

UNZSOP07 English for Pediatric Nursing 2

UOLP055 English for Dental Hygiene 2

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Seminář 1 / 3

Podmínka splnění předmětu - zápočet

Podmínkou udělení zápočtu je:

- 1) účast na výuce (viz sylabus předmětu) – 80%
(možnost 1x absence, další absence s lékařským potvrzením o nemoci, hospitalizaci)
- 2) Seminární prezentace – vypracování prezentace formou PPT na jedno z témat probíraných ve výuce, také viz. sylabus, její přednes na závěrečné hodině 4.4. 2023
- V případě absence na poslední hodině nebo v případě více absencí na přednáškách budou stanoveny požadavky navíc individuálně (AJ text na A4)

Obsah předmětu (**témata prezentací**)

- 1. Injuries in children – specifické kapitoly, 3 studenti
- 2. Emergency and First Aid for children of different age – 2 studenti
- 3. Specific medical care (small kids, obese, mental diseases) – 3 studenti
- 4. Communication with family members – 3 studenti
- 5. Multicultural approach (ethnic specifics) – 3 studenti
- 6. Reflection on healthy lifestyle
- 7. Medical system in Czech Republic and abroad – 3 studenti
- 8. Student's presentations

Obsah předmětu (témata prezentací) – dent.hyg

- 1. Communication with patient in dental care (procedure, education)
- 2. Dental care equipment (instruments, brushes, shower, flosses, home care)
- 3. Oral Health
- 4. Orthodontics
- 5. Medical technique and imagining in dentistry
- 6. Multicultural approach (ethnic specifics), Pediatric patient
- 7. Student's presentations

Obsah semináře

PS:

- Injuries in children – specifické kapitoly, 3 studenti
- Emergency and First Aid for children of different age – 2 studenti

DH: self-study – make a short presentation (max 10 slide):

- Specific of medical care for pediatric patients in dental hygiene
- Oral Health in children

PS: Obsah semináře 1

- Communication in ambulance – opakování
- Communication basics – SOKRATES
- Injuries
- Emergency and first aid

Communication with patients in ambulance – příklad konverzace

<https://www.youtube.com/watch?v=44SL8i8h0dg> -návštěva lékaře, fráze, basic obs

- Please come in, I am a nurse / this is a doctor Jméno
- Nationality? Citizenship (stát. občanství)? Passport Number?
- Permanent or temporary address/residence? Are you insured?
- Please show me your health insurance card/travel insurance. After treatment wait for an account, pay
- Are there any serious diseases in your family such as cancer, diabetes, high blood pressure, ischaemic heart disease, tuberculosis, heart defect, allergies to some drugs/to disinfection/to some food ..
- Does she/he have had any serious disease? undergone some surgery? use drugs? What?
- Do you know her/his blood group? When did she/he eat/drink last?
- What is a matter? What is a problem? What is bringigng you? What is troubling/bothered you?
- I will examine you. Please get undressed/strip to the waist/strip from waist down/you can dressed
- Sit down/lay down/stand up/open your mouth and say A. Nausea? Vomiting?
- Where it hurts? What do you feel? Hurts, aches/itches/pusches/burns/stitches, squeezes
- I will write you a prescription for... you pick it up in a pharmacy. See you soon..

General communication skills - reading

- demonstrating these skills will ensure your consultation remains patient-centred and not checklist-like (just because you're running through a checklist in your head doesn't mean this has to be obvious to the patient)

Some **general communication skills** which apply to all patient consultations include:

- Demonstrating empathy in response to patient problems: both verbal and non-verbal
- Active listening: through body language and verbal responses to what the patient has said
- An appropriate level of eye contact throughout the consultation
- Open, relaxed, yet professional body language (e.g. uncrossed legs and arms, leaning slightly forward in the chair)
- Making sure not to interrupt the patient throughout the consultation
- Establishing rapport (e.g. asking the patient how they are and offering them a seat)
- Explaining to the patient what you have discussed so far and what you plan to discuss next
- Summarizing at regular intervals

Communication – SOCRATES

<https://geekymedics.com/gynaecology-history-taking/>

Site

- Ask about the **location** of the symptom:
- *“Where is the pain?”*
- *“Can you point to where you experience the pain?”*

Onset

- Clarify **how** and **when** the symptom developed:
- *“Did the pain come on suddenly or gradually?”*
- *“When did the pain first start?”*
- *“How long have you been experiencing the pain?”*

Character

- Ask about the **specific characteristics** of the symptom:
- *“How would you describe the pain?”* (e.g. dull ache, throbbing, sharp)
- *“Is the pain constant or does it come and go?”*

Radiation

- Ask if the symptom **moves anywhere** else:
- *“Does the pain spread elsewhere?”* (e.g. shoulder tip pain in ectopic pregnancy)



Communication - SOCRATES

Associated symptoms

- Ask if there are other symptoms which are **associated** with the primary symptom:
- *“Are there any other symptoms that seem associated with the pain?”* (e.g. patients presenting with an ectopic pregnancy may have associated nausea and vomiting)

Time course

- Clarify how the symptom has **changed** over **time**:
- *“How has the pain changed over time?”*
- Ask if the symptom has any relationship to the **menstrual cycle**:
- *“Have you noticed if this symptom is worse at a particular time in the month?”*

Exacerbating or relieving factors

- Ask if anything makes the symptom **worse** or **better**:
- *“Does anything make the pain worse?”* (e.g. patients with symphysis pubis dysfunction may find going up or down the stairs makes things worse)
- *“Does anything make the pain better?”* (e.g. patients with gastro-oesophageal reflux may find that antacid medication helps with their symptoms)

Severity

- Assess the **severity** of the symptom by asking the patient to grade it on a scale of 0-10:
- *“On a scale of 0-10, how severe is the pain, if 0 is no pain and 10 is the worst pain you’ve ever experienced?”*
- Ask the patient if the symptom is having a significant impact on their day to day life:
- *“How is the pain impacting your daily life?”*

Communication on admission – work in pairs

[Illnesses and treatments: https://agendaweb.org/vocabulary/health-illness-worksheets-resources.html](https://agendaweb.org/vocabulary/health-illness-worksheets-resources.html)

Make a conversation with foreign patient coming to the ambulance/hospital:

- check his personal details
 - shortly ask about anamnesis, family history
 - ask about the problems and its details according to SOKRATES
 - try to use your communication skills as much as possible (do your best)
 - write down the notes for short summary about the patient and his problem
-
- change roles (one is a patient, second is nurse)
 - the problem of patient and symptoms are illusory

Summary:

There is a patient from XX country, sex, age, ... I have performed....

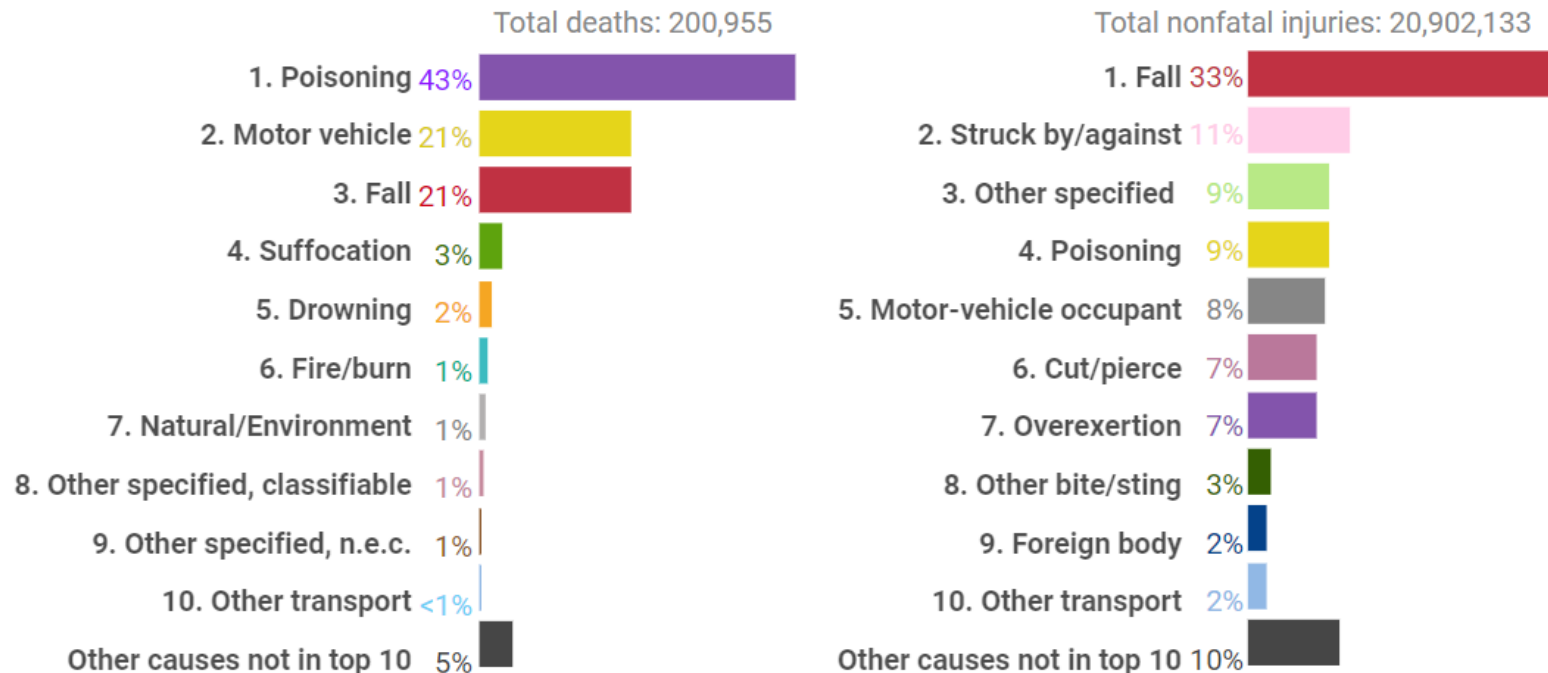
Examination shown because of.... And I found

Injuries - Top 10 causes of death in USA

<https://injuryfacts.nsc.org/all-injuries/deaths-by-demographics/top-10-preventable-injuries/>

- The top three leading causes of preventable injury-related death: **poisoning, motor vehicle, and falls** – account for over 86% of all preventable deaths. Next **suffocation (udušení), drowning (utopení), fire and burns** and **natural or environmental disasters**—accounts for more than 5% of the total.
- In contrast, nonfatal emergency department visits are dominated by fall-related injuries, struck by or against, other specified cause and poisoning are often injury-related emergency department visits
- Only 3 injury causes are in the top 10 for both deaths and nonfatal injuries: **Poisoning, Motor vehicle, Falls**

Top 10 preventable injuries, United States, 2020



Definition of Injury - reading

- an injury or accident is a sudden event affecting the organism from the outside and damaging it
- a wound is a condition where the continuity of the skin, mucous membrane or surface of an organ is disrupted
- the medical synonym for injury is the word **trauma**
- more serious injuries can be fatal or have other permanent consequences
- Superficial wounds: **chemical injuries** – etching, **heat and cold injuries** (burns, frostbite)



Injury - deep wounds

- **wound** - violation of the integrity of the body's tissues
- **sharp force trauma** - sharp object, hurts and bleeds a lot
- **sucking wound** - impact of a sharp object, deeper wound, greater tissue loss
- **stab wound** - penetrates deeply
- **gunshot wound** - shot, gunshot
- **bite wound** - often bruised and infected
- **blunt force trauma** – laceration or/and contused wound



Causes of injuries

traffic injuries - usually multiple injuries and polytrauma, often multiple persons injured simultaneously, high mortality and disability rates

work injuries - limb injuries, falls from height, crush syndrome, electrocutions, burns, etc.

agricultural injuries - lost limb injuries, crush syndrome, typically extrication in inaccessible terrain

domestic injuries - usually falls from low height, injuries when working with various appliances

sports injuries - mostly limb injuries, tendon ruptures, jumping into water - spinal and spinal cord injuries

criminal injuries - blunt trauma, stab and gunshot wounds, possibly blast syndrome

Injuries – describe the problem

trip-on; a bump; injure my wrist; a bruise; ~~a broken arm~~; burn my hand; a bleeding hand; a graze on my elbow; fall off my bike; a cut on my finger; slip over; sprain my ankle

Accidents and Injuries

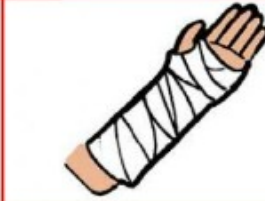
Use the words and phrases to write sentences under the pictures.



I've got a broken arm.



I tripped on my dog.



| What happened | The injury | What the person should (shouldn't) do |
|--------------------------------------|---------------------------------------|--|
| I cut my finger. | My finger is bleeding. | I think you should (shouldn't) ... <input type="text"/> <input type="text"/> |
| I fell off my bike. | I have grazes on my knees and elbows. | <input type="text"/> <input type="text"/> |
| I was doing the ironing. | I have a burn on my hand. | <input type="text"/> <input type="text"/> |
| I was fighting with my brother. | I have bruises all over my body. | <input type="text"/> <input type="text"/> |
| I was playing volleyball. | I've got a broken arm. | <input type="text"/> <input type="text"/> |
| I was running the marathon. | I sprained my ankle. | <input type="text"/> <input type="text"/> |
| I hit my head on the door. | I have a big bump. | <input type="text"/> <input type="text"/> |
| I tripped on a big rock on the road. | I broke my leg. | <input type="text"/> <input type="text"/> |
| I was playing tennis yesterday. | I injured my wrist. | <input type="text"/> <input type="text"/> |

Emergency and First Aid

Native English Speaking in Injury + doctor

- <https://www.youtube.com/watch?v=-Sh3u80oGZY>



First Aid Kit

- <https://www.youtube.com/watch?v=-wuQYoRtzNI>

Mistakes in First Aid

- <https://www.youtube.com/watch?v=2ynlaWUwMsA&t=70s>

First Aid - reading

- People should know how to behave in various life-threatening situations and how to provide first aid.
- When an accident happens we should keep calm and act without panic.
- Emergency First Aid when applied properly and in time can save a man's life.

ASSES: First, asses the situation. Is danger still present? Decide what has happened, ask the affected person or any witnesses how the accident occurred.

MAKE SAFE: Make sure that it is safe to approach the scene of an accident and the casualty.

GIVE AID: When giving emergency aid, do not try to do too much.

Always treat the unconscious first, then those who are bleeding and finally those with broken bones and other injuries.

Never give an affected person anything to eat, drink or smoke.

GET HELP: Use a bystander to help you. Summon help by using the 155 or 112

**The provision of first aid for an injured person in the Czech Republic is given by law.
Failure to provide is punishable.**

BLEEDING

- In case of large cuts when bleeding occurs apply pressure directly on the bleeding part with a pad, e.g., a clean cloth. (Your fingers will do if necessary.)
- If possible, lift the wounded part into the air.
- Apply a dressing and bandage firmly.
- If the blood seeps through the dressing, put another bandage over the top of the original.
- Do not remove the dressing once in place.
- Call for medical help.
- **Venous haemorrhage** - blood dark red, from the wound flows slowly
- **Arterial haemorrhage** - blood bright red, squirting out of the wound
- **Capillary** - minor bleeding from small blood vessels
- **Mixed haemorrhage**



BROKEN BONES (FRACTURES)

- Fractures are usually closed or open

Features of broken bones are as follows:

- Pain at or near the fracture
- The casualty cannot move the part normally
- Tenderness, swelling and perhaps, later on, bruising
- Odd shape or strange angle.



Do not move the injured person unless he is in danger of further injury.

Support and steady the injured part. Use rolled up blankets, coats, bags etc. to support the injury.

If it is an open fracture, cover lightly with a clean dressing.

Do not put pressure on it. To control any bleeding gently press the sides of the wound together.

Do not give the injured person anything to eat, drink or smoke. Arrange transport to hospital.

BURNS AND SCALDS

Burns result from dry heat, scalding from moist or wet heat. Burns may be superficial (very tender and with red skin), may be blistered or deep with waxy, pale or even charred skin.

- Place the area under cold, slowly running water or immerse in cold water for at least 10 minutes, or longer if the pain persists.
- Remove any rings, watches, tight clothing etc. before the area starts to swell.
- Do not remove any clothing that is stuck to the skin.
- Seek medical help.

- Never apply fats, creams, ointments or sticking plasters.
- Do not interfere with blisters.



FAINTING

The casualty feels weak and lightheaded and falls to the ground. The pulse is usually slow or weak.

If the affected person feels faint sit him down his head between his knees.

Loosen tight clothing from around his chest, neck and waist.

If the affected person has fallen to the ground leave him there but raise his legs in the air.

Watch the airway, breathing and pulse and be prepared to resuscitate.



CHOKING

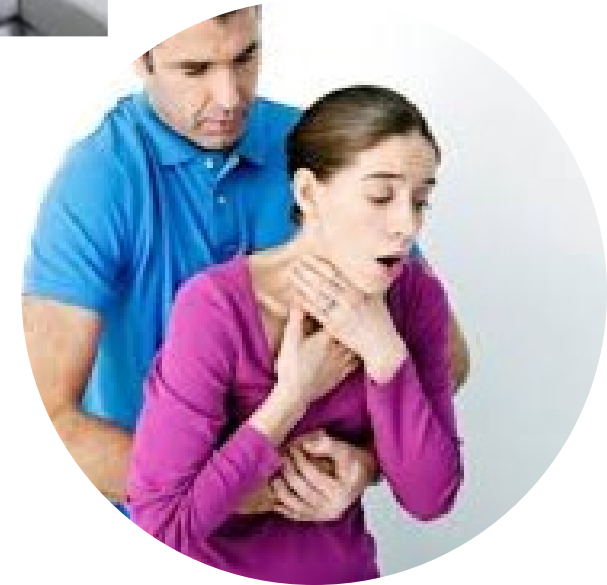
Open the airway and remove any visible obstruction such as false teeth or food.

Encourage coughing.

Bend the casualty forwards. Slap sharply between the shoulder blades up to four times.

If the affected person stops breathing, follow resuscitation.

If a baby or child is choking, tip them over your knee so that the head is lower than the stomach. Give a series of 4 firm back slaps.



RESUSCITATION

Open the airway: Lift the jaw and tilt the head to open the airway. Remove any object from inside the mouth.

Check breathing: Look to see if the chest is rising and falling. Listen for the noise of breathing, feel for his breath against your cheek. If the casualty is breathing turn him into the recovery position.

Circulation – check the pulse: Find the pulse in the neck by placing your fingers to the side and pressing gently down.

If pulse and breathing are both present, turn the affected person into the recovery position on his side, taking care to protect his face.

His head should remain tilted with the jaw forward to maintain the open airway.

Check that the person cannot roll forwards or back wards.

IF THERE IS A PULSE BUT NO BREATHING - start **artificial ventilation**

- Pinch person's nose firmly
- Take a deep breath and seal your lips around the casualty's lips.
- Blow into his mouth watching the chest rise.
- Let the chest fall completely.
- When breathing starts, turn casualty into the recovery position.



IF THERE IS NO PULSE AND NO BREATHING - shout for help

- Phone for an ambulance, then start **chest compressions** combined with ventilations.
- Give 2 breaths artificial ventilation. Place the palm of one hand. Place the other hand over the top, interlocking fingers. Keeping your arms straight, press down 4-5 cms.
- Do this 30x times at a rate of 100 per minute.
- Repeat cycle 2 breaths to 30 compressions.
- If condition improves, recheck pulse. Place person in recovery position.

When can we stop cardiopulmonary resuscitation:

- If we are exhausted and do not have the strength to continue resuscitating
- If we are in danger
- When emergency services arrive and take over cardiopulmonary resuscitation

Poisoning

- occur consciously or unconsciously
- Most often poisoning with drugs, food, chemicals, poisons of animals

Drug poisoning

- The most common poisoning
- Danger in young children !!! do not leave medication freely !!!

Food poisoning

- poisonous mushrooms, poisonous plants

Chemical poisoning

- are very dangerous
- carefully hide from children
- do not confuse packaging

Animal poisoning

- bites by poisonous snakes, bites by poisonous spiders



The most important thing is that the patient is transported to a medical facility as soon as possible.

