

UPDATE ON THE PICU/ NICU PROJECT IN NEPAL (8/8/09)

The plan to establish a PICU and a NICU started in the summer of 2006 when a generous donor decided to build a maternity wing with space for the units next to the existing Patan Hospital in Kathmandu, Nepal. Patan Hospital is a 500 bed charity hospital, with 50 pediatric beds and 300 pediatric admissions per month. Almost 15-20% of admissions require PICU care. The staff there felt the need for the units but lacked the expertise and experience in critical care to start such a project. We were involved in the infrastructure, including the design of the units, right from the start.

An expert team of physicians, nurses, pharmacists and respiratory therapists (total 22 volunteers) from all over United States and Netherland developed an extensive curriculum, theory and simulation, for the nurses and physicians. We submitted grant proposals for equipment, since this hospital runs on donations. Finally, we received \$300,000 to equip the 12 beds. Basic equipment including ventilators, monitors, infusion and syringe pumps, warmers and isolettes were purchased.

From June 15th, 2009, rigorous, tiring, all day lectures, case scenarios and hands on with equipment, led to the graduation of the first group of about 30 nurses. The second group graduated after a month. Twenty-five physicians will be trained for 3 months. Our team from the US worked tirelessly, hand in hand, with the locals in preparing the units, from arranging the furniture and equipment, stocking the carts, making the inventory, to preparing protocols.

Finally after 3 years of hardwork, the 6 bed NICU opened on July 2nd and the 6 bed PICU on July 7th. On the first day in the NICU, we emergently intubated a 35 week gestation infant with severe respiratory distress. Without the new facilities, this baby would definitely not have survived. He is extubated and stable now. The first day in the PICU, we stabilized an 8 year old with neurocysticercosis and localized cerebral edema. He is getting better, with seizure control and is now off the ventilator.

The staff there rapidly learned the basics of the ICU the right way. They are experts in the types of diseases they see, hence, our focus was ICU concept in operation of the units and management of patients, including teamwork, infection control, monitoring, assessment, organization, ventilator management, sedation, pain control, sepsis and other evidence –based management of critically ill infants and children, critical thinking, to name a few things. They taught us a few things and we taught them a few things. Mutual respect is the basis of our collaboration.

We are planning to go there every year, maybe twice a year to reinforce the fundamentals of critical care, educate the staff and help in the management of the units. We have a vision to disseminate the concept of critical care to other hospitals and rural Nepal, eventually. We will be asking for dedicated volunteers every visit.

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