rest of the world. This can be undone very quickly if we do not maintain the high standards of infection prevention and control, we have been practicing.

As I write this, Queensland is now back in lockdown and already we see the panic buying, frustration and disruption to “normal” daily life. I have every confidence they will get this outbreak under control quickly. Let this current QLD outbreak be a reminder of how quickly our status can change. We as health professionals need to maintain our efforts as public health advocates promoting good IPC practices to our families, friends and greater community to help maintain our current level of freedoms and public health safety.

**The two greatest initiatives in health that have saved more lives above all are hand hygiene and antiseptics.**

**Florence Nightingale** the founder of modern nursing was instrumental in improving hygiene standards and techniques in the 1850s after she was involved in a cholera outbreak where the infection spread rapidly causing many deaths. During the Crimean war, unsanitary condition and poor personal and clinical hygiene contributed to many deaths from the Crimean fever and many other contagious diseases.

She introduced hand hygiene using soap and water and established routine cleaning and laundering of patient linen and clinical items which had a dramatic effect on lowering the death rate in the hospital.

Her legacy lives on today through modern infection prevention and control methods, predominantly hand hygiene.

**Joseph Lister** was a British surgeon and a pioneer of antiseptic surgery in the mid to late 1800s. He was the first surgeon to sterilise his instruments and prep the patient with antiseptics and use aseptic techniques when performing surgery. During these times, many patients

died of infection post-surgery rather than the surgery itself. His use of antiseptics saved many patients and made surgery safer.

His legacy lives on in modern aseptic techniques and antiseptics which when used correctly disinfect and clean wounds and in general cleaning of surfaces and instruments. In fact, you can see some of his legacy in the hygiene aisle of the supermarket "Listerine".

**Bruce Greaves CEO/Director**  
Health Education Collaborative

## Clinical question with Marg

### Clinical Update



**Margaret Vilella**  
**Executive Director/  
Director of  
Education**

### Answer for last month's question.

Systematically interpret this rhythm strip.

How might the person with this rhythm present?



**Regularity:** P waves map out regularity and so do the QRS complexes

**Rate:** There are more P waves than QRS complexes, so you need to count the atrial rate and ventricular rate separately. Atrial rate is 90bpm and ventricular rate is 45bpm.

**P waves:** There are twice as many P waves as QRS beats (red arrows). So, there are some non-conducted P waves (should be thinking some sort of block by now). They all look the same and are upright.

**PR interval:** for the conducted beats is 0.16 seconds so normal.

**QRS complexes:** 0.06 seconds so normal

**Interpretation:** Every second P is non-conducted, so this is a second degree 2:1 block.

The patient may present with syncope. That is why it is imperative an ECG be performed on patients who present with syncope, falls and dizziness, to rule out an underlying cardiac cause. The patient will need to be monitored and reviewed by cardiology for further investigations and possible PPM insertion for symptomatic patients.

If you were unable to recognise this rhythm, you may like to enroll in our ECG Basics course endorsed by Baker Heart and Diabetes Institute. [Click here](#) to learn more about the course.

### **This month's clinical question**

I am currently involved in a sepsis project so, I thought I would do a little reminder on "think sepsis".

Sepsis is the body's systemic response to an infection and can result in multi-organ failure and death. Sepsis is a medical emergency and requires prompt recognition and treatment. The in-hospital mortality rate is estimated to be about 25% globally.

The key is to ensure early recognition of sepsis and implementation of the 6 key actions within 60 minutes:

1. Oxygen
2. Two sets of blood cultures
3. Venous blood lactate
4. Fluid resuscitation
5. IV antibiotics (as per Therapeutic Guidelines)
6. Monitoring observations

Utilising a sepsis pathway can assist in ensuring these steps occur. Safer Care Victoria have a Sepsis Bundle of Care for Emergency Departments that offers some excellent guidance for introducing a sepsis bundle.

[Click here](#) for more information.

### **Questions:**

1. Which signs and symptoms are most common in adult patients with severe sepsis?
  - A. Fever > 38 C
  - B. Tachycardia
  - C. Tachypnoea
  - D. Metabolic acidosis
  - E. Acute oliguria
  
2. Mrs Snow is an 80-year-old lady who has presented with some new confusion. Her RR 25, SaO<sub>2</sub> 95%, pulse is 100 bpm (regular), BP is 100/55 and T 37.5. WCC count is 13. *Do any of these parameters fall within sepsis warning signs?*

If you would like to learn more on clinical assessment, [click here](#) to enroll in our Clinical assessment course. The course is only \$70 and is 4 CPD hours.

## Fracture Management Course

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### Courses

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Another fantastic course was conducted at Northpark Private Hospital in Bundoora on Saturday, 20 March 2021. The feedback was once again fantastic. The Fracture Management Course is a collaborative course with the Australian Orthopaedic Association. There is an online component as well as a one-day face to face to practical session.



If you would like to enroll in the course, please [click here](#).

**The next scheduled course is:**

Holmesglen Private Hospital in Moorabbin on Thursday, 29 April 2021.

We hope to roll out some Fracture Management Courses around Australia this year. If you would like to host a session in your state, please contact us on 0419 939458.

Wishing you all a safe and Happy Easter!



**Next Issue: April 2021**



**Contact us:**

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