Health System News

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05 Apr Breathlessness management plan
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22 Mar Copy with care
Errors can occur when test results are copied to other clinicians without clear communication about follow-up responsibility and communication with the patient. Advice on how to avoid mistakes is outlined in CC Rule: Copy to with Care.

13 Mar Stop postoperative enoxaparin
After restarting anticoagulation with enoxaparin postoperatively, stop enoxaparin once INR is therapeutic instead of reaching an INR of 2.0, because target INR may be higher in some patients, e.g. 2.5 to 3.5. See Antithrombotic Drugs and Surgery or Other Procedures.

07 Mar Infection risk in open-heart surgery patients
Patients who have undergone cardiac surgery with placement of prosthetic material since 2013 may be at risk of developing non-tuberculous mycobacterial infections...read more.

23 Feb Bookings required for all acute ophthalmology referrals
The Ophthalmology Department’s Acute Referral Clinic no longer accepts walk-ins...read more.

New and Updated Pathways

23 Mar Chronic Refractory Breathlessness Management Plan NEW
19 Mar CC Rule: Copy to with Care NEW
14 Mar Polymyalgia Rheumatica (PMR) UPDATED
03 Mar Soft Tissue Lumps in Adults NEW
27 Feb Nasogastric Tube Insertion in Adults NEW
02 Feb Lumbar Puncture NEW
View more changes
Haemorrhagic Disorders

Platelet disorders usually result in surface bleeding such as epistaxis and petechiae. Coagulation disorders produce deep bleeding such as haemarthrosis or muscular haematomas. There may be a mixed pattern of bleeding in DVT. Focal intracranial haemorrhage may occur in other disease processes, such as cranial fractures or a severe coagulation deficiency.

In This Section
Investigation of a Patient Presenting with a Possible Haemorrhagic Disorder

Treatment

Investigation of a Patient Presenting with a Possible Haemorrhagic Disorder

- Family history, history of pattern of bleeding, recent drugs, dietary history, possibility of HIV.
- CD4 count, ESPR or CRP, blood film examination.
- Prothrombin time, partial thromboplastin time, thrombin time and fibrinogen level. Use citrate tubes. Take care to add the correct amount of blood to these tubes and avoid haemolysis from haemolysis. Take care to label the samples before any transfusions are given.

Note: These are only screening tests and do not necessarily exclude defects which may result in abnormal bleeding. Consultation with the Haemostasis Laboratory is strongly recommended (eg. 5079).

Treatment

This is entirely dependent on the results of the initial tests obtained. If a severe thrombocytopenia (platelets < 10 x 10^9/L) is present then this constitutes a medical emergency. An accurate diagnosis is necessary and this will often require bone marrow examination. These patients may need platelet transfusions.

- Patients with known coagulation defects (haemophilia A, haemophilia B, von Willebrand’s disease) present special problems and consultation (by day or night) is essential when these patients are admitted outside the haemostasis service. Patients with an established coagulation defect may carry it and giving essential details of their condition. Those living in Christchurch will have records available in the Haemostasis Department, Haemostasis office and Haemostasis Ward, giving relevant factor levels and some clinical details. Always take a suspected bleed seriously: always take careful note of any advice the patient gives you. Always contact a haemostasis or the haemostasis nurse.

Refer to the Haemostasis Department (Perfusion) Guidelines (source at http://notebook祈祷anm.co.nz/ for management of haemostasis, including local practice (these guidelines are based on the New Zealand National Guidelines for the Management of Haemostasis/)

In haemophilia A: life-threatening bleeding requires immediate Factor VIII infusion, with concentrated frozen-prepared preparations, e.g., CSL Factor VIII Bovine or recombinant Factor VIII. A rough guide is given by the following formula:

FACTOR VIII INFUSION

Units of Factor VIII required = (weight in kilograms x % rise desired) ÷ 2

1. Currently each Dose contains 500 or 1000 units.
2. Recombinant Factor VIII (Kogenate, NovoSeven) is also available.

Y ou will need to know what level of Factor VIII is desirable to achieve in any particular clinical situation (see above formula). Round to the nearest unit. Do not choose any number away. Every effort should be taken to ensure each patient receives the specific
Mid 2015 – we started

• One Clinical Leader/senior clinical editor – about 0.3 FTE
• One registrar 0.7 FTE
• One coordinator 1 FTE
• A handful of CEs,
  • 0.2 FTE Clinical Pharmacologist
  • 0.2 FTE nurse
• Clinical advisory group and a steering group
2015

• Under the umbrella of the HP structure in Canterbury
• Canterbury HP became CHP
• Largely independent work programme initially
• Blue Book content converted
• Went live Nov 25, 2015
2016

• All Blue Book content at least reformatted

• Blue Book expired Dec 1\textsuperscript{st}, and site taken down early in 2017
Health System News

**05 April**  
Dermatology Service reduced capacity  
Resignations and parental leave have severely reduced the capacity of Christchurch Hospital’s Dermatology Service. Limited written advice and urgent phone advice are still currently available. Acutely unwell patients are assessed via General Medicine.

**05 Mar**  
Delays in Community Referred Radiology tests as heavy demand exceeds capacity  
A shortage of radiologists is affecting the speed of test and report times. For patients with significant concerns, make a task to check on their progress. If you need a report more urgently, contact the Radiology Registrar on 364-4196 or email. Carefully consider the necessity of every test to relieve this pressure. We will let you know when normal service resumes.

**08 Mar**  
Early antibiotics for Legionella in gardeners with pneumonia  
Ask patients if they have been putting food or compost in the garden recently. If yes, give antibiotics for Legionella rather than waiting for deterioration or test results. This may prevent patients from needing hospital or ICU admission. See Community Acquired Pneumonia (CAP) in Adults.

**07 Mar**  
Infection risk in open-heart surgery patients  
Patients who have undergone cardiac surgery with placement of prosthetic material since 2013 may be at risk of developing non-tuberculous mycobacterial infections...read more.

**06 Mar**  
GP-requested ultrasound for soft tissue lumps  
Ultrasound is now available for some types of soft tissue lump under Community-referred Radiology, but only when the diagnosis is uncertain and there are features that need reassessment. If significant concern about possible sarcoma, refer to Orthopaedics without organising an ultrasound.

**05 Mar**  
Sphincter testing and referral update
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2017 - 2018

• HHP work-programme merged with CHP review cycle
• CEs working across both sites
• A lot of shared content
  • Single sourced pathways
  • Single sourced elements of pathways (e.g., drop-down boxes)
  • Landing pages linking to CHP pathways
  • Links from HHP pathways to CHP pathways and vice versa
Now

• Approx 240 pathways, 20 resource pages, 200 placeholder pages and 100 request pages live

• Nearly 50,000 page views per month

• Well used and well liked (part of the furniture)
  • Masters of Medical Science evaluations – see poster.
Challenges

• Engagement
• Comprehensiveness
• Workload and work programme
In retrospect, these things were very useful

• Excellent coordination
• Dedicated leadership
• Careful but comprehensive marketing
• Clarity of scope and audience carefully communicated
• An impressive stable of CEs
• Good links and interaction with CHP and Streamliners
• High profile on the intranet