

## NURSES AND THEIR NEW DRESS CODE POLICY

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#### Announcements

The Nurses at Woodlands have always been a well dressed group- all uniformly tidy. A few years ago we moved from dresses, caps and aprons to Scrubs. The different Staff levels easily recognized by the colour of the scrubs they wore. They were also always expected to wear closed front shoes.

We have always had a little problem with the make up and jewellery worn. Nurses have been asked to keep both to the minimal. Similarly they have been advised to keep to conservative hairstyles.

Since the employment of Assistant Matron Younge there has been established a protocol on Dress Code for Nurses. It is hoped that this will be not for the files alone but will be enforced. Amid growing concerns about Hospital Acquired Infection the attire of the nurses worn both in and out of hospital has been receiving attention.

The spread of pathogens/micro organisms can occur in the hospital, on the road, on buses, in cafeterias and in other places.

Acquired hospital infection will lead to extended hospitalization of patients and an increase in treatment and diagnostics that ultimately results in increased costs. Also it leads to an increased morbidity and mortality

While the role of clothing in the spread of infection hasn't been well studied, Woodlands Hospital has become pro active and adopted an infection-control practice to deal with this issue.

A new policy has been made and has been incorporated with the existing dress code policy which was viewed and approved by management.

The new policy is as follows:

Nurses are expected to wear civilian clothing /their own scrub to and from work.

They must change into their uniform in the designated changing room before assuming duties.

When leaving the floor to go to the Cafeteria, they must wear a gown. Going to the other Areas in the Hospital does not necessitate wearing of a coat.

At the end of the day, or if for some reason they need to leave the Hospital compound they are expected to change back into their civilian clothes.

It is expected that nurses dress modestly when coming to work.

Civilian attire such as stretch pants, sweatpants/sweatshirts, jogging clothes or shorts, sleeveless, short dress and low cut tops are prohibited.

No midriff should be showing, even when reaching or bending.

All clothing must be non-see through.

It is our belief that we will be able to reduce the spread of micro organisms by practicing the above.

The onus is ours!

—Assistant Matron L. Younge



**NEWS IN BRIEF**

**SOME STATISTICS FOR  
August 2015**

**Emergency Room**  
**Patients Seen- 2725**  
**Admissions—80**  
**Maternity**  
**Total Deliveries— 61**  
**Males— 29**  
**Females— 32**  
**Caesarean Sections-20**  
**Neonatal Death— 0**  
**Twins— 0**  
**Premature—4**  
**Breech—2**  
**Still Births—0**  
**Male ward**  
**Admission—108**  
**Deaths—0**  
**Female ward**  
**Admission -154**  
**Deaths—0**  
**ICU**  
**Admissions— 33**  
**Deaths- 7**  
**Radiology**  
**X-ray—1126**  
**CT— 124**  
**Ultrasound— 2176**  
**ECHO— 62**  
**Holter—2**  
**Theatre**  
**Surgeries— 162**  
**Pharmacy**  
**Prescriptions — 3972**  
**Laboratory**  
**Patients attende**  
**2883**

**DOCTORS MEETING:-**

Was held on 26 August, 2015 at 17:00 hrs.....Chairperson—Dr. N. Gobin  
 Topic PCOS presented: by Dr, Abha Jean

**NURSES MEETING:-**

RN/ RNRM/ SM was held on 2015 at 15:00Hrs  
 Topic – L.S.C.S by; Peggy Reberio  
 LPN-N/A was held on 6 August, 2015 at 15:00 Hrs  
 Topic:- Cold Application by LPN D.Britton

**What’s New At Woodlands?**

Our new Full Time Ophthalmologist Dr. Ajithkumar Jain. He comes with a vast experience in Cataract Surgeries and his wife Dr. Abha Jain Gynecologist who has joined Dr. Neville Gobin’s team.  
 Eye surgeries are becoming popular, and are done frequently right here in our theatre by Drs. Sugrim and Dr Ajithkumar.  
 We are hoping before this month end to move Eye Surgeries to their own Theatre Complex. We have also started dispensing prescription glasses.

**Humor in uniform**

Brian, one of the worlds greatest hypochondriacs, bumped into his Dr. one day at the super-market. “Doc!” Brian exclaimed, “I’ve been meaning to tell you, remember those voices I kept on hearing in my head? I haven’t heard them in over a week!” “Wow! What wonderful news Brian! I’m so happy for you!” his Dr. exclaimed. “Wonderful?” asked a dismal looking Brian. “There’s nothing wonderful about it. I’m afraid my hearing is starting to go now!

**Amerindian folk culture – Kaniama and Tokoma Worms**

**KANAIMA** is a bush devil that is very real to many Guyanese primarily in the interior location today. The belief and practice of the Kaniama is part of the contribution of the Amerindians to Guyana’s culture.  
 The families of Upper Demerara are very familiar with this folklore.  
 When I was a child visiting the river, I was told not to venture too far from the home because a Kaniama would eat me.  
 It was supposedly a cannibal-like bush devil that haunts the deep jungle, stalking prey.  
 This belief still survives mainly in the riverain areas and deep into Guyana’s Highlands.  
 Henry Kirke wrote, “The Indian Kaniama is like a Corsican Vendetta. The Executioner is selected by lot from the family of the slain He indefatigably follows his victim, like a stoat follows a hare until he meets and kills him. One Indian, against whom a Kaniama had been preached, was followed for two years by his executioner, who at last met him and killed him in front of the Government Building in Georgetown,” he concluded.  
 Henry Kirke was a former Sheriff of Demerara in the 1870s, and saw many cases of the Kaniama contract killing.  
 The fear of a Kaniama would become folklore throughout Guyana and took on various characteristics as most does. Rational thought becomes meaningless when the seeds of fear take root. This goes to show how vital it is to understand your heritage.  
 Generations have misunderstood this actual Amerindian practice and have been plagued by the evil spirit of the Kaniama who was very real to them. Fear is a powerful and primitive human emotion. It alerts us to the presence of danger and was critical in keeping our ancestors alive accordingly to the Psychologists.  
 The many fearful Folktales, Myths, Legends and Fables of Guyana were then after all helpful in our life experiences. It is no wonder Guyanese has so many spooks or beliefs in their lives. Combating an unforgiving world produced a resilient and robust people with so many stories of fear to tell.  
**TOKOMA** worms  
 Fried Tokoma worm is a traditional Amerindian dish serve with cassava bread.  
 The worm is found in the body of the coconut or palm tree, the trees are usually cut down and set for approximately 2-3 weeks for the larva to develop.  
 The Amerindians would collect the worms from the tree and proceed to prepare it.  
 This procedure is quite simple and our indigenous people take pride in these steps. It is washed, cleaned and seasoned with their special herbs and spices and left overnight. The following day it is deep fried., First time eaters say it tastes kind of like shrimp. *By S/N Amanda Jarvis*

**Polycystic ovary syndrome(PCOS)** is a problem in which a woman's hormones are out of balance. It can cause problems with your periods and make it difficult to get pregnant. PCOS also may cause unwanted changes in the way you look. If it isn't treated, over time it can lead to serious health problems, such as diabetes and heart disease.

Most women with PCOS grow many small cysts on their ovaries. That is why it is called polycystic ovary syndrome. The cysts are not harmful but lead to hormone imbalances.

**Symptoms**

You may have only a few symptoms or a lot of them. The most common symptoms are:

Acne.

Weight gain and trouble losing weight.

Extra hair on the face and body. Often women get thicker and darker facial hair and more hair on the chest, belly, and back. Thinning hair on the scalp

Irregular periods. Often women with PCOS have fewer than nine periods a year. Some women have no periods. Others have very heavy bleeding.

Fertility problems. Many women who have PCOS have trouble getting pregnant

Depression.

Symptoms of polycystic ovary syndrome (PCOS) tend to start gradually. Hormone changes that lead to PCOS often start in the early teens, after the first menstrual period.

Symptoms may be especially noticeable after a weight gain.

**Reproductive problems**

Hormone imbalances can cause several types of pregnancy problems and related problems, including:

Infertility. This happens when the ovaries aren't releasing an egg every month.

Repeat miscarriages.

Gestational diabetes during pregnancy.

Increased blood pressure during pregnancy or delivery, having a larger than normal or smaller than normal baby, or having a premature baby.

Precancer of the uterine lining (endometrial hyperplasia).

This can happen when you don't have regular menstrual cycles, which normally build up and "clear off" the uterine lining every month.

Uterine (endometrial) cancer. Risk during the reproductive years is 3 times greater in women who have PCOS than in women who ovulate monthly.<sup>2</sup>

**Heart problems and stroke**

High insulin levels from PCOS can lead to heart and blood vessel problems. These include:

Hardening of the arteries (atherosclerosis).

Coronary artery disease and heart attack.

High blood pressure.

High cholesterol.

Stroke.

Long-term use of the seizure medicine valproate (such as Depakote) has been linked to an increased risk of PCOS.

To **diagnose** PCOS, the doctor will:

Ask questions about your past health, symptoms, and menstrual cycles.

Do a physical exam to look for signs of PCOS, such as extra body hair and high blood pressure. The doctor will also check your height and weight to see if you have a healthy body mass index (BMI).

Do a number of lab tests to check your blood sugar, insulin, and other hormone levels. Hormone tests can help rule out thyroid or other gland problems that could cause similar symptoms.

You may also have a pelvic ultrasound to look for cysts on your ovaries. Your doctor may be able to tell you that you have PCOS without an ultrasound, but this test will help rule out other problems.

**Physical exam**

The physical exam checks your thyroid gland, skin, hair, breasts, and belly. You will have a blood pressure check and a pelvic exam to find out if you have enlarged or abnormal ovaries. Your doctor can also check your body mass index (BMI).

**Ultrasound**

You may have a pelvic ultrasound, which might show enlarged ovaries with small cysts. These are signs of PCOS. But many women with PCOS don't have these signs.

**Lab tests**

You may have blood tests to check for:

Human chorionic gonadotropin (hCG), to find out if you are pregnant.

Testosterone, an androgen. Androgens at high levels can block ovulation and cause acne, male-type hair growth on the face and body, and hair loss from the scalp.

Prolactin, which can play a part in a lack of menstrual cycles or infertility.

Cholesterol and triglycerides, which can be at unhealthy levels with PCOS.

Thyroid-stimulating hormone (TSH) to check for an overactive or underactive thyroid.

Adrenal gland hormones, such as DHEA-S or 17-hydroxyprogesterone. An adrenal problem can cause symptoms much like PCOS.

Glucose tolerance and insulin levels, which can show insulin resistance.

**Testing for problems from PCOS**

Diabetes.

Heart disease.

Uterine (endometrial) cancer.

for at least 1 year, your doctor may use a transvaginal ultrasound and/or endometrial biopsy to look for signs of pre-cancer or cancer, diabetes, heart disease, and uterine cancer.

**Treatment**

Regular exercise, healthy foods, and weight control are the key treatments for PCOS. Treatment can reduce unpleasant symptoms and help prevent long-term health problems.

Try to fit in moderate activity and/or vigorous activity often. Walking is a great exercise that most people can do.

Eat heart-healthy foods. This includes lots of vegetables, fruits, nuts, beans, and whole grains. It limits foods that are high in saturated fat, such as meats, cheeses, and fried foods.

Most women who have PCOS can benefit from losing weight. Even losing 10 lb (4.5 kg) may help get your hormones in balance and regulate your menstrual cycle. If you smoke, consider quitting. Women who smoke have higher androgen levels that may contribute to PCOS symptoms.<sup>1</sup>

Your doctor also may prescribe birth control pills to reduce symptoms, metformin to help you have regular menstrual cycles, or fertility medicines if you are having trouble getting pregnant.

It is important to see your doctor for follow-up to make sure that treatment is working and to adjust it if needed. You may also need regular tests to check for diabetes, high blood pressure, and other possible problems.

It may take a while for treatments to help with symptoms such as facial hair or acne. You can use over-the-counter or prescription medicines for acne.

It can be hard to deal with having PCOS. If you are feeling sad or depressed, it may help to talk to a counselor or to other women who have PCOS.

#### **MEDICATIONS**

Medicines to treat reproductive or metabolic problems include:

Combination estrogen and progestin hormones in birth control pills, vaginal rings, or skin patches. These hormones correct irregular menstrual bleeding or absent menstrual cycles. They may also improve your androgen-related acne problems, male-type hair growth, and male-pattern hair loss.

Synthetic progestin. If you are not able to use the hormone estrogen, talk to your doctor about using progestin shots or pills for part of your cycle. The progestin makes your endometrial lining build up and shed, similar to a menstrual period. This monthly shedding is what prevents uterine cancer.

Androgen-lowering spironolactone (Aldactone), which is a diuretic. It is often used with estrogen-progestin therapy. This reduces hair loss, acne, and abnormal hair growth on the face and body (hirsutism).

Metformin (Glucophage). This diabetes medicine is a newer PCOS treatment for controlling insulin, blood sugar levels, and androgen levels.

Clomiphene (Clomid, Serophene) (fertility medicines) and gonadotropin injections (LH and FSH).

Topical creams can be used for hair and acne.

#### **Surgery choices**

Ovarian wedge resection is the surgical removal of part of an ovary. This is done to help regulate menstrual cycles and start normal ovulation. It is rarely used now because of the possibility of damaging the ovary and creating scar tissue.

Laparoscopic ovarian drilling is a surgical treatment that can trigger ovulation in women who have PCOS and who have not responded to weight loss and fertility medicine. Electrocautery or a laser is used to destroy portions of the ovaries.

**Management and Staff wish to congratulate the following persons on their birth anniversary for**

Jibin Joseph	9/1
Gavin Daziel	9/5
Padmini Narine	9/7
Vanetta James	9/12
Mathew Thomas	9/13
Abey K. Thomas	9/15
Deonarine Memraj	9/22
Rafeeza Yusuf	9/24
Nalinie Bisram	9/24
Anumol Joseph	9/24
Anthea Tuesday	9/24
Brentnol Joseph	9/25
Pamela Choo-shee-lam	9/27
Marlyn Samaroo	9/29

### **TAKING A BREAK FROM WOODLANDS HOSPITAL**

<b>Omodelle Samuels</b>	
<b>Sukhoo</b>	7 <sup>th</sup> Sept to 13 <sup>th</sup> Sept
<b>Olwyn John</b>	7 <sup>th</sup> Sept to 13 <sup>th</sup> Sept
<b>Natasha Singh</b>	7 <sup>th</sup> Sept to 21 <sup>st</sup> Sept
<b>Tandika Allicock</b>	14 <sup>th</sup> Sept to 27 <sup>th</sup> Sept
<b>Julian Deane</b>	14 <sup>th</sup> Sept to 27 <sup>th</sup> Sept
<b>Eustalene Heyliger</b>	30 <sup>th</sup> Sept to 12 <sup>th</sup> Oct



vacancies exist for

**Security Guard  
Yard Attendant,  
Canteen supervisor,  
Cook**

**We can now be perused on our Web Site  
[www.woodlandshospital.com](http://www.woodlandshospital.com)**