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ACCIDENT + EMERGENCY

Elective Report 2012:

Cho Ray Hospital, Vietnam

My initial plan was to spend time in both the accident and emergency department and the paediatrics department, however on arrival I was informed there was no paediatrics department so I spent the duration of my elective in the A&E department.

I spent my elective in Vietnam,Ho Chi Minh City. Ho Chi Minh city has the highest number of motorbikes compared to any other city as a result the majority of emergencies seen in the A&E department are due to motorbike injuries.

During my time in the A&E department I was exposed to many similar emergencies seen in the UK and it was important for me to see how these emergencies were managed in this area of the world where resources and staff were limited in comparison to the UK.

Identify the challenges faced and how they were overcome

Dealing with language barriers

The majority of patients who presented into the A&E department spoke Vietnamese and very few understood English. It was challenging communicating through a translator (another English speaking doctor) as specific details in the history could not be clarified with ease.Over time I learnt simple words such as point to where the pain is which was helpful however I always required a translator in order to obtain a full history.

Limited staff and resources

I was fully aware that staff and resources were going to be limited before starting my elective and I myself. One case in particular with very difficult to watch. A young boy had sustained a serious head injury and was having regular seizures. The patient was successfully incubated, however he continued to seize intermittently. The responsibility to ensure the patient remained ventilated was left to the boy's mother, who had no medical training and no understanding of what was happening. This was what routinely happened if a patient required ventilation, the responsilbilty of maintaining ventilation would fall to the family relatives. Many of the relatives had no understanding of what they were doing and many were distraught by the situation at hand. Due to the lack of available staff members and sophisticated resources this was the only alternative. Cases like this saddened me as it was difficult to imagine how the relatives must have been feeling and were now burdened with the added pressure of ventilating their loved ones.

Patient care

It became very obvious from the start that the doctors focus was to deal with the issue at hand and discharge the patient quickly, very much like a conveyor belt. Management plans and diagnoses were not formally discussed with patients and their families. The department was filled with many patients and relatives who appeared very scared and had little or no understanding of what was happening. I found this particularly challenging and always felt torn when faced with situations like this. We are taught of the importance of doctor-patient partnership and the importance of empathy, I didn't witness very much rapport building or any particularly strong doctor-patient relationships in Vietnam. Although I can understand that doctors in Vietnam are faced with the challenge of large patient numbers and limited staff and resources I do believe that simple gestures and albeit quick explanations can put patients and their relatives at ease. For me this is something I have come to appreciate more and will ensure that a strong doctor-patient partnership is at the core.

Compare the medical protocols used in Vietnam with the UK for common medical problems

I was surprised to see that the protocols implemented in Vietnam were very similar to those used in the UK. The doctors all used the Oxford Handbook of Clinical Medicine as their primary resource and followed the guideline closely. I saw a number of myocardial infarctions, GI bleeds due to oesophageal varices, head injuries. However the majority of the cases included various degrees of trauma as a result of motorbike injuries.

When treating myocardial infarctions patients were seen quickly although basic pain management was not addressed immediately. Patients were often left in pain while doctors arranged tests and discussed the best course of medical action. Due to limited resources coronary angiograms and angioplasty were not performed routinely, patients were offered thrombolysis first line in the majority of cases.

Several patients were admitted with GI bleeds due to varices secondary to hepatitis induced liver cirrhosis. The same protocol used in the UK was implemented swiftly and the use of Terlipressin was also offered. I was surpised at the availability of terlipressin.

Head trauma is the commonest presentation in the emergency department and the team and very efficient in dealing with the incoming patients. The majority of presentations are minor lacerations that require wound management, however an efficient protocol is implemented and all patients receive a CT head and are monitored. Although the waiting time can be very long however this is solely due to resources. Due to the reduced number of doctors and the large volume of patients, wounds are often left open for several hours and

Learn about the common medical problems faced in Vietnam and how they are managed

As I spent the majority of my time in A&E I became very familiar with the common emergency presentations and understood how they were managed. I did intend to spend time in the Paediatrics depart which would have allowed me to explore the common paediatric conditions in this area of the world, however this unfortunately could not be arranged. I do feel that this particularly objective was not met fully.