

## LEAVE POLICIES AT WOODLANDS LIMITED

It is the policy of Woodlands Ltd. that every employee be granted leave in the following categories:

### **Annual Vacation Leave**

### **Maternity Leave**

### **Sick Leave**

### **Compassionate Leave**

### **Annual Vacation Leave:**

Woodlands Ltd. believes that staff members should have a good work-life balance and they are encouraged to proceed on Annual Vacation Leave when it is due. The staff member who has served for twelve months is qualified to proceed on the full entitlement for his/her category. The staff member must report for work on the first day after the end of the leave. Failing to report to work without reasonable excuse would lead to disciplinary action which may include termination.

It must be noted that approval will not be given for vacation leave to be deferred to a later date, or leave to be split, or payment in lieu of leave.

Staff members can only proceed on Annual Vacation Leave after receiving approval in writing. Staff members on Contract, whose contracts are approaching the end must proceed on their Annual Vacation Leave during that year and must complete their leave before the end of the contract. This is to ensure that contract staff can return home at the end of the contract.

Doctors, Managers, Supervisors, Registered Nurse, Registered Nurse Midwives: 28 days  
Technical Staff, Clerks, Auxiliary Staff, : 14 days for the 1<sup>st</sup> five years; 21 days after completion of 5 five years of service; 28 days after completion of 10 years of service

### **Maternity Leave**

Female staff members may be granted up to thirteen weeks maternity leave. Request for maternity leave must be submitted no later than the 4<sup>th</sup> week before the commencement of the leave through a Medical Certificate stating expected date of confinement from a Registered Medical Practitioner.

A staff member who is granted thirteen weeks maternity leave and has served Woodlands Ltd. for a continuous period of one year is eligible to receive basic pay less Maternity Allowance to be paid by the National Insurance Scheme.

### **Sick Leave:**

Sick Leave may be granted up to twelve days per year. It is not an entitlement and it does not accumulate. Sick leave is to cater for illness which would necessitate the staff member being absent from work.

To utilize sick leave the staff member must call the manager to report sickness at least two hours before commencement of duty or shift. The staff member must submit a Medical Certificate not later than the third day of his/her absence. Woodlands Ltd reserves the right to request a Medical Certificate for shorter periods.

### **Compassionate Leave:**

Staff members may be granted compassionate leave, with full pay, of not more than three (3) days in the event of death of a member of his/her immediate family. Immediate family, include his/her spouse, child, mother, father, brother and sister.

## **Inside this Issue**

### **Hospital Statistics**

### **Doctors meeting**

### **Nurses Meeting**

### **Health Corner\_\_**

### **Announcements**

**NEWS IN BRIEF****SOME STATISTICS FOR  
AUGUST 2016****[Emergency Room](#)****Patients Seen- 2200****Admissions—58****[Maternity](#)****Total Deliveries— 56****Males— 25****Females- 31****Caesarean Sections-16****Neonatal Death— 0****Twins— 0****Premature—7****Breech—3****Still Births—1****[Male ward](#)****Admission—81****Deaths—0****[Female ward](#)****Admission -122****Deaths—0****[ICU](#)****Admissions— 25****Deaths- 0****[Radiology](#)****X-ray—1128****CT— 142****Ultrasound—2350****ECHO— 50****Holter—0****Stress—2****[Theatre](#)****Surgeries— 115****Ophthalmology —15****[Pharmacy](#)****Prescriptions-3536****[Laboratory](#)****Patients attended-2581****DOCTORS MEETING:-**

Was held on , 24th August 2016 at 17:00 hrs.....Chairperson—Dr. N. Gobin  
Topic: Inhalation Injury Presented by: Dr. S. Rajkumar

**NURSES MEETING:-**

HR Work Shop held for all category of staff on 30th and 31 August 2016  
Topic: The Swipe in and out policy and the Hours of Work and Tardiness policy—HR J. Yussuff

## *KIDNEY FAILURE*

**Kidney failure**, also known as **renal failure** or **renal insufficiency**, is a medical condition of impaired kidney function in which the kidneys fail to adequately filter metabolic wastes from the blood. The two main forms are acute kidney injury, which is often reversible with adequate treatment, and chronic kidney disease, which is often not reversible. In both cases, there is usually an underlying cause.

Kidney failure is mainly determined by a decrease in glomerular filtration rate, which is the rate at which blood is filtered in the glomeruli of the kidney. The condition is detected by a decrease in or absence of urine production or determination of waste products (creatinine or urea) in the blood. Depending on the cause, hematuria (blood loss in the urine) and proteinuria (protein loss in the urine) may be noted.

In kidney failure, there may be problems with increased fluid in the body (leading to swelling), increased acid levels, raised levels of potassium, decreased levels of calcium, increased levels of phosphate, and in later stages anemia. Bone health may also be affected. Long-term kidney problems are associated with an increased risk of cardiovascular disease.

**Classification**

Kidney failure can be divided into two categories: acute kidney injury or chronic kidney disease. The type of renal failure is differentiated by the trend in the serum creatinine; other factors that may help differentiate acute kidney injury from chronic kidney disease include anemia and the kidney size on sonography as chronic kidney disease generally leads to anemia and small kidney size.

**Acute kidney injury**

Acute kidney injury (AKI), previously called acute renal failure (ARF), is a rapidly progressive loss of renal function, generally characterized by oliguria (decreased urine production, quantified as less than 400 mL per day in adults, less than 0.5 mL/kg/h in children or less than 1 mL/kg/h in infants); and fluid and electrolyte imbalance. AKI can result from a variety of causes, generally classified as prerenal, intrinsic, and postrenal. The underlying cause must be identified and treated to arrest the progress, and dialysis may be necessary to bridge the time gap required for treating these fundamental causes.

**Chronic kidney disease**

Chronic kidney disease (CKD) can also develop slowly and, initially, show few symptoms. CKD can be the long term consequence of irreversible acute disease or part of a disease progression.

**Acute-on-chronic kidney failure**

Acute kidney injuries can be present on top of chronic kidney disease, a condition called acute-on-chronic kidney failure (AoCRF). The acute part of AoCRF may be reversible, and the goal of treatment, as with AKI, is to return the patient to baseline kidney function, typically measured by serum creatinine. Like AKI, AoCRF can be difficult to distinguish from chronic kidney disease if the patient has not been monitored by a physician and no baseline (i.e., past) blood work is available for comparison.

**Signs and symptoms**

Symptoms can vary from person to person. Someone in early stage kidney disease may not feel sick or notice symptoms as they occur. When kidneys fail to filter properly, waste accumulates in the blood and the body, a condition called azotemia. Very low levels of azotaemia may produce few, if any, symptoms. If the disease progresses symptoms become noticeable (if the failure is of sufficient degree to cause symptoms). Kidney failure accompanied by noticeable symptoms is termed uraemia.

Symptoms of kidney failure include the following:

High levels of urea in the blood, which can result in:  
Vomiting and/or diarrhea, which may lead to dehydration  
Nausea  
Weight loss

Nocturnal urination

More frequent urination, or in greater amounts than usual, with pale urine

Less frequent urination, or in smaller amounts than usual, with dark coloured urine:

Blood in the urine

Pressure, or difficulty urinating

Unusual amounts of urination, usually in large quantities

A buildup of phosphates in the blood that diseased kidneys cannot filter out may cause:

Itching

Bone damage

Nonunion in broken bones

Muscle cramps (caused by low levels of calcium which can be associated with hyperphosphatemia)

A buildup of potassium in the blood that diseased kidneys cannot filter out (called hyperkalemia) may cause:

Abnormal heart rhythms

Muscle paralysis

Failure of kidneys to remove excess fluid may cause:

Swelling of the legs, ankles, feet, face and/or hands

Shortness of breath due to extra fluid on the lungs (may also be caused by anemia)

Polycystic kidney disease, which causes large, fluid-filled cysts on the kidneys and sometimes the liver, can cause:

Pain in the back or side

Healthy kidneys produce the hormone erythropoietin that stimulates the bone marrow to make oxygen-carrying red blood cells. As the kidneys fail, they produce less erythropoietin, resulting in decreased production of red blood cells to replace the natural breakdown of old red blood cells. As a result, the blood carries less hemoglobin, a condition known as anemia. This can result in:

Feeling tired and/or weak

Memory problems

Difficulty concentrating

Dizziness

Low blood pressure

Normally, proteins are too large to pass through the kidneys; however, they are able to pass through when the glomeruli are damaged. This does not cause symptoms until extensive kidney damage has occurred, after which symptoms include:

Foamy or bubbly urine

Swelling in the hands, feet, abdomen, or face

Other symptoms include:

Appetite loss, a bad taste in the mouth

Difficulty sleeping

Darkening of the skin

Excess protein in the blood

With high dose penicillin, people with kidney failure may experience seizures

## Causes

### Acute kidney injury

Acute kidney injury (previously known as acute renal failure) - or AKI - usually occurs when the blood supply to the kidneys is suddenly interrupted or when the kidneys become overloaded with toxins. Causes of acute kidney injury include accidents, injuries, or complications from surgeries in which the kidneys are deprived of normal blood flow for extended periods of time. Heart-bypass surgery is

an example of one such procedure.

Drug overdoses, accidental or from chemical overloads of drugs such as antibiotics or chemotherapy, may also cause the onset of acute kidney injury. Unlike chronic kidney disease, however, the kidneys can often recover from acute kidney injury, allowing the patient to resume a normal life. People suffering from acute kidney injury require supportive treatment until their kidneys recovers function, and they often remain at increased risk of developing future kidney failure.

Among the accidental causes of renal failure is the crush syndrome, when large amounts of toxins are suddenly released in the blood circulation after a long compressed limb is suddenly relieved from the pressure obstructing the blood flow through its tissues, causing ischemia. The resulting overload can lead to the clogging and the destruction of the kidneys. It is a reperfusion injury that appears after the release of the crushing pressure. The mechanism is believed to be the release into the bloodstream of muscle breakdown products – notably myoglobin, potassium, and phosphorus – that are the products of rhabdomyolysis (the breakdown of skeletal muscle

damaged by ischemic conditions). The specific action on the kidneys is not fully understood, but may be due in part to nephrotoxic metabolites of myoglobin.

### Chronic kidney disease

Chronic kidney disease (CKD) has numerous causes. The most common causes of CKD are diabetes mellitus and long-term, uncontrolled hypertension.<sup>[16]</sup> Polycystic kidney disease is another well-known cause of CKD. The majority of people afflicted with polycystic kidney disease have a family history of the disease. Other genetic illnesses affect kidney function, as well.

Overuse of common drugs such as ibuprofen, and acetaminophen (paracetamol) can also cause chronic kidney damage. Some infectious disease agents, such as Hantavirus, can attack the kidneys, causing kidney failure.

### Diagnostic approach

#### Measurement for CKD

Stages of kidney failure

**Chronic kidney failure** is measured in five stages, which are calculated using a patient's GFR, or glomerular filtration rate. Stage 1 CKD is mildly diminished renal function, with few overt symptoms. Stages 2 and 3 need increasing levels of supportive care from their medical providers to slow and treat their renal dysfunction. Patients in stages 4 and 5 usually require preparation of the patient towards active treatment in order to survive. Stage 5 CKD is

considered a severe illness and requires some form of renal replacement therapy (dialysis) or kidney transplant whenever feasible.

Glomerular filtration rate

A normal GFR varies according to many factors, including sex, age, body size and ethnic background. Renal professionals consider the glomerular filtration rate (GFR) to be the best overall index of kidney function. [Reference WebMD](#)

### Treatment

#### Diet

**Renal Diet:** This diet targets 1500 -2000 calorie meal

**Planning...** by Nutritionist Ms DJ Lambert

**Nutrients**

**Carbohydrates** Use Up to 45g per meal Up to 20 g per snack:  
Bread 1-3 slices, Tennis roll 1, Crackers 8-16, Roti ½ - 1, Bake 1 small, Porridge 4 -8 Oz, Cooked, Corn 4-8 oz. Rice 4-8 oz, Pasta 4-8 oz.

Ground provision: Use up to 4 oz. 1-2 week combined with 4oz. of rice or pasta  
Potato 4 Oz, Sweet potato 4- oz, Plantain 3 oz, Eddoes 3 oz, Cassava 3 oz

Legumes:: Use up to 4 oz. 1-2 week combined with 4oz. of rice or pasta

Peas (black eye, green peas) beans (channa kidney, red beans)

**Fruits:** Use 4-8 oz. As snack between meals  
8-16 Oz . a day depending on potassium levels if within range use up to 8oz. at 2 snacks if above range use 8 oz. at 1 snack  
Watermelon, papaya, pineapple, red skin caju, apple, guava, and cherries.

**Protein:** Limit to 5-7 oz. a day.

Protein for breakfast: Fish 1 Oz, Chicken 1 Oz, Egg 1 (use up to 2 eggs a week), Cream Cheese 1 oz, Peanut butter ½ to 1 tbsp. If necessary with breakfast

Protein for Lunch: 2-3 oz. fish, 2-3 oz. of chicken

Protein for Dinner: 2-3 oz. of fish, 2-3 oz. of chicken

**Avoid beef pork shrimps, wild meat, canned fish or meat, Bacon ham, Luncheon and cured meat**

**Sodium:** Limit to ¼ teaspoon a day

**Avoid: Cubes adji, seasoning that contains adji, marmite, barbecue sauce, ketchup, mustard, salad dressings, Chinese sauce, and Soy sauce.**

**Phosphorous:** Limit to 800-1000mg a day

Animal food, Nuts and seeds, Milk and milk products, Use up to 3 scoops of milk a day

**Potassium:**

2000 -2500 mg a day  
All fresh and dried fruits low potassium fruits can be used daily 4-8 oz E.g.:  
Watermelon, papaya, pineapple, red skin caju, apple, guava and cherries.

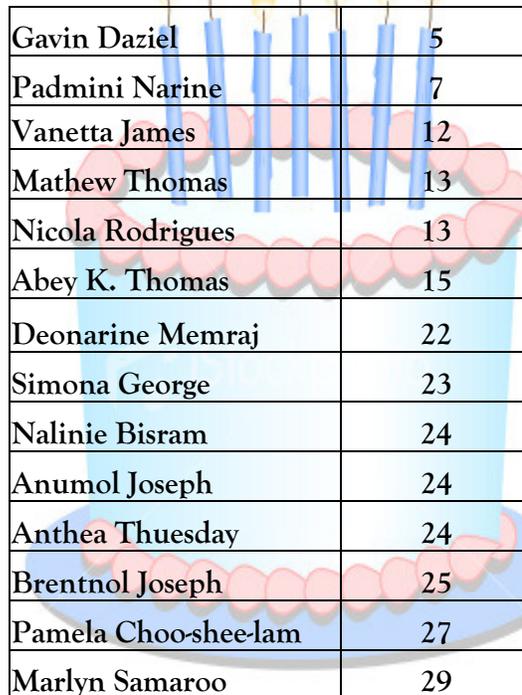
All peas' beans use 1 week 4 oz.

All nuts and seeds use occasionally up to 1 handful

All provision Use 1x week 4 oz.

Green leafy vegetables: use 2x a week 4 oz.

**Management and Staff wish to congratulate the following persons on their birth anniversary for September 2016**



Gavin Daziel	5
Padmini Narine	7
Vanetta James	12
Mathew Thomas	13
Nicola Rodrigues	13
Abey K. Thomas	15
Deonarine Memraj	22
Simona George	23
Nalinie Bisram	24
Anumol Joseph	24
Anthea Tuesday	24
Brentnol Joseph	25
Pamela Choo-shee-lam	27
Marlyn Samaroo	29

**TAKING A BREAK FROM WOODLANDS HOSPITAL**

Theona English	4 <sup>th</sup> -25 <sup>th</sup> Sept 2016
Estel Wills	5 <sup>th</sup> -11 <sup>th</sup> Sept 2016
Lakshmi Singh	5 <sup>th</sup> -12 <sup>th</sup> Sept 2016
Malisa Austin	5 <sup>th</sup> -13 <sup>th</sup> Sept 2016
Cindy Persaud	5 <sup>th</sup> -14 <sup>th</sup> Sept 2016
Deonarine Singh	5 <sup>th</sup> -14 <sup>th</sup> Sept 2016
Amanda Greene	5 <sup>th</sup> -18 <sup>th</sup> Sept 2016
Shari Younge-Higgins	9 <sup>th</sup> -13 <sup>th</sup> Sep, 2016
Lilawattie Lokiram	12 <sup>th</sup> -26 <sup>th</sup> Sept 2016
Nikieta Mingo	11 <sup>th</sup> -24 <sup>th</sup> Sept 2016
Simone Giles	12 <sup>th</sup> -30 <sup>th</sup> Sept 2016
Khemwattie Talmakund	13 <sup>th</sup> -19 <sup>th</sup> Sept 2016
Carey John	17 <sup>th</sup> -30 <sup>th</sup> Sept 2016
Clarence Booker	18 <sup>th</sup> Sept_ 8 <sup>th</sup> Oct 2016
Ingrid Sertimer	18 <sup>th</sup> Sept_ 12 <sup>th</sup> Oct 2016
Amilia Phillips	19 <sup>th</sup> Sept_ 1 <sup>st</sup> Oct 2016
Leonard Bowen	19 <sup>th</sup> Sept_ 2 <sup>nd</sup> Oct 2016
Myrna Patterson	28 <sup>th</sup> Sept_ 7 <sup>th</sup> Oct 2016
Tofty Mathews	11 <sup>th</sup> Sept_ 7 <sup>th</sup> Oct 2016
Barbara Rogers-Nero	11 <sup>th</sup> Sept_ 8 <sup>th</sup> Oct 2016
Suni Binsu	11 <sup>th</sup> Sept_ 8 <sup>th</sup> Oct 2016

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



vacancies exist for  
Enquiry Receptionist, Health Care Provider, Canteen Supervisor,  
Attendant, Security Officer.