

JULY 2023 ISSUE 39

HEALTH EDUCATION COLLABORATIVE

Bairnsdale Training Venue



A MESSAGE FROM OUR CEO

Bruce Greaves CEO/Director



This month I visited Echuca/Moama on the mighty Murray river and Bairnsdale in beautiful Gippsland facilitating our suturing and fracture management programs. It was a delight working with these groups and watching their skills progress during the sessions.

I would like to welcome another very experienced clinician and lecturer Lynne Willis-Sellentini to our team. Lynne will be working closely with Mellissa Curtis in Adelaide as part of the SA division and the national team. Lynne has many years of experience and has developed and facilitated specialised courses for several organisations and universities. More about Lynne and what she will be doing in our next edition.

On a personal note, you know when you are getting it right when others try and replicate our approach in design and innovation in clinical skills training and course delivery. It is a credit to our team and our vision of continually improving our course delivery and development model. This I believe is because our entire team are clinicians including medical consultants, specialist nurses and NPs, podiatrist and dieticians. We are very proud of our growing team.

CONTENT

A message from the
CEO

Education update

Out and about

Upcoming courses



Bruce Greaves 0444 547036

EDUCATION UPDATE

Marg Villella

Director



Answer to last month's rhythm

Rhythm: regular

Rate: 125 bpm

P waves: one before QRS, inverted, all look the same

PR interval: short

QRS duration: 0.06 seconds

Interpretation: The inverted T waves in this rhythm indicate the p waves are being generated from somewhere in the AV junction. The inherent rate of the AV node is 40 to 60 bpm. Accelerated junctional rhythm is 60 to 100 bpm. Given this rate is 125 bpm, this is junctional tachycardia.

If you would like to learn more about rhythms, click [here](#) to enroll.

Venous blood gases

Venous blood gases (VBG's) are often used in the assessment of acutely unwell patients instead of ABGs. They are particularly useful for monitoring metabolic disturbances when there is no clinical indication of any respiratory compromise. A specific example is diabetic ketoacidosis (DKA) where serial VBGs enable the clinician to monitor for a gradual resolution of the acidosis whilst also providing a point of care test for essential electrolytes specifically potassium.

The same five step approach is used to analyse VBGs:

- pH
- PaCO₂
- bicarbonate
- base excess
- PaO₂

The oxygen reference range is significantly lower (typically between 35 - 50 mmHg) and the carbon dioxide values are viable. The results may be used as a guide, however if there is any concern about oxygenation or ventilation an ABG is essential.

OUT AND ABOUT

A few pictures of Echuca/Moama & Bairnsdale programs.

Clinicians having fun and refining their skills.



A great mix of doctors, nurses and physios.

UPCOMING COURSES

South Australia

Victor Harbor 22 August 2023 Fracture Management Course

Victor Harbor 23 August 2023 Suturing Course

Victoria

Warrnambool 25 August 2023 Suturing Course

Ballarat 18 August 2023 Suturing Course

Ballarat 6 October 2023 Fracture Management Course

Bendigo 18 October 2023 Suturing Course

Bendigo 5 October 2023 Fracture Management Course

New South Wales

Sydney 18 August 2023 Suturing Course

Ballina 28 October 2023 Suturing Course

Queensland

Brisbane 19 August 2023 Fracture Management Course

Townsville 26 August 2023 Suturing Course

Brisbane 29 September 2023 Suturing Course

Dalby 28 October 2023 Fracture Management Course

Northern Territory

Darwin 8 September 2023 Fracture Management Course

Darwin 9 September 2023 Suturing Course

If you would like a course to come to your region, please contact
info@healthec.com.au

Click [here](#) to see all our course dates