

## Intensive care unit at Jan Swasthya Sahyog May 17<sup>th</sup> 2019

The Jan Swasthya Sahyog ICU, generously supported by FOJSS-UK, continues to run and provide valuable, life-saving care.

The intensive care unit started functioning from February 2016. Initially a team consisting of a doctor and 4 nurses underwent training for ICU care at MGIMS Sewagram. This team was trained in basics of intensive care and started the ICU activity under supervision of the senior doctors at JSS. Followed by this, training and mentoring by various consultants at Ganiayri and on remote forums helped build the skills and competencies for running this ICU. Over last 3 years, we have been able to admit and provide care to over 1400 patients with a broad range of conditions as below -

- Myocardial Infarction thrombolysis
- Ventricular Tachycardia - cardioversion
- Bronchiectasis - respiratory failure
- Septic shock
- Guillain-Barre Syndrome
- Oleander poisoning
- Respiratory failure due to Pneumonia and post measles bronchopneumonia,
- ARDS
- Diabetic-Ketoacidosis
- Hemorrhagic shock requiring massive blood transfusion
- Intestinal obstruction with gangrene and sepsis
- Perforation peritonitis with sepsis and early ARDS
- Febrile neutropenia
- Sepsis DIC
- Post-operative care for neonatal surgeries – TEF, Exomphalos major
- Aspiration pneumonia
- Snake and scorpion bites

In year 2018, we saw 453 admissions, along the lines of a wide variety of cases from adult, neonatal, pediatric, obstetric, medical and surgical. Some notable saves included several poisonings, including organophosphate in a 15 year old boy, cardiogenic shock in a young mother with RHD, respiratory failure from sepsis in post-



TB bronchiectasis, snakebite and many more.

Here is a recent example of our daily census:

- Middle age female with adrenal crisis and septic shock after rapid steroid taper
- Young man s/p cardioversion for unstable wide ventricular tachycardia SVT with aberrancy, underlying Ebstein's on bedside echo
- Young woman with acute liver failure after yellow phosphorus poisoning, encephalopathy
- 2 month infant FTT with sepsis secondary to pneumonia
- Middle age man s/p distal gastrectomy and GJA for chronic outlet ulcer complicated by post op leak, malnutrition and delirium



Sadly we lost the young woman, but the rest of the patients survived and were successfully discharged home.

Improvements in the ICU during previous year have included interdisciplinary rounds with our nurses which improves communication as well as their already excellent skills. We have now developed a standard curriculum to cover with the DNB family medicine resident who covers the ICU. The residents are thankful for this experience as it improves their skill in

managing and stabilizing sick patients. We have added a portable Doppler ultrasound for diagnostic and procedural use, the Butterfly IQ funded by FOJSS-USA.

The nursing team has been playing a crucial role in running the intensive care services. They are also taking up new roles like respiratory therapists, physical therapist, ventilator assistant and ICU technicians. Based on the ICU experience, nursing team presented a poster in one of the conferences too.

Plans for 2019 include developing ICU outcome and quality indicators for monitoring. We are also planning to help improve the critical care capacity of nearby public systems and conducting a training on



setting up obstetric ICUs in district hospitals of several nearby areas of eastern Madhya Pradesh where facility based maternal deaths remain frightfully high. We are expecting a visit from a critical care fellow currently at the University of Pittsburgh in the United States for one month who will help improve the ICU and conduct simulation based workshops for our staff.

We are thankful to the Friends of JSS in UK for their wholehearted and generous support in providing financial aid for salaries of doctors and key nursing staff. We look forward to your continued support and visits to help continue to improve the art of what's possible for the forgotten people of our small corner of the world.