VIETNAM: A MEDICAL MISSION DIARY

Author: Molly B. Delaney, PhD, MBA, MSN, RN, CEN, CPEN, Minneapolis, MN Section Editors: Pat Clutter, MEd, RN, CEN, FAEN, and Nancy Mannion Bonalumi, MS, RN, CEN, FAEN

ood Morning Vietnam!" I sip a chocolate mocha while gazing out French windows at a steamy Saigon street. Honestly? The chocolate mocha is instant, and the French panes are fake. I am one of 30 weary souls who traveled 27 hours with 30 suitcases of cardiac devices, equipment, and medications. Airline food was miso, fish, and dragon fruit (no wonder we saw little obesity in Asia). Three of us secured empty rows and stretched out like cats. No amount of money can buy a good night's rest. Today we bring feeding tubes to orphans with cleft palates. If a mother in Vietnam delivers a disabled baby, there are no handouts except to orphanages. How sad that mothers are forced to allow strangers to raise their children (Figure 1).

Day 2: A 9-Dragon Tour

After a killer breakfast of 6 cuisine stations, we load 60 bags on 2 coaches and drive southwest. Our sister hospital is a 6-hour drive through 15,000 square miles of the Mekong Delta, where most rice grows. The translation for the 2800-mile Song Cu Long is "River of 9 Dragons." It refers to 9 tributaries where rich soil arrives from the Tibetan plateaus of China, Myanmar, Laos, and Cambodia. During the rainy season, flooding enables a floating economy of markets specific only to this area. Ours is a vacation from a travel book. We will ferry across the Delta and work on the bus surrounded by vistas. Not bad for a day's work!

Day 3: Campus Butterflies

Our team consists of ED, catheterization laboratory, operating room, and ICU physicians and nurses. In this emergency department, 2000 patients are seen daily. The staff get ECGs but fax them elsewhere and wait up to

Molly B. Delaney, *Member, Twin Cities Chapter 155*, is ED Nurse Manager, Emergency Department, East Bank, University of Minnesota Medical Center, Minneapolis, MN.

For correspondence, write: Molly B. Delaney, PhD, MBA, MSN, RN, CEN, CPEN, Emergency Department, East Bank, University of Minnesota Medical Center, Fairview, 425 Delaware St SE, Box 710, Minneapolis MN 55455; E-mail: mdelane2@fairview.org.

J Emerg Nurs 2016;42:177-80. 0099-1767

Copyright © 2016 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.

http://dx.doi.org/10.1016/j.jen.2016.02.005

6 hours for interpretation. We hope to teach 12-lead ECG interpretation and set up a cardiology activation process. CPR is not performed here, and they do not have crash carts. Only physicians use stethoscopes. Other concerns are the language barrier and rare follow-up. Although we offer free surgery and devices, lifelong use of blood thinners may be involved, and patients may disappear to avoid their bill. People sell everything to bring a family member to be saved. Many people camp in the hospital courtyard until they get help (Figure 2). We must find a way to make that happen.

Day 5: 20-Year-Old Cardiovascular Accident Patients?

I cannot tell you every story, so here is one. A woman with 3 heart defects was advised to have surgery, although she could die either way. She refused—except when she heard the 2013 U.S. team was bringing donated devices and free labor. She agreed to a 3-in-1 repair. Today, she is here for follow-up and is symptom free. The life expectancy here is approximately 50 years because of rare preventive care and compliance. Some Vietnamese have strokes in their 20s and 30s. In the United States, annual physical examinations enable preventive medications to delay strokes until later. One aspirin a day can make all the difference.

Day 6: Break a Leg

Months ago, we planned a cardiac symposium. The interventionalist would discuss heart disease, and I would follow with instruction on basic ECG rhythms. Then would come a discussion of 12-lead ECGs, complex devices, and other topics. My roommate and I skipped dinner the last 2 nights to prepare handouts. While our team dined out on snakes, mice, and small songbirds, we ate banana chips and nuts. It is the restaurant-goers who are getting ill. Double dipping happens here. For meals, each table has one bowl and everyone eats family style. Everyone's saliva goes into the main food bowl from chopsticks. Ice is double dipped too. Each person gets a fist-sized chunk from a community ice pail. Wait staff swap larger chunks from the pail over time. Conversely, breakfasts involve exotic fruit and Vietnamese coffee. Pour half an inch of sweetened condensed milk in a glass; add thick coffee, then fill up your glass with resort-made ice, and it's heaven! I need to go make a presentation. I couldn't do this



FIGURE 1 Vietnam orphan cribs have no personal identifier.

without the love from family and friends. Thanks for your unwavering support!

Day 7: The Mosquito Whisperer

Last night, we dined along the river. Unfortunately, so did the mosquitoes. They transmit dengue fever, malaria, and

whatever their previous victims carried. We all wanted to be bitten by virgin mosquitoes. Meanwhile, our meat was cut into inch by inch blocks rather than disarticulated, which enables whole animals to be used. Therefore, instead of choosing white or dark meat, you choose bones, beaks, or claws. A pregnant dog was underfoot who was not so picky. Week 1 is ending and 5 team members leave tomorrow, as do the NBC videographer and documentary teams. At dinner,



FIGURE 2

Map of a Vietnamese hospital campus.

Download English Version:

https://daneshyari.com/en/article/2609802

Download Persian Version:

https://daneshyari.com/article/2609802

Daneshyari.com