

Iqraa - Thanal Pain And Palliative Care

In today's world, non-communicable diseases like cancer, dementia, renal failure etc. are increasing in leaps and bounds. They need long term care of their chronic condition. Here comes the role of palliative care, which improves the quality of one's life especially in his last days and tries to decrease the burden of the disease. The World Health Organisation (WHO) has defined palliative care as an approach that improves the quality of life of patients and their families experiencing problems related to life threatening disease. It is provided through the prevention, assessment and treatment of pain and other physical, psychosocial and spiritual problems.

Palliative care is required for patients with a wide range of life-limiting health problems. The majority of adults in need of palliative care have chronic diseases such as cancer, kidney failure, chronic liver disease, cardiovascular disease, neurological disease, dementia, chronic respiratory diseases and diabetes mellitus.

Palliative care focuses on improving the quality of life and providing comfort to patients afflicted with all forms of debilitating and life-threatening medical conditions by symptom control including pain relief and minimising suffering. Access to palliative care should be a human right and equity of access to services is a core concept guiding palliative care policy.

The principles of palliative care need to be applied starting from the time of diagnosis in chronic ailments like cancer. As the disease progresses and the curative treatment decreases, the role of palliative care increases. At the end of life, palliative care is provided as terminal care extending as bereavement counselling and support for grieving family after the patient's death.

Palliative care is not end of life care alone, but end of life care is a part of palliative care.

IQRAA- THANAL PAIN AND PALLIATIVE CARE

Our department of Pain and palliative care was started in August 2021. We deliver Palliative care in a variety of ways including in-patient care, outpatient care, home-based care and hospice care.



Hospital based palliative care

We have an OPD and IP facility. Our Inpatient facility is situated in the Iqraa psychiatric hospital, Eranihpalam.

We also see patients in cross consultation with other specialties, mainly general medicine, critical care, neurology, nephrology and oncology departments.

We are running a renal palliative care clinic in association with the nephrology team. We also provide hospice care and respite care at our centre.

Scope of our Inpatient services

- Pain management - conservative (including narcotic use) and interventional pain management.
- Management of difficult symptoms associated with malignancy and other chronic diseases.
- Conservative management of oncologic emergencies.
- Management of severe toxicities of oncologic treatment.
- End of life care.

Community Based Palliative Care

Home based palliative care services provide care to the doorstep of the patient. The provision of palliative care at home is also required as part of the continuum of care for those individuals with terminal illnesses so as to reduce patients' hardship and costs associated with repeated admissions. This is where people are most comfortable at the end of their lives, surrounded by their loved ones.

- Our community based home care system, at Pachakil, Malaparamba, runs on 24*7 manner.
- Our team involves doctors, palliative care nurses, manager, counsellor, physiotherapist, volunteers, drivers etc.
- To date we have more than 600 patients registered in our department with around 5000 home visits.
- We register patients who reside within a 15 km radius and the area is divided into 6 routes.
- Each route is entitled to a specific working day and the patients on each route will be seen on a regular basis depending on their condition as weekly/ fortnightly/ monthly etc.
- We have both Day and Night Home Care services.
- Our day home care unit consists of a regular HC team and an emergency HC team.
- The regular home care team sees patients in a planned manner and covers all the 6 routes in a week whereas the emergency team sees only the emergency cases.
- The home care units reach every patient at regular intervals based on the requirements of the patient.
- Night HC units usually see patients on call basis.

SPECIALIST HOME CARE VISITS

Psychiatry home care visit

Our patients with psychiatric illness are identified and a psychiatry

HC visit involving a psychiatrist is done once in a month.

Dental HC visit

Our patients with dental issues are identified on regular visits and a dental HC visit with a public health dentist is done as needed.

Physiotherapy Care

Our patients who need physiotherapy are identified by the doctor and then the physiotherapist sees them separately. After an initial assessment a plan is prepared for each patient and they are seen regularly as per plan

Psycho-social Care

Psychosocial support and family education are crucial part of palliative care interventions. This is potentially beneficial for the family members to understand more about the situation of the patients and to provide basic care.

Our social worker sees the patients along with the regular HC team and as a need basis.

Volunteers

Volunteers play a significant role in the identification of patients, their requirements, resource mobilization etc. In general, palliative volunteers hail from the respective areas, and they have a strong network with the local people. Most of the volunteers in palliative care are trained volunteers who can address the psychosocial needs of the patients and families to a great extent.

Services of Home Care Unit

- Doctor consultation-palliative care physician, psychiatrist and dentist.
- Nursing services including wound care, catheter care etc.
- Distribution of necessary medical equipment
- Resource mobilization for major medical expenses
- Psychosocial interventions, counselling, and family education
- Economic support to the family
- Travel support for treatment in distant places
- End of life care
- Bereavement care
- Rehabilitation

Courses

We are one among the centers of IAPC (Indian Association of Palliative Care) who conducts Certificate Course in Essentials of Palliative Care (CCEPC) course which is a basic course in palliative care for doctors and nurses.

We are conducting a volunteer training program on a regular basis.

We are conducting programs at various colleges for a sensitising students and to form a student volunteer group.

We have conducted a sensitisation program for our own nurses at IQRAA hospital.





Did you know?

An ideally inactive adult loses approximately 2 litres of water a day through breath, sweat and urine.

All drinks, apart from alcohol, count toward making up this amount including tea and coffee – and more than a third of our water comes from our food. You may require more fluid if you are physically active or during periods of hot weather.

Dehydration occurs when there is a 1% or greater reduction in body weight due to fluid loss (severe hydration is 5% or more).

Hydration even affects your voice – The effort required to speak can increase by 23% as a result of whole-body dehydration. When you are dehydrated, your attention and concentration can decrease by 13% and short term memory by 7%.

Consuming lots of fresh fruits and vegetables will satisfy some of your body's fluid requirements. Gaining water from each fruit high in water content is a great way to boost water consumption without drinking it directly. Fruit will also help fill up the stomach with low calories and gain tons of vitamins, minerals and phytonutrients to increase vitality.

TIP: On feeling hungry drink some water 15 minutes before eating! Thirst and hunger sensations are triggered together and if there is a slight dehydration the thirst mechanism may be mistaken for hunger and you may eat when the body is actually craving fluid.

Code Red



Mr. X headed the sterile supplies department in a hospital. A busy duty shift had left Mr. X and his colleagues exhausted. So they intended to prepare some tea. They utilized an extension cord to operate the kettle because there was a plug shortage. They were very relieved when they finished making the tea. They completed their task and left for home.

The housekeeping staff smelt burning when she arrived for upkeeps after the working hours. She was unable to identify the source or where it was coming from. She spent some time searching. She was startled when she noticed a spark coming from the kettle and yelled for help, not sure how to activate CODE RED. When two of her coworkers arrived, they found a fire extinguisher nearby, but they were unaware how to use it. In a panic, they poured water to put off the fire. Fire alarm was activated by a heat and smoke detector and which, when the rescue team arrived, became a disaster.

The situation would not have turned out so disastrously, if;

- Mr. X had unplugged the kettle after usage.
- Not using extension cable to operate the kettle(extension cords/multi-plug adaptor can cause short circuits, overloading and sometimes resulting in fires).
- As soon as a burning smell was detected, the housekeeping personnel initiated CODE RED.
- They use proper firefighting method (Never use water for

firefighting an electrical fire)

- The witness and coworkers were aware of the classification of fire, firefighting and how to operate a fire extinguisher.

Any disaster's severity is lessened by early notice, activation, and response. The infrastructure and safety team at our hospital are highly efficient and established for everyone's and the facility's safety.

When to activate CODE RED?

- Smoke
- Burning smell
- Spark on electrical outlet or machine/equipment,
- Fire extinguisher pressure gauge dials at "0".
- Obstructed fire extinguisher
- Blocked or obstructed fire exits
- Medical oxygen leakage.

What you need to know?

- Emergency activation number "256".
- Exact location of incident (CODE RED: actual place, floor and building).
- Nearest Manual call point (Break the glass)
- Fire exit of the location
- Where is the fire extinguisher placed?
- Assembly point

R.A.C.E procedure which consists of following steps:-

- **Remove** persons in immediate danger if it is safe to do so.
- **Alert** the fire response team by activating the fire alarm or calling the telephone operator.
- **Contain** fire & smoke by closing all

doors/windows and air conditioners.

- **Extinguish** fire, if safe to do so./ Evacuate the area as soon as possible.

How to use a fire extinguisher-remember the acronym

P.A.S.S. (Pull, Aim, Squeeze and Sweep)

- **Pull** the safety pin, allowing the handle to be pressed.
- **Aim** at the base of fire.
- **Squeeze** the handle to discharge the contents of the extinguisher.
- **Sweep** horizontally across the base of the fire.



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IQRAA GAZETTE
Health related articles/ contributions to the health newsletter are invited from medical professionals.
Articles have to be submitted in the word format and not exceeding more than 100 words
Email ID: cciqraa@gmail.com
Last date for submission: 23rd in every month



Indian Society of Nephrology Southern Chapter ANNUAL CONFERENCE

The Nephrology department of IQRAA Hospital was well represented at the annual conference of the Indian Society of Nephrology Southern Chapter being held in Coimbatore from 10th to 12th February 2023.

Dr. Feroz Aziz attended as an invited speaker in the annual conference and Dr. Jyotish Gopinathan conducted the prestigious Dr. Ramdas Pisharody Memorial quiz competition.

Dr. Shabna Sulaiman presented a free paper on BKV infection and she won the best free paper oral presentation award in the transplantation category.

Post graduates presented two original investigations, two case series and one case report as posters with five posters in all.

IQRAA DIALYZER CHALLENGE

Join the initiative, with public participation, to give free dialyzer to the deserving dialysis patients in IQRAA Hospital

₹ 650 to Help a Patient

Account Details:
PUNJAB NATIONAL BANK
Account: 7885002100000092
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Donation to:
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