1990s

Publications by Redcliffe, Caboolture and Kilcoy Staff (includes abstract)

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    John Low has been appointed President of the Association of Pharmacy Registering Authorities for a
    one-year term.


    admission to an Australian hospital. Australia: 84.
    Screening for malnutrition on admission is being carried out by nurses, with referral of at-risk patients to 
    a dietitian. The referral rate has improved over time with improved staff education, and has resulted in 
    many malnourished patients being identified and able to receive nutrition intervention. (non-author 
    abstract)


    155-160.
    A link between irritable bowel syndrome (IBS) and psychiatric illness is well recognized. The authors set 
    out to establish whether a group with a risk of poor outcome IBS could be identified at presentation to a 
    general hospital clinic in a prospective series of 70 subjects. Potential risk factors showed no correlation 
    with IBS outcome at 6-9 months. There was a high rate of persistent mental illness. Clinicians offering 
    specialist care for IBS should consult with psychiatric services to provide assessment irrespective of IBS 
    outcome if major psychopathology is not to be neglected.

Crouch, S. (1993). "Cytotoxic drug preparations: a training program using Chemochek as an external audit - 


deVries, A. (1999). Visions, believers & opportunities : the history of palliative care services at Redcliffe Hospital, 
    1990-1998 / Alice de Vries assisted by Jeanine Fielding & Dave Harvey. Redcliffe, Qld., Redcliffe, Qld. : Redcliffe- 
    Caboolture District Health Service.

    This double-blind, randomized study of analgesia after caesarean section compared patient controlled 
    epidural analgesia with pethidine (15 mg of a 0.25% solution and a 10 minute lockout period) versus a 
    single bolus of epidural morphine 4 mg. Data were collected on 78 patients at 2, 6, 8, and 24 hours 
    postoperatively and analysed using the Wilcoxon rank sum test. Satisfactory analgesia and 
    nausea/vomiting during the first twenty-four hours did not differ between the two groups. The incidence 
    of pruritus (P < 0.001) was lower in the pethidine group at 2, 6, and 8 hours, with no difference by 24
hours. Therefore PCEA pethidine provides a useful alternative to single-dose morphine after caesarean section, particularly in those patients who have suffered severe morphine-induced pruritus previously.


Nutrition screening identifies individuals who are malnourished or at risk of becoming malnourished and who may benefit from nutrition support. The aim of this study was to develop a simple, reliable and valid malnutrition screening tool that could be used at hospital admission to identify adult acute patients at risk of malnutrition. The sample population included 408 patients admitted to an Australian hospital, excluding pediatric, maternity, and psychiatric patients. The ability of various nutrition screening questions to predict subjective global assessment (SGA) were examined in contingency tables. The combination of nutrition screening questions with the highest sensitivity and specificity at predicting SGA was termed the malnutrition screening tool (MST), and consisted of two questions regarding appetite and recent unintentional weight loss. Subjects who were at risk of malnutrition according to the MST had significantly lower mean values for the objective nutrition parameters (except immunologic parameters) and longer length of stays than subjects who were not at risk of malnutrition. Therefore convergent and predictive validity of the MST was established. The interrater reliability of the malnutrition screening tool was high (93-97%). The MST is a simple, quick, valid, and reliable tool which can be used to identify patients at risk of malnutrition.


Objective: To illustrate the use of IV phenoxybenzamine (not commercially available in Australia) in a patient presenting with acute phaeochromocytoma which was unsatisfactorily controlled with other agents, including IV phenotolamine. Clinical features: The patient was a 52-year-old female who presented for an elective total abdominal hysterectomy and bilateral salpingo-oophorectomy. During the operation her blood pressure rose precipitously and she had an episode of myocardial ischaemia. A presumptive diagnosis of phaeochromocytoma was made and subsequently proven. Postoperatively she was admitted to ICU on infusions of phenotolamine and glyceryl trinitrate. Case progress and outcome: By day 4 her phenotolamine infusion had increased to 80 mg/h with frequent boluses required. When a phenoxybenzamine infusion was substituted for the phenotolamine the blood pressure rapidly came under control and the patient could be transferred to the medical ward. She was discharged with her symptoms well controlled on oral medication to await surgical removal of the phaeochromocytoma. Conclusion: IV phenoxybenzamine may successfully treat acutely ill patients with phaeochromocytoma unresponsive to other agents.


In the case of a patient with an impalement injury, the object should be removed in a controlled operating theatre environment. We report an 18-year-old man for whom this rule could not be followed. He was removed from a metal pipe transfixing his chest at the roadside.


Services for deliberate self-harm patients in the general hospital are unsatisfactory in many respects. A survey of activity and quality in a district general hospital confirmed recent trends observed elsewhere and highlights areas in which service provision can be improved.


Of 1200 patients referred to the esophageal laboratory at Guy's Hospital for investigation of suspected esophageal motility disorders, 61 (5.1%) were diagnosed as diffuse esophageal spasm. Twenty of these patients whose symptoms were severe did not respond to conservative treatment and were treated by balloon dilatation. Results were good in 14 and poor in six patients, which included one esophageal perforation. Diffuse esophageal spasm was diagnosed where more than 30% nonperistaltic activity was demonstrated by manometry. Lower esophageal sphincter pressure and relaxation were normal in all cases except one. Gastroesophageal reflux was present in four of five poor responders who were examined by 24-h ambulatory pH monitoring, and in only one of 10 good responders. Three of the six patients in whom balloon dilatation was successful proceeded to full-length myotomy, with relief of symptoms in two. The indications for, and results of, balloon dilatation in this condition are discussed, and a new radiological sign is described.


The Redcliffe Hospital is a three hundred and twenty bed acute public hospital, in the city of Redcliffe, Queensland. This organisation, like other health organisations, faced the transition from traditional health care models to the emerging health care business framework. The staff faced many changes, their hospital gone, replaced by an organisation, within which a new language was emerging. Roles were changing and computerised technology imminent. It seemed that suddenly someone had moved the goalposts and that fabled 'one day' had arrived. This paper outlines how Redcliffe Hospital Nursing Division implemented the Queensland Health Department’s commitment to utilising a Patient - Nurse Dependency (PNDS) health information system. The apparent problem of how to do this became the organisational PNDS challenge, - how to convert to a computerised information system, in the absence of tailored funding, with a target group who were already facing great work place changes and who lacked any organised computer skills. There were three faces to the PNDS challenge, the first was incorporating the concept of health information into the nursing culture of the organisation, the second was the development of computer skills for over three hundred potential users of the system, the third was how to make the system use valid and accurate. The PNDS challenge started in August 1995 and other than the costs of the PNDS software and the computer hardware, the implementation of the process has cost the wage of one nurse for six months. The implementation of the nursing health information system at Redcliffe Hospital was perhaps unusual and not without problems, however it has resulted in a viable information system which produces information able to form the basis of many nursing decisions.


The authors describe the background to the use of carefully chosen families and their homes in the community as short term foster care settings or 'crisis homes' or 'host families' for persons with mental illness experiencing a crisis. They then describe the development and use of the The Host Family Program in Caboolture, Queensland, where placement with carefully chosen host families, supported by a mobile treatment team has developed as an alternative to admissions in psychiatric hospitals.


Identification of personality traits in anaesthetists has potential implications for selection of trainees, assessment of coping strategies during times of stress and may have a role in the analysis of critical incidents. A 24 question postal questionnaire based on the Cattell 16PF inventory was sent to specialist anaesthetists in Australia. One hundred and sixty-seven replies were received (33% response rate). Personality traits did not differ when the anaesthetists were grouped for age, number of years qualified and country of qualification. City practitioners rated themselves more inquisitive than country practitioners did (P = 0.052). Female anaesthetists self-reported they were calm (P = 0.02), patient (P =
0.02) and tolerant (P = 0.02) more often than their male counterparts, whilst more males reported themselves as highly conscientious (P = 0.01). Although some traits were consistent, personality profiles showed significant heterogeneity. Further examination of how personality and coping mechanisms interact may be central to the management of stress and critical incident generation.


In 1981 the Redcliffe Hospital Pharmacy Department considered computerisation of its dispensing, drug distribution, inventory management and reporting functions. In 1984 a software package was purchased and modified as a stand-alone system. Drug distribution and dispensing functions were implemented initially, followed six months later by inventory management and other reporting functions. Advantages of the system have included: streamlining of the dispensing process with a productivity increase of 25%; availability of on-line patient medication profiles; availability of detailed drug cost information relating to individual hospital departments; reduction in the cost of stock on hand of 8% over 4 years despite an increase in budget over the same period of 36%; reduction of 8 hours weekly in the time required for inventory management. The annual saving from the implementation of the computer system is estimated to be $42,850. (author abstract)


In discussing the concepts of pharmaceutical care there are a number of things to keep clearly in mind. Firstly, pharmaceutical care is patient specific i.e the patient rather than the drug is the focus of the service. Implicit in pharmaceutical care is the pharmacist taking responsibility for drug therapy decisions and outcomes. There is also a number of clear ethical principles involved in pharmaceutical care. (non-author abstract)


To develop and test a set of performance indicators for use in Queensland public hospitals.


Redcliffe Hospital successfully tendered a project to train and employ nurse clinicians in an expanded role within the emergency department to fast-track patients, improve patient flow, and to treat patients with minor ailments. Redcliffe's project aimed to free senior staff to treat more complex patients and to reduce the number of patients who left the department without being seen because of long waiting times. The project ran from May 1995 until May 1996. (non-author abstract)


On average, 3000 people each year are killed on our roads in Australia, and of these 85 (3.5%) are cyclists. Townsville, Australia's largest tropical city, is recognized by some authorities as Australia's number one cycle city. Along with other major cities of Australia it has adopted the 4 E system for
bicycle use (i.e. education, enforcement, engineering, and encouragement). Despite this, however, 254 cyclists were injured in accidents, some seriously, over the 12 month period (June 1987 to June 1988). We report the findings of a prospective study of the nature, causes and extent of those injuries.


We describe an obstetric patient who developed incapacitating headache after inadvertent dural tap and was treated with repeated blood patching. She subsequently developed severe lumbar back pain which, after exclusion of suspected extradural abscess, was treated successfully with simple analgesics and physiotherapy. Two possible explanations are offered to account for her symptoms. We compare this case with others in the literature.


Although fibrinolysis has been implicated in the progression and metastasis of lung cancer, no detailed study has been carried out on components measured in samples from both plasma and tumour. This study thus provides the first comprehensive data obtained from 166 patients diagnosed with non-small cell lung carcinoma. Plasma samples were obtained at diagnosis and tumour samples during surgical resection. Appropriate control samples were obtained from normal subjects and patients with chronic obstructive airways disease (plasma) and from organ donors (normal lung tissue). Assays were performed on plasma and tissue extracts for tissue plasminogen activator, urokinase-like activator and plasminogen activator inhibitor (activity and antigen in all cases), together with plasmin-antiplasmin complex, soluble fibrin, D-dimer and thrombin-antithrombin complex. Levels of D-dimer, thrombin-antithrombin complex and plasmin-antiplasmin complex were all significantly higher in plasma from patients, whereas urokinase-like activator activity was reduced. Only two parameters were significantly altered in both the core and periphery of tumour tissue: levels of D-dimer were increased and tissue-type plasminogen activator activity was reduced. Interestingly, significant differences in levels of other fibrinolytic parameters were detected in the core and periphery of tumours. Significant activation of fibrinolysis was indicated in patients, although the origin of this could not be related consistently to changes in levels of plasminogen activator and inhibitor.


Posner, N., et al. (1997). A host family scheme: making a reality of care in the community. The Mental Health Services Conference (6th: 1996: Brisbane, Qld). An evaluative study of an innovative community care option for people with psychiatric disability in crisis, run by Crisis Respite Care in association with Caboolture Mental Health Service, sought feedback from consumers, host family members and case managers involved. The focus of this report is on consumers' views. All those interviewed felt the host family scheme (HFS) had helped them. Analysis of questionnaires explicitly comparing the host family stay with hospitalisation, showed that the beneficial aspects of the stay were viewed as greatly increased in the host family in comparison to hospitalisation, while possible negative aspects were far more prominent in relation to a stay in hospital. The host family members and case managers also saw the EPS as beneficial and working well, and felt that it should receive more support. (Author abstract)


A survey carried out by the Australian Society of Anaesthetists explored gender issues in the personal and professional lives of anaesthetists. Issues highlighted include training and career paths, combining anaesthetic training with domestic responsibilities, personal relationships, pregnancy and childcare, private practice, part-time work, parental leave, the single anaesthetist, doctor spouses, sexual harassment, and negative attitudes in colleagues. Particular problems were identified in the training years, in part-time work, in private practice, and in combining parental and domestic responsibilities with a career in anaesthesia. Strategies to address relevant issues are discussed, with reference to the increasing proportion of women in medicine and anaesthesia.;


Australia's Quality Use of Drugs Program is respected worldwide. This knowledge and experience is frequently exported, particularly to developing countries in South-East Asia and South Pacific. During February to April 1995, two Australian pharmacists visited Fiji as a small part of Australia's overseas aid program. The three-month project, to implement imprest drug distribution, was jointly organised by the Society of Hospital Pharmacists of Fiji and the Society of Hospital Pharmacists of Australia. Following two coups in 1987 the Fijians are rebuilding their professional status. Developments include upgrading the pharmacy school in Suva, overseas exchange programs and establishing an Essential Drugs List. Improved drug distribution was expected to give the pharmacists more control of drugs within the hospitals. After three months the pharmacists reported better time management, improved storage and control of drugs, less wastage and fewer items out of stock. (author abstract)


Subgaleal (subaponeurotic) haemorrhage (SGH) is a serious and sometimes life-threatening condition associated with vacuum extraction. With increasing use of the vacuum extractor as the preferred instrument for assisted vaginal delivery, neonatal paediatricians should be prepared to encounter a greater number of infants with SGH and other effects associated with vacuum extraction. In order to reduce morbidity and prevent mortality in infants with SGH, neonatal caregivers should be able to recognize the occurrence of this type of bleeding and to institute appropriate forms of management. This annotation describes the effects of vacuum extraction on the newborn infant and suggests some measures for the management of these conditions.


Within the strict confines of randomized controlled trials, vacuum extraction has been shown to be a safe method for assisting a woman to give birth. Yet, in the area of general obstetric practice serious injuries associated with the procedure, such as subgaleal haemorrhage, skull fracture and intracranial injury, continue to be reported. There is little doubt that many of the problems and unfavourable results encountered after vacuum delivery are a consequence of incorrect use of the instrument and should, therefore, be preventable. Incorrect use of the vacuum extractor may occur for a number of reasons, namely, uncertainty of the indications for the procedure, lack of familiarity with the equipment, inadequate knowledge for the correct use of the instrument, inadequate training of the operators, incorrect technique of vacuum extraction and a lack of awareness of the safety measures. This review examines these important issues and presents a number of strategies aimed at reducing the rate of complications associated with vacuum extraction.