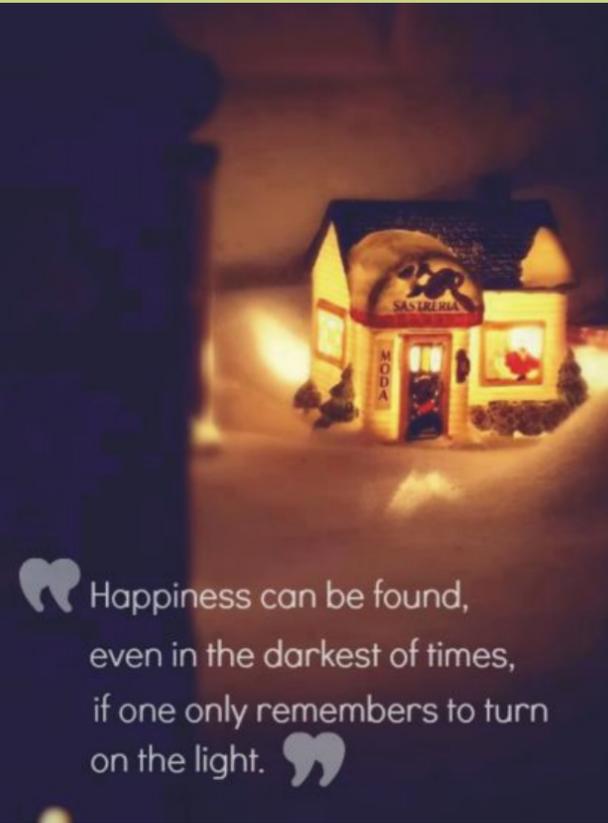




Live in such a way,
that if someone
spoke badly of you
no-one
would
believe
it.



DON'T JUDGE
WHAT YOU DON'T
UNDERSTAND

YOUNG DOCTORS FORUM

The perfect edutainment magazine for young doctors

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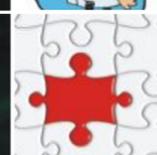
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Inspiration Café

Sip a Cup of Inspiration

Dear Young Doctors,

Welcoming you all to “**Young Doctors Forum, February' 2013 Issue**”. **National Institute of Disease of the Chest & Hospital (NIDCH)** is one of the major academic institutions for being a chest specialist. In this issue we would like to share some information on **NIDCH** & we hope it will help you to perform your post graduation on chest diseases.

Nature is the blessing of almighty. The **Sundarban** is one of the greatest & loveliest natural beauties of Bangladesh. We are welcoming you all to the Sundarban to visit & enjoy the beauty of nature. In our “**Discover Bangladesh**” section you will find the guideline to visit the beautiful Sundarban.

In every issue of **Young Doctors' Forum**, we always incorporate “**Clinical Glimpse**” with a common health problem. In February issue we have given a touch on **Eczema** the disreputable skin disease of human.

“**Medical Pearl**” section highlights on the procedure of **Gowning & Gloving**. This is a common procedure in your daily practice but we hope this article will reinforce your confidence.

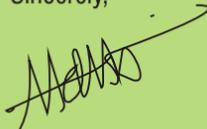
We have incorporated two exciting & interesting segments “**Medicine Basket**” & “**Medi History**”. This will evoke you for the products of Eskayef & inform you on medical history of your daily practice.

“**Medi Jokes**” & “**Medi Puzzle**” are the regular interesting items for smile blast & inquisitive gaming.

“**Inspiration Café**” to have some sips of inspiration together, because we believe, life is always in need of inspiration.

Best wishes to all our readers & happy reading ... !

Sincerely,



Dr. Md. Murad Hossain
 Manager, Medical Affairs
 Eskayef Bangladesh Limited
 Email: murad@skf.transcombd.com



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National Institute of Diseases of the Chest & Hospital (NIDCH)

National Institute of Diseases of the Chest and Hospital (NIDCH), Dhaka is situated at Mohakhali adjacent to Gulshan. It has 47.28 acres of land. It was started as “TB Hospital” on September 1955 with 200 beds for tuberculosis patients. In 1962, it was upgraded as the “Institute of Chest Diseases and Hospital”. It has residential accommodation for the Director, officers, staffs, a hostel for DTCD students and a hostel for the nurses. Thirty three class one officers, two class two officers, 146 class three employees and 201 class four employees are serving the institute at present. NIDCH is the only institute of Bangladesh which extends modern specialized medical and surgical treatment to complicated chest and TB patients and also offers training of medical manpower in the specialization of tuberculosis and chest diseases.

The Institute provides Post-Graduate training for the students of “Diploma in Tuberculosis and Chest diseases” (DTCD), Doctor of Medicine (MD, Chest), FCPS, MS, and also under graduate teaching in Tuberculosis for the students of different Medical Colleges. In 10 separate blocks, the hospital has accommodation for 685 patients suffering from Pulmonary Tuberculosis and allied diseases of the chest. Of the total 170 beds are allotted for Non-Tubercular Chest diseases and 330 for Pulmonary Tuberculosis cases. 85 beds are allocated for Asthma patients in National Asthma Center building. 70 beds are reserved for MDR TB Patients and 100 beds are paying beds.



In order to facilitate management of patients, the Hospital beds are divided and put in 10 medical units and 5 surgical units with care of unit chiefs. The unit chiefs are of the rank of Professor or Associate Professor. They are experienced and possess high academic qualification.

Objectives of the Institute

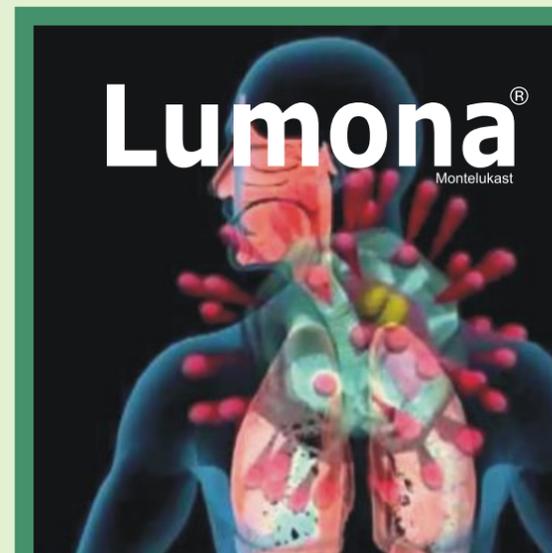
- To provide diagnosis and treatment facilities for Tuberculosis and Chest Diseases.
- To conduct Post-graduate courses and training facilities for DTCD, MD (Chest), MS (Thoracic Surgery), FCPS (Pulmonary), FCPS (Thoracic Surgery).
- To provide specialized training facilities for the chest specialists, nurses and field workers.
- To conduct research activities

- in the field of chest diseases.
- To provide surgical treatment of chest diseases accordingly.
- To provide and co-ordinate management of Avian-Influenza, Pandemic H1N1.

Academic Admission

Procedure for admission into the course

Applications are invited for admission into the courses of the Institute in



national news papers by the Director and the candidates are to apply accordingly. For DTCD, MD, MS course applications are invited in April (July session). Application forms are available from the office of the Director on a cash payment of 1000.00 (One Thousand Taka) only for each application form which is non refundable. Candidates are to apply in



the prescribed application forms along with the documents demanded to the Director before the expiry of the last date of receiving the application form. The Government doctors have to apply through proper channel but they may send an advance copy of the application.

Selection of the Candidates

Candidates for admission into the courses are selected absolutely on merit basis. All the candidates are to appear initially in a written examination held at NIDCH on specific date. Candidates qualifying are allowed to appear for a viva-voce examination. Candidates are selected on the basis of combined results of the written and viva examination.

Students Accommodation

A dormitory type accommodation for 20 students are available in the Institute but unfortunately no accommodation is available for the female students. No accommodation is available for the dependents /Spouses of students.

Provision for Foreign and Private Students

The majority of the students admitted into NIDCH are government deputed doctors. However, foreign and private medical doctors can be admitted subject to fulfillment of the certain requirements. Foreign students enroll here through respective Mission, Embassy and WHO in Bangladesh as per rules laid down by the Government. Private students are admitted on self-finance basis.

Course Conducted

DTCD (Diploma in Tuberculosis & Chest Diseases)
MD (Chest MS (Thoracic Surgery)
FCPS(Pulmonology)
FCPS (Thoracic Surgery)

Library

The institute is equipped with a library for the teachers and students of NIDCH. Library of the institute is located in the 4th floor of the National Asthma Center (NAC) building. It has a sitting capacity of about 100 students. The library is fully air-conditioned. About 1500 books and a small number of Journals are available in this library. The library is open from 8 a.m. to 9 p.m. The library provides photocopy facilities round the service hour. Broad band internet facility is an special addition to this library.

Indoor Services Department of Medicine

There are nine units running in Medical Indoor Department.

- M. Unit-I (Pink)
- M. Unit-II (Red)
- M. Unit-III (Green)
- M. Unit-IV (Blue)
- M. Unit-V (Yellow)

- M. Unit-VI (Golden)
- M. Unit-VII (Violet)
- M. Unit-VIII (Orange)
- M. Unit-IX (White)
- M. Unit-X (Grey)
- M. Unit-XI (Black)

The head of each Medical unit is headed by highly qualified Physician and at the rank of Professor/Associate Professor. The unit chief with his team in specific unit is responsible to serve the admitted patient of particular unit.

Functions

1. Clinical discussion on previous days admitted patients
2. Lecture and clinical classes to DTCD,MD,FCPS students
3. Clinical classes of Post graduate Students of IPGMR, NIPSOM, BIRDEM, Army Medical Core Institute and Under Graduate students of different Medical Colleges
4. Consultancy opinion to the patients attended in the reference clinic
5. Conducted examination of different Post Graduate Courses

Thoracic Surgery

There are Five Thoracic Surgery units in Surgery Indoor Department. They are:

- Thoracic Surgery Unit-I
- Thoracic Surgery Unit-II
- Thoracic Surgery Unit-III
- Thoracic Surgery Unit-IV
- Thoracic Surgery Unit-V

The head of each Thoracic Surgery unit is headed by highly qualified Chest



Surgeons and at the rank of Professor/Associate Professor. The unit chief with his team in specific unit is responsible to serve the admitted patient of particular Thoracic surgery unit.

Functions

Surgical activities including major operations involving full range of Pulmonary, Extra-Pulmonary, Oesophageal and Pleural Surgery, Bronchoscopy and Oesophagoscopy. Clinical discussion on previous days admitted patients
Lecture and clinical classes to DTCD,MS,FCPS,MD students
Clinical classes of Post graduate Students of IPGMR, NIPSOM, BIRDEM, Armed Forces Medical Institute and Under Graduate students of different Medical Colleges
Consultancy opinion to the patients attended in the reference clinic
Conducted of examination of different Post Graduate Course

Department of Microbiology & Pathology

1. Routine Haematological examination
2. Routine examination of Urine and stool
3. Biochemical analysis of blood



4. Histopathological examination of Surgical specimens
 5. Fine Needle Aspiration Cytology and Exfoliative Cytology
 6. Culture and sensitivity of Tubercular bacilli and other respiratory organisms
 7. Direct demonstration of organism including T.B. bacilli by Immunofluorescence
- Teaching Responsibilities
1. Lecture delivered to DTCD, MD,FCPS students on Pathology and Microbiology
 2. Practical and demonstration classes to DTCD students on different subjects of Pathology and Microbiology
 3. Conduction of examination of DTCD students in Pathology and Microbiology

Department of Radiology & Imaging

1. Routine Chest Radiography
2. Bronchography and Tomography
3. X-ray examination of bones and joints
4. Different contrast examination
5. Ultrasonogram of different systems
6. CT Scan of Chest & CT guided FNAC

Teaching Responsibilities

Radiology classes of DTCD, DMRD, MD, MS, FCPS students of different institutes

Other Departments Include

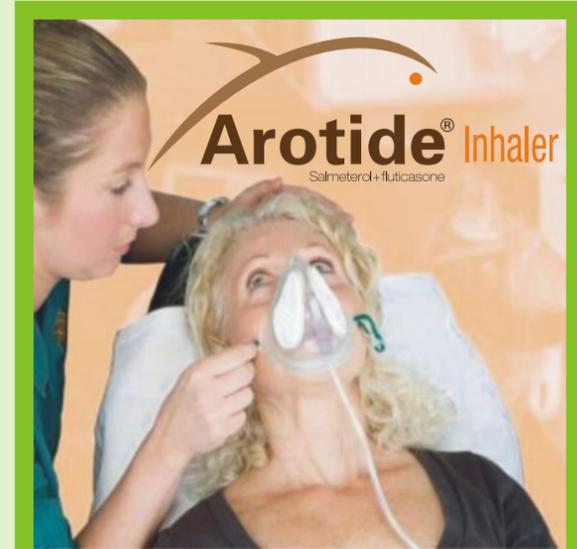
1. Department of anesthesia
2. Department of transfusion medicine
3. ICU
4. RCU
5. Department of physical medicine

Other Services

1. OPD including Asthma OPD
2. Emergency Services
3. Diagnostic Services
4. Others

This institution is also conducting many research activities.

The information presented here will be very valuable and helpful in guiding the doctors for planning their future higher studies in the field of chest diseases. We hope it will be very useful for all concerns which will bring modern technologies in the diagnosis and management of chest disease patients and it will also enable the post-graduate students to update themselves with the modern technologies.



Sundarbans (Marvelous Mangrove Forest and Home of Bengal Tiger)



Sundarbans, the largest mangrove forest of the world proudly standing at the South-Western delta of Bangladesh, is home to a legendary collection of wild creatures, gipsy fishermen, brave honey-collectors, dangerous yet appealing greens and a mesmerizing mingle of rivers and the Ferocious & Mighty Bengal Tiger. A trip to this land is a trip to breath-taking adventure and awe-inspiring witness to the mystic nature.

It's the ideal site for adventure, leisure, travel and research activities. It propose visitors a chance to spot the famous Royal Bengal Tiger, experience boating inside the forest, conduct nature studies, reunion with local fisherman, as well as seeing wood-cutters and honey-collectors. The local cultural event like 'Rush Mela' is also magnetism for the lifestyle visitors. There is also a crocodile breeding center there which is also open for wildlife visitors. You shall see herds of spotted deer passing nearby while trekking in the forest. If you are lucky enough then you shall see the terror of the forest, Royal Bengal Tiger or it's footprints in the river banks where it came a while ago to fulfill its' thirst. A few days staying in the world's largest mangrove forest shall give you a thrilling, exhilarating and invigorating sensation form where you may not

want to come back to your modernized life. The Sundarbans are the largest littoral mangrove belt in the world, stretching 80 km into the Bangladeshi hinterland from the coast. The forests aren't just mangrove swamps though; they include some of the last remaining stands of the mighty jungles which once covered the Gangetic plain. The forest covers 6,000 square kilometres of Bangladeshi land bounded within Bagerhat, Khulna and Sathkira districts in the North, Bay of Bengal in the South; Baleswar (or Haringhata) river, Perojpur, Barisal district in the East, and Raimangal and Hariabhanga in the West, sharing boundaries with the West Bengal. The forest lies in the vast delta on the Bay of Bengal formed by the super confluence of the Padma, Brahmaputra and Meghna rivers. It became a UNESCO world heritage site in 1997.



Imagine yourself sitting on the deck of a boat sailing through a serpentine river, with deep, mysterious forest on the both sides, no matter how hard you try to see in front or behind your boat, there's just the infinitely flowing river; imagine waking up to the chirping wild birds in the morning and sleeping to the wild symphony of the roaring unknown animals; imagine being seduced by the fleeing herd of beautiful deer or thrilled by the foot

prints of a Royal Bengal Tiger; imagine being surprised by bumping into a village full of friendly fishermen in the extreme depths of the forest and then loosing yourself into the ferocious waves of the Bay of Bengal; if you have been successful in imagining all of it then welcome to the Sundarbans a promising candidate to be the greatest natural wonder of the world, the natural habitat of the rare and majestic Royal Bengal Tigers and a land of many more amazing facts that are about to be revealed.

Treasures of Sundarbans

Wildlife & water life: Fauna The Sundarbans hosts a large variety of animals. It is the last stronghold of the bengal tiger (*Panthera tigris*). Within the forest habitats there are about 50 species of mammals, about 320 species of inland and migratory birds, about 50 species of reptiles, 8 species of amphibians, and about 400 species of fish.

Besides the spectacular Royal Bengal Tiger, the other notable mammalian fauna are Spotted deer (*Cervus axis*), Barking deer (*Muntiacus muntjak*), Rhesus monkey, (*Macaca mulatta*), Jungle cat (*Felis chaus*), Leopard cat (*Prionailurus bengalensis*), the Indian porcupine (*Hystrix indica*), Otter (*Lutra perspicillata*), and wild boar (*Sus scrofa*), numerous types insects, jackal, hedgehogs, gangetic dolphin, saltwater crocodiles, monitor lizard, king cobra and many more.

The forest has 330 types of plant, 35 types of reptiles, 400 types of fin fishes, 270 types of birds and 42 types of mammals.



Climate and Seasons

October to February winter, cool and temperate March to May summer, hot and humid June to September the monsoon season, wet and windy

Tidal Watercourse: The watercourse of Sundarban are full of a large number of tidalflows, which are indispensable for plotting a route through the opaque forest and these are underlying in the drainage system of the forest.

Seashore: There is an untouched, natural & totally embryonic sandy beach available in Sundarbans which is known as Jamtola beach facing the vast sea, the Bay of Bengal.

Rivers and waterways : In Sundarban there are about 177 rivers and canals where live about hundred types of aquatic beings, some rivers are Baleswar, Sela, Passur, Shibsha, Malancha, Raimongal & Kobadak which are combindly holding the ecological balance over there. The rivers are very suitable for cruising and boating.

Archaeology and religious conviction: There are several atypical spots situated in the forests and representing the oldest communities in this constituency. The most eminent of them

are Bon Bibi temples that are known as the protectors of the forest. Beside this Shibsha temple is conveying the historical and archeological glory Sundarban once had.

Trees & flora: The popular mangrove trees of Sundarban are Sundari, Passur, Dhundul, Kakra, Kholshi, Gewa, Kewra, Amur, Garjan, Goran, Hental, Nypa Palm, Bola, Tiger fern, Horgoza etc.

Description of Locations:

1. Kochikhali:

Location and accessibility : Kachikhali is at eastern side of Katka. It belongs to Sundarban East Wildlife Sanctuary under Sundarban East Forest Division and about 14 Km away from Katka. Transportation system from Khulna/Mongla is similar to Katka.

Existing facilities: It has a natural

beauty of dense forests facing the vast sea, the Bay of Bengal. The beach is famous for the availability of numerous types of remaining and signs of Sundarban once had.



various wild and sea creatures. The East Kochikhali Khal and Supati khal are famous as the entrance of Tiger to Kochikhali. Besides this, it is suitable for boating along the canals criss-crossing the area and watching a number of basking crocodiles, deer, lizards, wild boar and lots of birds. There is a rest house at Kachikhali. The tourists can enjoy the calm and scenic beauty of nature.



2. Katka:

Location and accessibility: Katka is about 150 Km. from Khulna and 100 Km. from Mongla. It is located on the south-east corner of the Sundarban. It belongs to Sundarban East Wildlife Sanctuary under Sundarban East Forest Division. Accessible by air from Dhaka upto Jessore then by road to Khulna or Mongla then by water vessel like launch, cabin cruiser or speedboat to reach Katka.

Existing facilities : This is one of the most beautiful tourist spot in the Sundarban. The fascinating spotted deer is the common feature at Katka. There is a great chance to have a glimpse of the famous Bengal Tiger. Jamtala watch tower provides the scope of a wide aerial view of exceptional grassland meadow in Mangrove Forests where thousands of spotted deer can be seen. A number of 'khals' (water channels) and tributaries are the easier routes for watching deer, monkey, monitor lizard, kingfisher and number of birds in the sanctuary area. There is a rest house at Katka. Katka has a wooden watch tower of 40 ft. height from where you can enjoy the scenic beauty of Sundarban.

3. Dublar Char:

Location and accessibility: Dublar Char, a very beautiful island, is located at the southern border of the Sundarban, facing the Bay of Bengal. This is located at the South-west of Katka and South-east of Nilkamal. Water vessel like launch, cabin cruiser, speedboat, etc. can be used to reach the island from Mongla/Khulna.

Existing facilities: The Island is well known for fish catch and fish processing (dry fish) in the country.



This island is famous for Rash Mela and holy bath, a Hindu festival that carries rituals since 200 years back. Hindus believe that the Rash event is the 'get-together' of Radha and Lord Krishna. In order to celebrate this assemblage, thousands of people visit this area from different part of the country. A three-day long yearly ritual is a highly exciting event for the tourists of both home and abroad.

4. Karamjal :

Karamjol is a forest station for the Rangers. Here in the crocodile firm you shall be able to touch baby crocodiles. Thousands of people visit Karamjal every year to get an overview of the entire Sundarbans and it has been designed in such a way that tourists can get an idea of the rich diversity of trees and animals of the forest. Karamjal is at the centre of an effort to save the Sundarbans' wild life. Gradually the place has become a huge attraction for the tourists due to its crocodile breeding centre, the country's first ever such initiative which has been launched in 2000 to



save the country's declining crocodile population.

5. Hironpoint:

Sundarbans main tourist point is Hiron Point (Nilkamal). It is suitable for watching tiger, deer, monkey, crocodiles, birds and natural beauty. It is famous for the typical presence of the Bengal tiger. The mangrove trees in riverside of Hironpoint are remarkably different from other type of trees as the roots come upwards rather than lying underneath the ground. The landscape here is breathtaking if it is seen from the observation tower.

How to Reach:

You can organize your own trip from Dhaka to Satkhira, Mongla or Khulna, but questionably worth the hassle. You need a permit from the Divisional Forest Office in Khulna. With permit in hand, it's possible to hire a boat from Mongla or Dhangmari to get you to Hiron Point. From Hiron Point you will have to hire a guide to take you into the park.

You have to rely on boats for visiting the various tourist spots of the Sunderbans. You can also hire your own boat but the charges are pretty steep. However, in case you wish to move around on your own, make sure to hire a guide or else the boatmen may take you for a ride (the waterways of the Sundarbans are so similar to one another that even if your boat makes round of the same place, you won't be able to tell the difference without the services of an experienced guide).

To avoid any hassle you can rely on a good travel agency.

Eczema

Eczema or atopic dermatitis (from Greek *ἔκζεμα* *ēkzema*, "to boil over") is a form of dermatitis or inflammation of the epidermis (the outer layer of the skin).



The term eczema is broadly applied to a range of persistent skin conditions. These include dryness and recurring skin rashes that are characterized by one or more of these symptoms: redness, skin edema (swelling), itching and dryness, crusting, flaking, blistering, cracking, oozing, or bleeding. Areas of temporary skin discoloration may appear and are sometimes due to healed injuries. Scratching open a healing lesion may result in scarring and may enlarge the rash.

The word eczema comes from Greek words that mean "to boil over". Dermatitis comes from the Greek word for skin and both terms refer to exactly the same skin condition. In some languages dermatitis and eczema are synonymous, while in other languages dermatitis implies an acute condition and "eczema" a chronic one. The two conditions are often classified together.

Classification

● Atopic eczema (aka infantile e., flexural e., atopic dermatitis) is an allergic disease believed to have a hereditary component and often runs

in families whose members also have asthma. Itchy rash is particularly noticeable on head and scalp, neck, inside of elbows, behind knees, and buttocks. Experts[who?] are urging doctors to be more vigilant in weeding out cases that are, in actuality, irritant contact dermatitis. It is very common in developed countries, and rising.

● Contact dermatitis is of two types: allergic (resulting from a delayed reaction to some allergen, such as poison ivy or nickel), and irritant (resulting from direct reaction to a detergent, such as sodium lauryl sulfate, for example). Some substances act both as allergen and irritant (wet cement, for example). Other substances cause a problem after sunlight exposure, bringing on phototoxic dermatitis. About three quarters of cases of contact eczema are of the irritant type, which is the most common occupational skin disease. Contact eczema is curable, provided the offending substance can be avoided and its traces removed from one's environment.

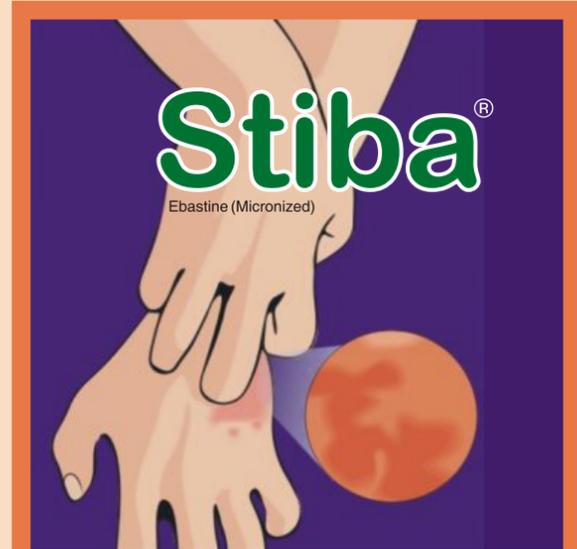
● Xerotic eczema (aka asteatotic e., e. craquele or craquelatum, winter itch, pruritus hiemalis) is dry skin that becomes so serious it turns into eczema. It worsens in dry

winter weather, and limbs and trunk are most often affected. The itchy, tender skin resembles a dry, cracked, river bed. This disorder is very common among the older population. Ichthyosis is a related disorder.

● Seborrhoeic dermatitis or ("cradle cap" in infants) is a condition sometimes classified as a form of eczema that is closely related to dandruff. It causes dry or greasy peeling of the scalp, eyebrows, and face, and sometimes trunk. The condition is harmless except in severe cases of cradle cap. In newborns it causes a thick, yellow crusty scalp rash called cradle cap, which seems related to lack of biotin and is often curable.

Cause

The cause of eczema is unknown but is presumed to be a combination of genetic and environmental factors. The hygiene hypothesis postulates that the cause of asthma, eczema, and



other allergic diseases is an unusually clean environment. It is supported by epidemiologic studies for asthma. The hypothesis states that exposure to bacteria and other immune system modulators are important during development, and missing out on this exposure increases risk for asthma and allergy.

Diagnosis

Diagnosis of eczema is based mostly on history and physical examination. However, in uncertain cases, skin biopsy may be useful.

Prevention

Those with eczema should not get the smallpox vaccination due to risk of developing eczema vaccinatum, a potentially severe and sometimes fatal complication.

Treatment

There is no known cure for eczema; therefore, treatments aim to control the symptoms by reducing inflammation and relieving itching.

**Medications
Corticosteroids**

Corticosteroids are highly effective in controlling or suppressing symptoms in most cases. For mild-moderate eczema a weak steroid may be used (e.g. hydrocortisone), while in more severe cases a higher-potency steroid (e.g. clobetasol propionate) may be used. In severe cases, oral or injectable corticosteroids may be used. While these usually bring about rapid improvements, they have greater side effects.

Topical Immunosuppressants

Topical immunosuppressants like pimecrolimus (Elidel and Douglan) and tacrolimus (Protopic) were developed after topical corticosteroids had come

into widespread use. These newer agents effectively suppress the immune system in the affected area, and appear to yield better results in some populations. The U.S. Food and Drug Administration has issued a public health advisory about the possible risk of lymph node or skin cancer from use of these products, but many professional medical organizations disagree with the FDA's findings.

Systemic Immunosuppressants

When eczema is severe and does not respond to other forms of treatment, immunosuppressant drugs are sometimes prescribed. These dampen the immune system and can result in dramatic improvements to the patient's eczema. However, immunosuppressants can cause side effects on the body. As such, patients must undergo regular blood tests and be closely monitored by a doctor. In the UK, the most commonly used immunosuppressants for eczema are ciclosporin, azathioprine and methotrexate. These drugs were generally designed for other medical conditions but have been found to be effective against eczema.

Itch Relief

Anti-itch drugs, often antihistamine, and dermasil may reduce the itch during a flare up of eczema, and the reduced scratching in turn reduces damage and irritation to the skin (the "itch cycle"). However, in some cases, significant benefit may be due to the sedative side effects of these drugs, rather than their specific antihistamine effect. Thus sedating antihistamines such as promethazine (Phenergan) or diphenhydramine (Benadryl) may be more effective at preventing night time scratching than the newer, nonsedating antihistamines.

Capsaicin applied to the skin acts as a counter irritant. Hydrocortisone applied to the skin aids in temporary itch relief.

Moisturizers

Eczema can be exacerbated by dryness of the skin. Moisturizing is one of the most important self-care treatments for eczema. Keeping the affected area moistened can promote skin healing and relief of symptoms. Soaps and detergents should not be used on affected skin because they can strip natural skin oils and lead to excessive dryness.

Moistening agents are called emollients. In general, it is best to match thicker ointments to the driest, flakiest skin. Light emollients may not have any effect on severely dry skin. Moisturizing gloves (gloves which keep emollients in contact with skin on the hands) can be worn while sleeping. Generally, twice-daily applications of emollients work best. Ointments, with less water content, stay on the skin longer and need fewer applications, but they can be greasy and inconvenient. Steroids may also be mixed in with ointments.

Lifestyle

Various measures may reduce the amount of mite antigens, in particular swapping carpets for hard surfaces. However it is not clear whether such measures actually help with eczema. A controlled study suggested that a number of environmental factors such as air exchange rates, relative humidity and room temperature (but not the level of house dust mites) might have an effect on the condition.

Gowning & Gloving

OBJECTIVE

To prevent contamination to the surgical wound and help control infection via aseptic principles.

STANDARD

Attention of surgical team to aseptic principles and standard precautions help ensure the control of infection and microbial contamination by skin flora.

REFERENCE

Association of Operating Room Nurses (AORN) Standards of Care.

**PROCEDURE
Gowning**

To don the gown, the scrub person:

- A.
- a. Lifts the folded gown directly upward from the sterile package.
- b. Steps back from the table into an unobstructed area;
- c. Carefully locates the neckband and holds the inside front of the gown just below the neckband with both hands;
- d. Lets the gown unfold while keeping the inside of the gown toward the body without touching the sterile exterior of the gown with bare hands (NOTE: If the gown does not unfold completely, then the circulating nurse may assist by pulling down the unfolded bottom inside the gown).
- e. Holds the hands at shoulder level and slips both arms into the armhole simultaneously.



2. Gloving

A. Closed Glove Technique: In the closed-glove technique, the scrub person's hands remains inside the sleeves and should not touch the cuffs. In the open-glove technique, the scrub person's hands slide all the way through the sleeves out beyond the cuffs.

- a) Keeps both hands within the cuff so that the hands do not touch the cuff edges;
- b) Grasps the folded cuff of the left glove with the right hand;
- c) Holds the top edge of the cuff in the left hand above the palm;
- d) Places the palm of the glove against the palm of the left hand-the glove fingers point up the forearm;
- e) Grasp the back of the cuff in the right hand and turn it over the open end of the left sleeve and hand while holding the top of the left glove and underlying gown sleeve with the covered right hand;

- f) Pulls the glove over the extended left finger onto the wrist by pushing the hand through the glove until it completely covers the cuff of the glove;
- g) Gloves the right hand in the same manner by reversing the above steps
- h) Inspects the gloves for integrity after donning; and
- i) Hands the tie end to the circulator and secures the wraparound glove (when used.)

B. Open Glove Technique

The closed glove technique should not be used when changing one or both gloves because once the hand has been passed through the cuffs, they are contaminated. When a glove must be changed without assistance during a surgical procedure, the open-glove technique is used.

- a. To change one glove during the procedure using the open-glove technique, the scrub Person:
 - 1) Steps away from the sterile field;
 - 2) Extends the contaminated glove away from the sterile field so that the



circulator, using exam gloves to protect his/her hands, can remove it;
 3) Lifts the new sterile glove under the cuff with the uncontaminated gloved hand;

4) Inserts the hand into the glove and pulls it on, leaving the cuff turned well down over the hand and avoiding inward rolling of the cuff. The bare hand does not touch the outside of the glove;

5) Rotates the arm and pulls the cuff of the glove up and over the sleeve cuff, letting the gloved fingers touch only the outside of the other glove.

b. To change both gloves during a procedure using an open-glove technique, the scrub Person:

- 1) Follows instructions 1 and 2 above;
- 2) Picks up the left glove cuff, touching only the edge of the cuff with his or her right thumb and index finger;
- 3) Pulls the glove onto the left hand and leaves the glove cuff turned down;

4) Picks up the right glove with the gloved left hand, keeping the gloved fingers under the folded cuff;

5) Slides the right hand fingers inside the right glove cuff and pulls the glove onto the right hand while avoiding inward rolling of the cuff;

6) Pulls the right glove cuff over the sleeve cuff by rotating the arm;

7) Places the gloved right-hand fingers under the folded left glove cuff, rotates the arm, and pulls the left glove cuff over the sleeve cuff.

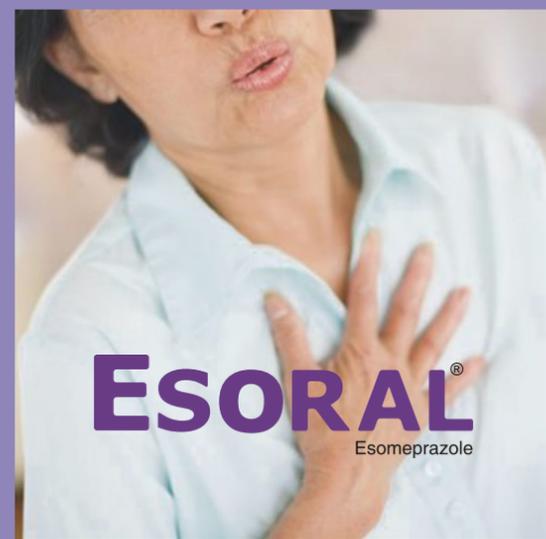
Removing Gown and Gloves

At the end of the procedure, the gown is always removed before the gloves to prevent cross contamination of the wearer's scrub attire. The circulator can assist by unfastening the neck and back closures of the gown. The scrub person:

1. Grasps the shoulders of the gown, pulls it downward from the shoulder and off the arms, and turns the sleeves inside out;
2. Folds the contaminated surface of the gown on the inside and rolls it away from the body;
3. Discards the rolled gown in the appropriate receptacle.

1. Grasps the under cuff of the left glove with the gloved fingers on the right and pulls it off inside out;
2. Slips the ungloved fingers of the left hand inside the right glove and slips it off inside out;
3. Discards the gloves in the appropriate receptacle; and
4. Washes hands and arms with soap and water.

Removing the gloves after removing the gown prevents the bare hands from contamination that would usually occur from handling the soiled gown.



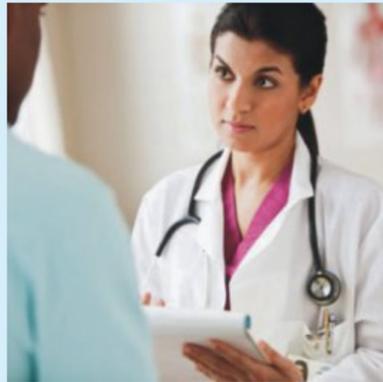
Brand	Strength	Indication	Dosage
Losectil [®] (Omeprazole)	10 mg Capsule 20 mg Capsule 40 mg Capsule 20 & 40 mg sachet 40 mg I/V Injection	Treatment of oesophageal reflux disease. Treatment of duodenal and benign gastric ulcers including those complicating NSAID therapy. Relief of reflux-like symptoms (e.g. heartburn) and/ or ulcer like symptoms (e.g. epigastric pain) associated with acid-related dyspepsia. Treatment and prophylaxis of NSAID-associated benign gastric ulcers, duodenal ulcers, and gastroduodenal erosion in-patients with a previous	20 mg once daily for 8 weeks; in severe or recurrent cases increase to 40 mg daily. Child over 2 years : Severe ulcerating reflux oesophagitis : 0.7 -1.4 mg/kg daily for 4-12 weeks; maximum 40 mg daily
Lumona [®] (Montelukast)	10 mg tablet 5 mg chewable tablet and 4 mg oral granules	Prophylaxis and chronic treatment of asthma. It is also indicated for the relief of symptoms of seasonal and perennial allergic rhinitis.	Adults and adolescents 15 years of age and older with asthma and allergic rhinitis: 10 mg tablet once daily in the evening Children 6 to 14 years of age with asthma or allergic rhinitis: 5 mg chewable tablet once daily in the evening Children 2 to 5 years of age with asthma or allergic rhinitis: 4 mg chewable tablet or one sachet of 4 mg oral granules daily in the evening. Paediatric patients 12 to 23 months of age with asthma: One sachet of 4 mg oral granules daily in the evening. Paediatric patients 6 to 23 months of age with perennial allergic rhinitis: One sachet of 4 mg oral granules daily in the evening.
Cloron [®] (Clonazepam)	0.5 mg & 2 mg Tablet	Cloron is indicated for all forms of epilepsy, myoclonus and status epilepticus.	Adults : 1 mg (elderly, 500 micrograms), initially at night for 4 nights, increased over 2 to 4 weeks to a usual maintenance dose of 4-8 mg daily in divided doses. Infants and children Children up to 1 year : 250 micrograms increased as above to 0.5-1 mg 1-5 years : 250 micrograms increased to 1-3 mg 5-12 years : 500 micrograms increased to 3-6 mg
Naprox [®] (Naproxen)	250 mg, 500 mg Tablet & 50 ml Oral Suspension	Treatment of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, tendonitis, bursitis, and acute gout. It is also indicated for the relief of mild to moderate pain, and the treatment of primary dysmenorrhoea.	500-1000 mg per day taken in two divided doses at 12-hour intervals. The maintenance dose is usually 500 mg per day taken in two divided doses at 12 hour intervals. The total daily dose of naproxen should not exceed 1000 mg maintaining 12-hour interval.
Ostocal D [®] (Calcium with Vitamin D ₃)	Bottle containing 15/30/60 Tablets. Each tablet contains calcium carbonate 1250 mg equivalent to 500 mg elemental calcium and vitamin D3 200 I.U. as cholecalciferol.	Calcium and vitamin D3 is prescribed for the treatment of osteoporosis, osteomalacia, rickets, tetany and parathyroid disease. Calcium supplements are often used to ensure adequate dietary intake in conditions such as pregnancy, nursing, kidney disease and pancreatitis or during therapy with anti-seizure medications. It is also used as routine supplement & phosphate binder in chronic renal failure.	Two tablets daily in two divided dose in the morning and night or as directed by the physician. It is best taken with or just after a meal to improve absorption. Each tablet should be taken with a full glass of water.

A White Coat or Laboratory Coat

A white coat or laboratory coat (often abbreviated to lab coat) is a knee-length overcoat/smock worn by professionals in the medical field or by those involved in laboratory work. The coat protects their street clothes and also serves as a simple uniform. The garment is made from white or light-colored cotton, linen, or cotton polyester blend, allowing it to be washed at high temperature and make it easy to see if it is clean. Similar coats are a symbol of learning in Argentina, where they are worn by students. In Tunisia, teachers wear white coats to protect their street clothes from chalk.

When used in the laboratory, they protect against accidental spills, e.g. acids. In this case they usually have long sleeves and are made of an absorbent material, such as cotton, so that the user can be protected from the chemical. Some lab coats have buttons at the end of the sleeves, to secure them around the wrist so that they do not hang into beakers of chemicals. Short-sleeved lab coats also exist where protection from substances

such as acid is not necessary, and are favored by certain scientists, such as microbiologists, avoiding the problem of hanging sleeves altogether, combined with the ease of washing the forearms (an important consideration in microbiology).



In Medicine

White coats are sometimes seen as the distinctive dress of physicians, who have worn them for over 100 years. In the nineteenth century, respect for the certainty of science was in stark contrast

to the quackery and mysticism of nineteenth century medicine. To emphasize the transition to the more scientific approach to modern medicine, physicians sought to represent themselves as scientists and began to wear the most recognizable symbol of the scientist, the white laboratory coat.

Recently, white coat ceremonies have become popular amongst those starting medical school. The modern white coat was introduced to medicine in the late 1800s as a symbol of cleanliness.

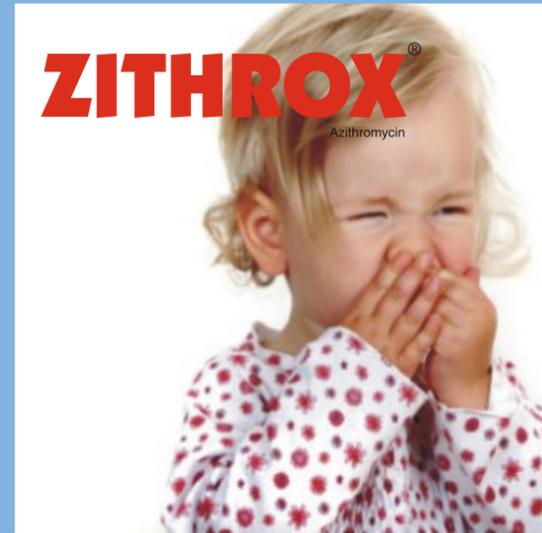
A recent study conducted in the United Kingdom found that the majority of patients prefer their doctors to wear white coats, but the majority of doctors prefer other clothing, such as scrubs. The study found that psychiatrists were among the least likely to wear white coats. Some medical doctors view the coats as hot and uncomfortable, and many feel that they spread infection. Some doctors in institutions such as the Mayo Clinic are instructed to wear business attire, to convey professionalism, as the clinic dislikes the message that white coats represent to the patient.

White Coat Hypertension

Some patients who have their blood pressure measured in a clinical setting have higher readings than they do when measured in a home setting. This is apparently a result of patients feeling more relaxed when they are at home. The phenomenon is sometimes called "white coat hypertension," in reference to the traditional white coats worn in a clinical setting, though the coats themselves may have nothing to do with the elevated readings.

White coat Ceremony

A white coat ceremony is a relatively new ritual that marks one's entrance into medical school and, more recently, into a number of related health-related schools and professions. It originated in Columbia University's College of Physicians and Surgeons in 1993 and involves a formal "robing" or "cloaking" in white coats.



Beautiful

A man was just coming out of anesthesia after a series of tests in the hospital, and his wife was sitting at his bedside. His eyes fluttered open, and he murmured, "You're beautiful." Flattered, the wife continued her vigil while he drifted back to sleep. Later, her husband woke up and said, "You're cute." Startled, she asked him, "What happened to 'beautiful?'" He replied, "The drugs are wearing off."

Eye

A worried patient tells an ophthalmologist: "Doctor, I am very scared about the outcome of the operation on my left eye. What are my chances?"

Grinning doctor to the patient: "Hey don't worry, you won't be able to see the difference."

Mouse

A man swallowed a mouse while sleeping on the couch one day. His wife quickly called the doctor and said, "Doctor, please come quickly. My husband just swallowed a mouse and he's gagging and thrashing about." "I'll be right over," the doctor said. "In the meantime, keep waving a piece of cheese over his mouth to try to attract the mouse up and out of there." When the doctor arrived, he saw the wife waving a piece of fish over her husband's mouth. "Uhh, I told you to use cheese, not fish, to lure the mouse." "I know, doc," she replied, "but first I've got to get the darn cat out of him."

Bill

A pretty young lady named Nancy just broke off her engagement to a young doctor.

Do you mean to tell me, exclaimed her friend that he actually asked you to return all the presents?

Nancy: Not only that, but he also sent me a bill for house calls.



Eyes

Mary was shortsighted, to vain to wear glasses was determined to get married. She finally found herself a husband, and went off on a honeymoon with him. When Mary returned her mother gave a shriek, dashed to the telephone and rang up an oculist. "Doctor", she gasped, "You've got to come over here right away. It's an emergency. My daughter Mary has always refused to wear glasses and now she is back from her honeymoon and..." "Madam," interrupted the doctor, "please control yourself. Ask your daughter to come and see me. No matter how bad her eyes are, it can't be that much of an emergency." "Oh, no!" said the mother. "Well, this fellow she's got with isn't the same one she went on the honeymoon with!"

Engine

In a car garage, where a famous heart surgeon was waiting for the service manager to take a look at his Mercedes, there was a loud mouthed mechanic who was removing the cylinder heads from the motor of a car. He saw the surgeon waiting and lured him into an argument.

He asked the doc after straightening up and wiping his hands on a rag, "Look at this car i'm working on. I also open hearts, take valves out, grind them, put in new parts, and when I finish this baby will purr like a kitten. So how come you get the big bucks, when you and I are doing basically the same work?"

The surgeon very calmly leaned over and whispered to the loudmouth mechanic, "Try doing it with the engine running."

Medi Puzzle



See closely and diagnose the diseases through puzzles. Answers are given in Page-5.