MRSA level reduced in a Spinal Care Injury Unit

Major & Massive Pulmonary Embolism

ECG Rhythms part 2

Clinical feature: Warts & Verrucas

Special Exhibition Edition

DUBLIN 2006 Irish Nurse Magazine Healthcare Exhibition
4th & 5th OCTOBER 2006 : RDS - IRELAND further details inside
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www.scottishirishhealthcare.com
Surge of entries for BBHC awards

The most prestigious awards event for the healthcare built environment is set to break all previous records in 2006, following a late surge of entries.

Upwards of 150 trusts, healthcare architects, interior designers, contractors, facilities management organisations, caterers and consultants have submitted a wide range of innovative and stylish projects across the full breadth of categories.

An expert panel of 25 judges have been recruited to review the entries, before a shortlist of nominations is drawn up by a smaller, senior independent group of judges meeting at the beginning of October.

Senior judge and architectural advisor at the NHS Confederation’s Future Health Network Susan Francis said: “I am delighted to be associated with such an important awards event that will again help to raise awareness of the significant projects completed in the past year that are helping to modernise the healthcare built environment and improve patient care.”

The awards, which is supported by HD and is now in its eighth year, publicly recognises the achievements of trusts working in collaboration with the healthcare design and construction community. This year it is being held at the Hilton Metropole, London on the 2 November.

Preceding the awards event on 1 November, a one day conference, chaired by Dr Ann Noble of Architects for Health and examining issues surrounding ‘Innovation in healthcare design’ will wet the appetite of attendees.
The 16th Great Cappagh Walk was celebrated this year with a grand garden party, which was held recently on the grounds of Cappagh Orthopaedic Hospital & Bone Tumour Centre.

Each year Cappagh’s former patients undertake to walk a mile in their own local areas across Ireland, in an effort to raise funds for this long established and much loved hospital. Friends and family of ex-patients and those who took part in the walk were invited to the garden party for a day of fun and entertainment.

Walk a Mile and Help Others SMILE’ the highlight of the day was the attempt at a record breaking “Human Happy Face & SMILE” for the hospital. Nearly sixty former patients and ‘Friends of Cappagh’ took part on the day in helping to form an amazing happy Face with a bright red smile. Fun and laughter was brought to the grounds of Cappagh Hospital as the face and smile choreographed by Olive Morgan started to appear.

Cappagh Hospital would like to take this opportunity to thank everyone involved in this very successful event, including all those who got out walking and helped raise substantial much needed funds for the hospital.

(See opposite for information about Cappagh National Orthopaedic Hospital & Bone Tumour Centre)

Contact: Derry Ann Morgan
Cappagh Hospital Trust, Finglas
Dublin 11
Tel: 01-8340325
Mobile: 086-3815025

About Cappagh National Orthopaedic Hospital

Cappagh Hospital is the National Orthopaedic Hospital, the pioneers of Orthopaedic Surgery in Ireland. Since it’s beginning nearly 100 years ago, Cappagh has become synonymous with providing outstanding care for physically handicapped children, and is the centre for excellence in orthopaedic surgery in Ireland.

Cappagh National Orthopaedic Hospital has enhanced the quality of life of thousands of patients throughout the length and breadth of Ireland. Cappagh Hospital caters for children and adults alike, offering a full range of treatments and specialising in Joint Replacements, Scoliosis, Cerebral Palsy, Spina Bifida, Limb Lengthening and Sports Injuries. In addition, Cappagh treats the victims of Bone Tumour Cancer, a particularly harrowing and often fatal disease that primarily affects children and young adults.
Reduce Breast Cancer Risk with Good Diet

Reducing the risk of breast cancer with a healthy diet is the focus of a nutrition class in October by leading dietitian Aveen Bannon.

Run by Kelkin, the classes will advise on the current dietary recommendations for reducing the risk factors associated with breast cancer. They will also advise those undergoing treatment on which foods are best for them.

“Breast cancer is the second most common cause of cancer in Irish women with nearly 1,900 new cases of breast cancer in Ireland every year. 1 in 12 Irish women are at risk of developing the disease before the age of 75. However, more women than ever before are surviving breast cancer. Armed with to date nutritional information, individuals can make more informed and healthier lifestyle choices,” said Aveen.

The classes are being run to coincide with Breast Cancer Awareness Month and take place on the 4th October at 6.30pm in The Hilton Hotel, Dublin 2.

Entry is free. Anyone interested in attending can register by e-mailing labellingclasses@kelkin.ie and giving their contact details.

6 Month Research Opportunity

The Institute of Public Health in Ireland has been successfully awarded the tender to complete a health impact assessment (HIA) of the West Tyrone Area Plan. A key element of the HIA will be to conduct extensive quantitative and qualitative research over a 6 month period.

The Institute is currently inviting interested individuals or organisations to undertake this piece of work which will commence in November 2006.

Please visit: www.publichealth.ie/index.asp?locID=16&docID=674 to download the document for further details on the project requirements and submission information.

Should you require further information regarding the project, please contact Claire in the Belfast Office at 028 90648494 or email claire.higgins@publichealth.ie

Grow your own mushrooms

If you’ve spent the summer encouraging kids to grow their own vegetables, there’s no reason to stop now the season’s over. You can move onto other things such as mushrooms.

Encouraging children to grow their own mushrooms is a great way to kick-start their five-a-day diet. Mushrooms are stacked full of vitamins and minerals, including potassium to lower blood pressure and the antioxidant selenium. And one serving of mushrooms also provides about 20 to 40 percent of the daily value of copper, a mineral reputed to have cardioprotective properties.

You don’t need acres of land - or even a garden - to produce a ready supply of delicious fresh-tasting white cap mushrooms. Mushroom-growing kits are designed to grow indoors and one box provides everything you need for perfect crop. All you have to add is water.

Not only will you save on your grocery bill, kids will love discovering and harvesting the ‘magical’ crop. Follow the easy-to-understand instructions and mushrooms will start to appear in just over a fortnight.

The kits should provide three ‘flushes’ of mushrooms, after which the spent compost can be used in the garden as an excellent soil improver. Keep the mushrooms in a paper bag in the fridge, and add them raw to salads or as a filling in a delicious healthy omelette. There are three easy steps to follow and hey presto – you have mushrooms.

Handy tip - When harvesting mushrooms, carefully twist them upwards so you don’t disturb the compost and immature mushrooms.

Did you know?

14 raw white cap mushrooms typically contain:
10 kcals, 1.4g protein, 0.3g fat, 0.3g carbohydrate 0.9g fibre
For more details visit www.unwins-seeds.co.uk
All women need to understand breast cancer risk factors as incidence continues to increase

Action Breast Cancer (a division of the Irish Cancer Society) has recently launched Breast Cancer Awareness Month by announcing the key theme of the month - ‘know your risk’. Breast cancer experts are re-iterating the message that breast cancer is a complex disease and ultimately scientists don’t know what causes it or how to prevent it. However it is vital that all women aged over 18 years are aware of risk factors because the more women know, the better their chance of catching the disease early. Furthermore growing knowledge of certain risk factors for breast cancer means that women may be able to reduce their risk of developing the disease. The latest data from the National Cancer Registry states that there were 2,285 new cases of breast cancer in 2004 and this figure is projected to increase to 4,700 cases by 2020 which represents a 105% increase. Approximately 650 women die from breast cancer every year in Ireland.

Speaking at the launch Dr Patricia Fitzpatrick, Epidemiologist with BreastCheck, the National Breast Screening Programme and Senior Lecturer, UCD School of Public Health and Population Science said, “Every day we open a newspaper or turn on the radio and hear about something that seemingly increases our risk of getting breast cancer so Action Breast Cancer correctly took the decision to adopt ‘know your risk’ as the key theme for Breast Cancer Awareness Month 2006 to try and separate fact from fiction. A risk factor for breast cancer is anything that increases your chance of getting the disease. However, having a risk factor does not necessarily mean you will get breast cancer. Most women who have one or more breast cancer risk factors never develop the disease. Furthermore, many women with breast cancer don’t seem to have any of the risk factors we know about, apart from being female and getting older.”

The most important breast cancer risk factors are;

- Getting older (in Ireland, 78% of breast cancer cases are diagnosed in women over 50 years of age);
- Significant family history (recent studies suggest that 5-10% of breast cancer cases are hereditary as a result of gene changes);
- A previous breast cancer (women who have had breast cancer have an increased risk of getting breast cancer in the other breast or in another part of the same breast);

Other breast cancer risk factors which slightly increase a woman’s risk of developing breast cancer include:

- Starting periods early or having a late menopause;
- Having no children or having them late in life (after the age of 30 years);
- A history of benign (non-cancerous) breast lumps;
- Being on large doses of Hormone replacement therapy (HRT) over a long period of time (all women on HRT should have a mammogram every two years);
- Not breastfeeding (some studies show that breastfeeding for at least one year during your life may slightly decrease your risk of getting breast cancer);
- The pill (taking the contraceptive pill causes a small increase in risk. However, the risk gradually returns to normal after stopping taking it);
- Past treatment for Hodgkin’s Lymphoma (if you had radiotherapy to your chest in the past, you may be at an increased risk of getting breast cancer. This applies to women treated as children or in their 20s);
- Alcohol intake (women should aim for no more than 14 standard drinks per week, with some alcohol-free days. One standard drink is a glass of beer, a small glass of wine or one pub measure of spirits);
- Being overweight, not being physically active and smoking

Also speaking at the launch event, Abby Langtry, Manager, Action Breast Cancer said “We would urge all women to learn about these risk factors and think about them in terms of their own health. Increasing age is of-course the biggest risk factor however research conducted in 2005 by Action Breast Cancer shows that women are not aware of this. Women need to bear in mind that the risk of getting breast cancer up to age 30 years is only one in 1,900 and up to age 40 years is only one in 200. Up to age 50 years it goes up to one in 50 and up to age 60 years it is one in 23.

During Breast Cancer Awareness Month we will also work to dispel the completely unproven ‘myths’ around breast cancer which seem to receive so much media attention.

Women need to know that there is no evidence whatsoever that deodorants, antiperspirants, tight-fitting under-wired bras or breast implants cause breast cancer. In addition there is no evidence that any injury that causes bruising to the breast causes breast cancer or that major stress can cause breast cancer.”

The latest data from the National Cancer Registry states that there were 2265 new cases of breast cancer in 2004 and with the projected increase to 4,700 by 2020, there are significant challenges to be faced especially with the additional burden on services. Action Breast Cancer has to continue to promote the breast awareness and risk factor message. There needs to be an increase in screening of women over 50 years and women who are at a high risk of breast cancer, expanded treatment services, continued research into and development of new treatments and much more investment in follow-up, aftercare and support for women diagnosed with breast cancer.

Action Breast Cancer, a project of the Irish Cancer Society, is the leading provider of information and support for both diagnosed and undiagnosed women. The Action Breast Cancer (ABC), Breast Cancer Awareness Month campaign will comprise a month-long radio, press and outdoor advertising campaign which will be fronted by Victoria Smurfit. One of the main activities during the month will be the ABC roadshow which will kick off on Wednesday 13th September. The roadshow will visit 16 locations across the country, staying 1-2 days in each location during BCAM. The roadshow will visit the following locations; Donaghmede, Clondalkin and Swords in Dublin, Dundalk, Co. Louth, Dungloe and Ballybofey, Co. Donegal, Castlebar, Co. Mayo, Longford, Galway, Ennis, Killarney, Clonakilty and Douglas in Co. Cork, Waterford, Kilkenny and Newbridge, Co. Kildare. In all locations, women will be invited to drop in for information on breast cancer and breast health. They will be given free information packs and shown a breast awareness video. Please see www.cancer.ie/action for further information on the campaign.

For a free information pack, or to discuss your concerns with a specialist nurse, avail of the services of Action Breast Cancer’s Helpline by calling Freephone 1800 30 90 40 (week days 9am - 5pm)

For further information on the activities taking place during Breast Cancer Awareness Month, please contact Action Breast Cancer on (01) 2310 582

For further information and/or to arrange an interview with a speaker, please contact Deirdre Keane, Communications Officer, Irish Cancer Society tel.: (01) 2310 589 or (086) 8718859

www.scottishirishhealthcare.com 7
CHILDCARE SERVICES COST IRISH PARENTS €1.1 BILLION PER YEAR

New research reveals the impact of childcare on working parents

New research has revealed that Irish parents spend in the region of €1.1 billion per year on childcare. The survey showed that 29% of working parents use paid childcare services and pay an average of €482 on this childcare per month. This research was conducted by Nurofen for Children to better understand the impact of childcare on working parents.

One third (35%) of working parents took 5.5 working days on average off work to care for a sick/injured child in the 12 months prior to interview. The incidence of taking time off is considerably higher amongst working mothers than it is amongst working fathers (44% vs 27% respectively). The findings also showed that women who had to take time off, took almost twice as many days to look after a sick child than their male counterparts (6.8 days vs 3.6 days).

One third - 36% - of those who took time off work, took some of this time as unpaid leave representing a potential further economic burden of approximately €47.8 million to working parents.

16% of parents admitted to taking their child to childcare knowing that they were unwell but had no alternative childcare choice.

90% of parents reported that their child had suffered from an illness/ailment in the past 12 months with the most widespread child illnesses being coughs/colds/flu (79%) followed at some remove by fever/high temperature (56%) and sore throat (54%). These parents observed that their child contracted each of these conditions on average three times over this period. The illness experienced with the greatest frequency was general aches and pains (5.3 cases on average in the past year) followed by teething pains/discomfort (4.4 times on average).

The survey also questioned working parents on their attitudes to employment. 45% of working parents felt it is difficult for those with young children to progress in their jobs. 64% agreed that work nearly always comes second to parental duties with 45% of working parents hoping to cut back their working hours over the coming years. 35% of working parents agreed with the statement that they were not interested in being promoted.

Dr Stephen Murphy, GP commented, “Unfortunately for parents, particularly working parents, childhood and sickness go hand in hand. The classroom and crèche, where children are in close proximity to each other all day, can be a breeding ground for infections. During autumn and winter, windows in class rooms are generally closed and there is no room for air to circulate. Therefore illnesses such as coughs, colds, flu's and sore throats can be transmitted easily. At crèche age, the only way to avoid illnesses circulating to your children is to keep them away from the crèches until the virus has passed. In older children, parents can encourage prevention in order to reduce the risk of infection. Helpful tips include:

- Encourage your child to wash their hands regularly to avoid infection spreading
- Show your child how to cover their mouth and use a tissue to ‘contain’ sneezes and coughs
- Remind your child to drink lots of fluids. The inner lining of the nose and throat is the body's first line of defence against cold and flu viruses and these membranes need to be protected

General aches and pains, toothaches and dental discomfort can be simply part of childhood. However, if the pains persist and become problematic, there are treatments available that can alleviate your child’s symptoms. Speak to your pharmacist or GP about the best symptom relief for your child. If these symptoms persist or become worse, visit your GP to ensure your child does not suffering from a more serious condition.”

Nurofen for Children provides fast, effective and long lasting relief from pain and fever. It starts to work on fever in 15 minutes and lasts up to eight hours. Nurofen for Children contains Ibuprofen; speak to your pharmacist or GP for further information.
Exercise essential to reduce diabetes risk

Physically active people who have a large waist are less likely to develop Type 2 diabetes than those with the same waistline who are physically inactive. Research, published in the journal Diabetic Medicine, found the same pattern was seen among the lower waist size groups, with those who exercised regularly having a lower chance of developing Type 2 diabetes than those who did not.

The study of 1,812 people by the National Public Health Institute in Finland also shows that the physically inactive with a large waist had a five and a half times greater risk of developing the condition than physically active people with small waists. However, those in the same large waist group who exercised regularly lowered their risk to four and a half times.

People who do 30 minutes of moderate to intense physical activity five times a week have a reduced risk of developing Impaired Glucose Tolerance (IGT); an early indication that glucose is not being processed efficiently in the body, and Type 2 diabetes, than those who do no physical activity.

Simon O'Neill, Director of Care and Policy at Diabetes UK said 'We already know that physical activity plays a huge part in the prevention of Type 2 diabetes. Although this research demonstrates that physical activity reduces your risk irrespective of your waist size, a smaller waist reduces your risk further. Your waist should measure less than 31.5 inches for women, 37 inches for white and black men, and 35 inches for South Asian men. This can be achieved through a healthy, balanced diet, along side regular physical activity.'

Katja Borodulin, who led the study said 'Previous studies looking at the risk of developing Type 2 diabetes across the categories of physical activity and obesity have not focused on abdominal obesity. Our study provides new evidence of the joint associations of abdominal obesity and physical activity with the risk of Impaired Glucose Tolerance and Type 2 diabetes in apparently healthy individuals. However, these joint associations still remain unclear and will require further research.'

There are currently 2.1 million people with diabetes in the UK and a further 750,000 people who have the condition but do not yet know it. Undiagnosed diabetes leaves people at greater risk of developing diabetic complications such as blindness, heart disease, kidney failure and lower limb amputations. Early diagnosis helps to significantly reduce the risk of developing complications.

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Eating healthier foods will improve male fertility

Studies from around the globe are pointers towards diet as one of the major contributing factors when it comes to male fertility. Eating properly and focusing on certain healthy foods can help increase male fertility.

Decreasing male fertility rates over the past few decades have given rise to a new problem: troubles conceiving. Typically, when a couple is having problems getting pregnant, the man's fertility and sperm count are the first things called into question. It's a known fact that sperm count has decreased drastically over the last 20-30 years.

There are a number of foods that males should eat, and avoid eating, in order to provide the right conditions for sperm production. Stress is also another big factor.

Your body needs certain nutrients to produce sperm. Foods rich in zinc are a good place to start, which is why oysters, which are very rich in zinc, are often associated with a boosted sex drive.

Other essential nutrients include selenium, lycopene, folic acid, water, and a number of vitamins. A good place to start is to eliminate refined foods such as sugars and white flour.

Quitting smoking is also very important not only for healthy sperm counts, but for overall health. Trying to include more vegetables that are considered ‘leafy greens’ is always a good idea. Good examples of foods that will give a boost to sperm production include, but are not limited to: spinach, spirulina (seaweed), barley, lamb, asparagus, pumpkin seeds, flaxseed oil, oysters, and poultry.
One in eight deaths in the UK is from a Digestive System disease

An embarrassing problem people find hard to talk about is Digestive related disease. This can cause people to suffer for many years with constipation, bloating and flatulence or extreme stomach pain in some cases.

Yet despite these problems, life must go on, and without an immediate solution life does go on but often with great suffering. Take the recent example of Tennis Ace John Lloyd, published in the Daily Mail on Tuesday 22nd of August. Click here to see the full article online.

For 20 years John suffered with gut related disease. Even at his peak on the courts he suffered daily with stomach cramps and extreme stomach pain.

Unfortunately this is not an isolated story, recently published in a UK based health campaign an estimated five per cent of British adults suffer from long-standing illness of the digestive tract. Additionally more than 3 million people in the UK suffer from constipation every month.

Like many others John Lloyd spent many years searching for a solution to his problems.

Finally his search came to fruition at a party in Los Angeles. Here he was told of a Pro-Biotic formula (Friendly Bacteria) known as Healthy Trinity made by Natasha Treneve co-founder of The Probiotic Specialist Company Natren®.

Since his revelations to Daily Mail writer Graham Whitcroft, of his success using Healthy Trinity, UK Vitamin Manufacturer and Natren® Distributor– G&G Vitamins has had a flood of calls and requests for more information on this product.

Natren®’s Healthy Trinity® capsules take probiotics to the next level of effectiveness with a simplified system that is both easy to use and understand. Healthy Trinity® capsules contain all three of the most potent super strains of beneficial bacteria: Lactobacillus acidophilus, NAS adhesion super strain, 5 billion cfu per capsule; adult specific Bifidobacterium bifidum, Malyoth super strain, 20 billion cfu per capsule; and Lactobacillus bulgaricus LB-51 champion transient super strain, 5 billion cfu per capsule. These amazing super strains may also be found in Natren®’s other powders or capsules: Megadophilus®, Bifido Factor® and Digesta-Lac®.

Click here for full article online including testimonials (http://www.presseditor.co.uk/PRESS%20RELEASES/healthytrinity.html) To find out more visit www.natren.co.uk or contact 01342 312 811

Halloween Ball

Irish Heart Foundation Halloween Ball in association with Veuve Clicquot Four Seasons Hotel Dublin Saturday 21st October 2006

The Irish Heart Foundation and Veuve Clicquot are delighted to announce that this year’s annual Halloween Ball will take place on Saturday 21st October 2006, at the Four Seasons Hotel, Dublin.

Over the years, the enormous success of this gala charity evening has put the event at the front of the social and fashion calendar. This year’s event promises to be even bigger and better than ever, introducing an evening of full-on glamour, fine dining and superb entertainment with Paddy Cole and the All Stars. Guests will have an opportunity to bid for fabulous prizes, such as “an exclusive 2 days at the world famous ‘Veuve Clicquot Mansion’ in Rheims, with a tasting and tour of the Clicquot cellars and vineyards”.

The event offers the perfect opportunity to entertain clients and friends. Tickets cost €200 per person and €2,000 for a table of ten.

To reserve your table contact:
Nuala Campbell
T: 01 6685001
F: 01 6685896
Email: ncampbell@irishheart.ie
Ireland promotes HEALTHY EATING

The Irish government has stepped up its focus healthy eating with a new campaign to tackle the nation’s growing obesity problem.

Obesity is becoming one of Ireland’s most serious health problems, Health Minister Micheal Martin warned yesterday, revealing new statistics that suggest health foods could have significant potential in the small marketplace.

One in eight Irish people are obese and figures from the health department show that the nation has become steadily heavier, with a 30 per cent increase in reported obesity levels over the last four years.

“The key causes of obesity are linked to food habits and physical activity levels,” Martin said yesterday at the launch of a national public awareness campaign to tackle the issue.

Ireland’s weather, as well as poor sports facilities, were also blamed for sedentary lifestyles in a recent survey. The Every Step Counts campaign will try to encourage healthy eating and exercise through nationwide events during the coming months.

Increasing public awareness of healthy eating could boost the Irish market for functional foods - conservatively valued at $10 million (£8.3m). It is largely dominated by functional dairy products but a number of small and medium-sized firms have identified the growing opportunities offered by increasing demand for healthier foods.

The Irish government’s Enterprise Ireland initiative is currently offering these companies targeted skills training in a bid to boost their success in the marketplace.

Meanwhile Irish dairy firm Glanbia is investing €15 million in a new innovation centre to develop functional foods and health ingredients.
Healthcare Events ……..

in and around your area

● 4th October 2006
Expanding Practice in Nursing & Midwifery - 3rd Annual Conference of The Nursing & Midwifery Planning & Development Unit (Southern), Health Service Executive South Rochestown Park Hotel, Cork. Nurses & Midwives – you are invited to Present a Poster at the Conference. For Poster Criteria please email: HelenC.Walsh@mailp.hse.ie
Closing date for receipt of Posters: 11th August
Closing date for receipt of application forms: 15th September, 2006 Contact Helen Walsh, Tel. (021) 4927461, for further details

● 4th & 5th October 2006
Dublin 2006 : Irish Nurse Magazine Healthcare Exhibition Royal Dublin Showground, Ireland
Free Entry • Free Travel • Free Seminars

Seminars: Wednesday 4th October
Suicide Risk Awareness,
Drug & Alcohol Misuse, Depression

Thursday 5th October
ECG rhythm recognition in Cardiac Arrest,
Adult and Paediatric CPR guidelines,
Do not attempt resuscitation guidelines

Check website for further details or Tel. +44 (0)1292 284800 Email: stratheyr@btclick.com

● 6th October 2006
Practice, Progress and Professionalism - Irish Stoma Care and Colorectal Nurses Association Seminar
A seminar for anyone with an interest in Colorectal and Stoma Care Nursing. Robert Carmichael lecture Theatre, Beaumont Hospital, Dublin 9. An Bord Altranais Category 1 approved

● 10th October - Glasgow
Arterial Blood Gas Analysis, Chest X-ray Interpretation and Pulse Oximetry 09.00 – 16.30 Cost £95

We guarantee that you will be able to interpret ABGs with confidence by the end of this popular course. This course is conveniently packaged to include the interpretation of the chest x-ray ina number of common conditions and concludes with a series of challenging case study scenarios:
• Chest Xray
• AP and PA Chest X-rays
• Technical quality
• Step by step guide to chest x-ray interpretation

● 9th–11th October 2006
Diploma in stress management.
£1150 + vat. For further details on the aims and objectives of this course, please go to www.livingwithstress.co.uk/courses.asp or contact Living With Stress Ltd, Tel: 0870 737 0707

● 12th October 2006
Topics in Gerontological Nursing: The Acute Care of Older Adults
A one-day conference for Health Care Staff.
09.00 - 16.30
Richard Carmichael Lecture Theatre, Beaumont Hospital, Dublin 9. Cost: €50 (includes light lunch)
Topics for discussion include: Stroke Management
Assessment of the Older Adult, Fall Prevention,
Managing Patients with Dementia in the Acute Setting
Goal-Setting in the rehabilitation of Older Adults
For Application Forms and further information, please contact: Seán O’Brien: 8092131 / 8092513
Email: seanobrien@beaumont.ie

The Changing face of Parkinson’s Disease
Date: 17th October 2006
Time: 08.30 - 16.00hrs
Venue: Conference Room, Phase 1A, Mater Misericordiae University Hospital, Eccles St., Dublin 7
Contact: Centre for Nurse Education
Denise Farrell
Tel: 01 8032391 Fax: 01 803 4006
Email: cofned@mater.ie
Fee: 40euro includes lunch
17th – 18th October 2006
ACTION FOR EQUITY CONFERENCE
Four Seasons Hotel, Carlingford, Co Louth
A two-day conference organised by The Institute of Public Health in Ireland. A full programme and registration details available online shortly. The aim of this event is to: stimulate debate and secure action on equity in health This will be achieved by:

- Defining equity in health
- Identifying effective action
- Deciding on policies and approaches to improve equity
- Committing to action and accountability

A rich mix of plenary presentations, discussions, workshops, debate, drama and opportunities for networking. Speakers include:

- Mary Black, Health Action Zone Co-ordinator, North & West Belfast Health Action Zone
- Gro Harlem Brundtland, Director, American Programme Bureau; Former Norwegian Prime Minister and Director General, WHO
- Niall Crowley, Director, Equality Authority, Ireland
- David Gordon, Director, Townsend Centre for International Poverty Research
- Ilona Kickbusch, Advisor to Swiss Government on Public Health; Professor of Global Public Health, Yale University
- Inez McCormack, Northern Ireland Regional Secretary of UNISON
- Martin McKee, Professor of European Public Health, London School of Hygiene & Tropical Medicine and EU Advisor
- Monica McWilliams, Chief Commissioner, Northern Ireland Human Rights Commission
- Clive Needle, Director, EuroHealthNet
- Aileen O’Meara, Journalist
- Jane Wilde, Director, Institute of Public Health in Ireland
- Erio Ziggio, Director, WHO European Office for Health and Development.
The Conference is supported by Department of Health & Children, Ireland.Department of Health, Social Services & Public Safety, Northern Ireland

October 19-20
Common Ground: Playing Your Part in a Developing World
A two-day exhibition/workshop series on Thursday and Friday, 19 and 20 October 2006, to be held in the Silver Springs Conference Centre, Silver Springs Hotel, Tivoli, Cork.

The NGO sector, missionary organisations, youth organisations, third-level institutions offering courses in Development Studies, as well as community-based organisations, will be represented. The event will also afford an opportunity for dialogue and networking between these organisations. Further information: Jeremy Meehan, Director of Education, Bóthar. Tel. 021-487 8693
E-mail: jmeehan@indigo.ie

19th October
Ireland’s Annual Joint Midwives Conference. Sponsored by Johnson's Baby
Landmark Hotel, Carrick-on-Shannon, Co Leitrim, "WOMEN AND MIDWIVES - POLITICS AND PARTNERSHIPS" Call For Papers:
From Midwifery Students.Midwifery Students are invited to present a paper at the Conference Abstracts to be submitted before Friday, 1st September. Paper to reflect conference theme. Please submit a Short Abstract a piece of work/ research or information That you would like to share.
Invitation to Present a Poster: Midwives and Midwifery Students are invited to present a poster at the Conference. Closing Date:Friday, 1st September
Contact: Helen O'Connell (INO) Tel: 01 664 0616 Email: helen@ino.ie www.ino.ie or Mary Caddell (The Royal College of Midwives), Tel: 02890 241531 Email: aoneill@rcmnib.org.uk www.rcm.org.uk

20th October
Revolutionising Chronic Disease Management - The Role of the Electronic Patient Record’ for Medical, Nursing, Allied Health Professionals, Health Informaticians and Health Service Managers
Carlon Hotel, Dublin Airport, Old Airport Road, Cloghran, Co. Dublin. Purpose: This workshop will provide a forum for health service providers and health informaticians to exchange perspectives on:
- chronic disease and its management
- the role of the electronic patient record (EPR)
- medico-legal issues and the EPR
- steps to successful EPR implementation

Who should attend: Doctors, Nurses, Allied Health Professionals, Health Service Managers, Health Policy Makers, Health Informaticians, Computer Scientists and all those with an interest in understanding how electronic patient records can be exploited to enhance patient care. An Bord Altranais: Category 1 Approval. RCPI: Approved for 6 CME credits. Cost of Workshop:€150 (lunch and refreshments included). You are advised to register early as places are limited. For further information please contact Ann Jones at infer@beaumont.ie

RIGPA SPIRITUAL CARE EDUCATION AND TRAINING PROGRAMME - AUTUMN 2006 TRAININGS AND WORKSHOPS

Living Wills
Exploring the spiritual, practical and ethical issues.....Sept 29 -1 Oct

The following events have An Bord Altranais Category 1 Approval:

Deep Listening Compassionate Companyship
Led by Ros Oliver UKCP, ECP:________________________Oct 20 -22

Wisdom and Compassion in Care for the Dying Workshops
Led by Chris Whiteside and Kathy Zoomer

Dublin: Writers Museum ____________________________________________Oct 7-8
Limerick: Georgian House __________________________________________Nov 11 -12

Rigpa Spiritual Care Education and Training Programme addresses the spiritual dimension of dying and death and the practical knowledge most frequently requested by health care profes-
sionals for additional training. It is based on the highly acclaimed 'The Tibetan Book of Living and Dying' by Sogyal Rinpoche. It is aimed at health care professionals, holistic practitioners.

www.scottishirishhealthcare.com
\[26th\text{ October 2006}\]
\textbf{Irish Anaesthetic and Recovery Nurses Association (IARNA) Annual Conference}
The Rochestown Park Hotel, Douglas, Cork
Further details available from Fionuala O’Gorman at (021)4922237 or Email fionualao@eircom.net

\[7th - 8th\text{ November 2006}\]
\textbf{Inaugural All-Ireland Health Intelligence Conference - With its partners, Ireland and Northern Ireland’s Population Health Observatory (INIsPHO)} is pleased to announce this seminal event in the 2006 calendar.

Enquiries should be directed to:
Cynthia McMahon, Institute of Public Health in Ireland
Tel: +353 (0)1 478 6300
Email: cynthia.mcmahon@publichealth.ie
Leah Friend, Institute of Public Health in Ireland
Tel: +44 (0)28 90648494
Email: leah.friend@publichealth.ie

\[9th & 10th\text{ November – Edinburgh}\]
\textbf{Acute Medical Emergencies} 09.00 – 16.30, Cost £135
This very comprehensive and graphic course is a must for staff who deal with this type of patient. It provides a structured approach to the pathophysiology, epidemiology, clinical presentation and evidence based management of the acutely ill medical patient presenting with:
Contact Tracy on 01324 411013 for details of how to book or visit our website at www.cb-training.com to book online.

\[27th & 28th\text{ November – Glasgow}\]
\textbf{ECG Demystified} 09.00 – 16.30, Cost £145
Widey acclaimed as the ultimate guide to ECG interpretation this course will appeal to healthcare professionals who are involved in recording and interpretation of ECG’s. It is suitable for staff of all grades as it begins with a basic overview and builds up to an advanced level of interpretation over the two days. Last year 98% of attendees rated this course at 8 or more out of 10 in their evaluation.
Review of cardiac anatomy and coronary circulation
Practicalities of ECG Rhythm monitoring
Sinus Rhythm
Supraventricular Tachycardia
Ectopics
Atrial Fibrillation and atrial flutter
Heart Blocks
Cardiac Arrest rhythms
Recording a 12 lead ECG
The limb leads and chest leads
Cardiac Axis made easy

\[8th, 9th and 10th\text{ November 2006}\]
\textbf{7th Annual Interdisciplinary Research Conference of the School of Nursing & Midwifery Studies}
"Transforming Healthcare through Research, Education and Technology" If you require any further information about our Annual Interdisciplinary Research Conference please contact: Jeni Ryan, Administrative Officer - Events, Trinity College School of Nursing and Midwifery Studies, 24 O’Dlier Street, Dublin 2, Ireland Tel: +353 1 608 3660 Fax: +353 1 6083001 Managing Myeloma - Medical Treatments and Nursing
Implications Education Day for Haematology Nurses

\[10\text{ November 2006}\]
\textbf{Hilton Hotel, Dublin Airport, Dublin}
One day education meeting designed especially for nurses caring for those with myeloma. The day provides a comprehensive overview of the latest in disease management and clinical research in myeloma. Chair: Mary Kelly, CNS, Tallamore General Hospital Programme sessions, themes and workshops: Myeloma - An overview; diagnosis, staging and related disorders. Current treatments and management, new guidelines, management of relapse. New treatments, developments in the field. Nursing implications, Breakout Sessions, Patient Perspective Fees: £30 (Euro 45) For further information, application, registration and booking forms please apply to the event organiser: Kirsty Jamieson, IMF (UK) Lower Ground Floor, 37 York Place, Edinburgh EH1 3HP Tel: 0131 557 3332 Email: kirsty@myeloma.org.uk Web: http://www.myeloma.org.uk

\[1st December – Edinburgh\]
\textbf{Acute Surgical Emergencies} 09.00 – 16.30, Cost £95
This acute one-day course will appeal to staff of all grades working in busy acute surgical departments, High Dependency Units and Accident & Emergency. It will also provide a comprehensive update for experienced surgical nurses. A number of intriguing case study scenarios help relate the theory to clinical practice. Acute Surgical Emergencies provides a structural approach to the pathophysiology, epidemiology, clinical presentation and evidence-based management of the acutely ill surgical patient presenting with:
• Ruptured Aortic Aneurysm • Gastrointestinal Bleeding • Pancreatitis • Ectopic pregnancy • Peritonitis • Appendicitis
• Ruptured Spleen • Ischaemic Limbs
Contact Tracy on 01324 411013 for details of how to book or visit our website at www.cb-training.com to book online.

\[Northern Ireland Branch: Infection Control Nurses Association\]
\textbf{Regional Conference} CLEAN CARE = SAFER CARE
\textbf{Thursday 2 November 2006, Glenavon House Hotel, Cookstown} Cost: £50
The Northern Ireland Branch of the Infection Control Nurses Association is hosting its annual conference on 2 November 2006 in Cookstown.

The conference will cover a range of topics such as Pandemic Flu Planning, Clostridium difficile, Challenging Wounds, Environmental Cleanliness, Hand Hygiene, Prevalence Survey of Healthcare Associated Infections in Acute Hospitals, Antimicrobial Resistance – ESBL’s, and Infection Prevention and Control Precautions.

For further information: Email: brenda.mason@greenpark.n-i.nhs.uk
Welcome back! In this issue we are going to look at a group of heart beats called ectopics.

You'll often hear ectopics referred to as **extrasystoles**. Ectopics beats refer to impulses that occur earlier than expected in the cardiac cycle i.e. they are **premature**.

The two main types of ectopics that you will see are:
- Atrial ectopics (sometimes referred to as premature atrial contractions or supraventricular ectopics) and
- Ventricular ectopics (sometimes referred to as premature ventricular contractions)

**Atrial ectopics:**
Atrial ectopics occur when an irritable focus within the atria fires off an impulse before the sinoatrial node. This impulse travels through the atria resulting in a P wave although the P wave morphology (shape) is different to the normal P waves.

The impulse generated by the ectopic travels through the atrioventricular node and down to the ventricles like any normal impulse would. This results in a normal QRS complex.

When an atrial ectopic occurs every second beat it is known as **atrial bigeminy**

**What to look for on the ECG:**
- The ectopic beat comes early in the cardiac cycle
- The P wave is present as the atria depolarise
- The P wave shape is different to the normal ones as the impulse doesn’t originate in the SA node and therefore travels through the atria differently
- The QRS complex the same as the normal one as once through the AV node the impulse is transmitted normally through the bundle of His and bundle branches

Look for these features in the following example of an atrial ectopic:

![ECG example](image)

Which beat do you think comes early? Number 6 – the last beat on the strip comes in earlier than the others. This is your atrial ectopic. Note that it has a differently shaped P wave but a QRS that is the same as the others.

**Atrial ectopics may occur in the following:**
- A normal benign finding
- Anxiety
- Drugs and stimulant e.g. alcohol, excessive smoking
- Heart failure
- Atrial hypertrophy
- Electrolyte disorders

Isolated or infrequent atrial ectopics do occur in healthy individuals and are generally clinically insignificant. If they are appearing very frequently, for example more than 10 of them a minute, this may herald the onset of a more serious rhythm disturbance called atrial fibrillation – we'll look at that in the next issue.

However in general the best form of management for atrial ectopics is often to note them then ignore them!
ECG Rhythms

VENTRICULAR ECTOPICS

Ventricular ectopics occur when an irritable focus within the ventricle fires off an impulse before the sinoatrial node. The impulse travels through the ventricular myocardium resulting in a large, wide and bizarre shaped QRS complex. (usually wider than 0.12 secs)

The underlying pacing of the sinoatrial node is unaffected and so the beat after the ventricular ectopic will arrive on time. This results in a compensatory pause.

Two successive ventricular ectopics are referred to as ‘couples’. Short burst of three or more consecutive ventricular ectopics are referred to as salvoes.

When a ventricular ectopic occurs every second beat it is known as ventricular bigeminy

What to look for on the ECG:

- The ectopic beat comes early in the cardiac cycle
- The P wave is not obviously visible
- The QRS complex is a wide bizarre shape as the impulse is transmitted through the myocardium and not the conduction system. This is a slower mechanism that causes a widening of the QRS

Look for these features in the following example of a ventricular ectopic:

Which beat do you think comes early?

If you identified number 3 well done. You may notice a pause after the ectopic. Try this exercise:

Place a piece of paper over the ectopic and make a pencil mark on the QRS of the beat immediately before the ectopic and another on the QRS immediately after the ectopic. You will have two pencil marks now. Place the first pencil mark on the beat after the ectopic – where does the second one come in? - two cycles later. You’ve just demonstrated a full compensatory pause seen after ventricular ectopics.

Uniform and Multiform Ventricular Ectopics

It is useful to observe the morphology of the ventricular ectopics you see. Ventricular ectopics of the same morphology are referred to as uniform whereas those with quite different morphology are referred to as multiform. This may be due to ectopics arising from different foci or traveling through the ventricular myocardium is different ways

This example shows uniform ventricular ectopics:

This example shows multiform ventricular ectopics:

Ventricular ectopics may occur for a number of reasons but are most commonly seen in the early stages after myocardial infarction when the ventricles are irritable – they usually settle down and eventually disappear! They may also occur in the following:

- A normal benign finding
- Anxiety
- Drugs and stimulants e.g. alcohol, excessive smoking
- Ventricular hypertrophy
- Electrolyte disorders

Don’t get too uptight about ventricular ectopics as it is very unlikely that they will require treatment. Just keep an eye on your patient and don’t get too concerned by what you see on the monitor!

Join us again in the next issue when we will examine the most commonly encountered chronic rhythm disturbance called atrial fibrillation.

In the meantime if you want to enhance your ECG skills then why not sign up for our new online ECG programme. Available for only £25! For further details see the advert in this issue or visit our web site at www.cb-training.com.

Charlie Bloe BSc RGN NDN ITU cert

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MRSA level reduced in a Spinal Care Injury Unit

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Abstract
Having adopted a proactive approach to the management of patients colonised with meticillin-resistant *Staphylococcus aureus* and implemented the Infection Control Nurses Audit Tool in 2005 we have been able to demonstrate that we found a reduction in the level of MRSA colonisation in our patient population within our Spinal Cord Injury Unit while simultaneously achieving high scores in several aspects of care and the level of environmental cleanliness subjected to audit. We believe that having a proactive management approach for patients with MRSA colonisation, achieving a high standard on audit of care practices such as hand hygiene, the correct wearing of PPE, clean medical equipment on the ward and a clean ward environment, that despite the lack of a proven association between low infection levels and high cleanliness standards these combined reflect the desired high standard of patient care.

Introduction
Meticillin-resistant *Staphylococcus aureus* (MRSA) remains endemic in many UK hospitals (Coia et al, 2006). The primary mechanism of its spread is believed to be due to direct contact between source patients and healthcare workers (Pittet et al, 2000; Mc Bryde et al, 2004). While contaminated equipment and the general hospital environment can be a potential source of this organism (French et al, 2004; Sykes et al, 2006). Other contributing factors to the level of MRSA in any ward is a heavy nursing work load (Vicca, 1999; Bignardi and Askew, 2000), high turnover and high bed occupancy rates (Cunningham et al, 2005).

To reduce the risk of acquisition of this organism effective hand hygiene using antimicrobial soaps and alcohol gels at the bed side for the decontamination of healthcare workers, patients and visitors hands is well recognised as is the wearing of PPE for all interactions with known colonised or infected patients (Damani, 1997). Also the coordination of cleaning within the ward between nurses, domestic services and estates services is essential so that the health and safety of the patients are not compromised (Wiseman, 2004). The development of an appropriately educated infection prevention and control link nurse within the ward setting is also considered an essential element of any initiative to reduce ward infection rates (Cooper, 2004). To date however there is no evidence that demonstrates a consistent relationship between MRSA bacteraemia levels and hospital cleanliness (Green et al, 2006).

Our Ward and Patients
The Spinal Cord Injury Unit (SCIU) at Musgrave Park Hospital is a 15 bedded unit dedicated to the care of patients requiring rehabilitation from spinal cord injuries. From 2000 - 2005 we had 380 patients admitted to the unit. Seventy-five patients were treated for MRSA infection and or colonisation in that period. Table 1
We successfully reduced our MRSA rates during 2005. There were several contributing factors we believe to this reduction.

MRSA patient management
We undertook a proactive approach between medical staff, nursing staff and infection prevention and control staff to the management of MRSA patients. All patients are screened on admission for MRSA from the carrier sites of the nose and perineum and any other potential sites of infection e.g. urinary catheter (CSU), PEG tube site, or any open lesion. Where possible patients were placed in a single room until the results of screening was available – usually within four days of admission. Treatment was instigated immediately on identification of positive results. All treatments were well documented in both nursing and medical notes. Medical and nursing staff adhered strictly to treatment / decolonising regimes. Rescreening was undertaken and results followed up and acted upon. Rescreening was discontinued following three negative screens or following three failed attempts to decolonise. Single room care of patients with persistent carriage is undertaken where possible.

Our Ward Hygiene, Standard of Equipment Cleanliness and Care Practices
Using the Infection Control Nurses Association Audit Tool on a hand held device the standard of hygiene in all wards, the cleanliness of equipment and care practices such as hand hygiene and the wearing of personal protective equipment was conducted throughout the hospital and in our ward by the Infection Prevention and Control Nursing team and link staff on wards.

The scores we obtained for Environmental Cleanliness, Equipment Cleanliness, Hand Hygiene and the use of PPE exceeded all other wards scores when our results were compared. They are displayed and compared to the average scores attained by combining the scores of 10 other wards. Table 2. This audit system has allowed us to adopt an intra-Trust benchmarking system where trends can be identified year on year.

Contributing Factors
The SCIU has a low patient turn over rate, and there is also a low staff turn over rate. The ward had daily input from an attending physician who is actively involved in the treatment of patients with MRSA. There are clearly defined responsibilities for cleaning between domestic services, nursing staff and estate service.

Infection Prevention and Control Nursing Team and Link Nurse
The SCIU has a dedicated Infection Prevention and Control Link nurse who is well supported by the ward manager in her role. Having a proactive infection prevention and control link nurse has made communication between the IP&C team and the ward teams more effective and the engagement of link staff in audit is considered essential in developing their awareness. The Infection Prevention and Control Nursing Team have a dedicated member of staff to follow up MRSA patients in the SCIU on a weekly basis, this involves discussing MRSA screen results and decolonisation regimes with staff.

Summary
We believe that the successful reduction of the rates of MRSA in our SCIU is the result of a multifactor approach as outlined. No single subject area can be identified as having a specific effect however in combination we have achieved a desired outcome of reducing the level of MRSA in our unit. Table 2


References


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To find out more about hai-impact - and our other online Clinical Training Courses - visit www.cb-training.com.
Alternatively contact our Clinical Director Jane Kennedy on 01899 229 337 or email jane.kennedy@cb-training.com. There’s even a demonstration site so you can experience hai-impact first-hand before you sign up.

1000 PLACES TAKEN IN FIRST 48HRS
A major new patient initiative, the Vesicare Information Programme (VIP) has been launched to provide advice and support for people who are prescribed Vesicare® (solifenacin) for overactive bladder. Compliance with treatment in this disease area is known to be poor, with the majority of patients discontinuing treatment within the first three months. However those who do make it this far, tend to stick with treatment for the long term. The VIP focuses on giving patients intensive, individually tailored support through the initial 3 months, to give them an improved chance of a better outcome in the long term.

The VIP explains to patients what they can expect to achieve in terms of symptom reduction and offers help in coping with any side effects of their treatment. The programme is unique in this disease area and may be offered to patients by their doctor, nurse or pharmacist after Vesicare has been prescribed. Vesicare patients are able to join the VIP by mail, phone or website (www.vestellas-vip.co.uk). Once they do a whole host of information and support is available, including: Helpful Hints booklet - containing easy to follow information on overactive bladder and treatments

Progress Monitor booklet - to encourage compliance and allow patients to see the changes in their condition Simple reminders to take their medicine, in the form of stickers, fridge magnets and a keyring. A DVD programme containing useful tips on living with overactive bladder and taking Vesicare. Access to the VIP website where further information on their condition can be found.

What makes the VIP club really unique are the compliance reminders in the form of text alerts, email, phone calls and mailings as well as access to a qualified Nurse via the VIP care line. It has been recognised that clearly explaining to patients what they can expect from treatment in terms of symptom reduction and side effects can lead to significant improvements in compliance and patient outcomes.

Dr Dawn Harper, GP from Stroud explains, “GPs have a considerable problem with patient expectation and compliance in the field of urinary incontinence and overactive bladder. A programme that helps to educate patients about their condition and supports them during the critical three month period can only be of benefit”.

GPs, nurses and pharmacists can request further information on the VIP by calling the helpline on 0800 0727 740.

Dräger Medical UK appoints new Modality Manager for Perioperative Care

Dräger Medical UK is delighted to announce the appointment of Anne Pattinson to the position of Modality Manager for Perioperative Care.

Prior to taking up her new appointment Anne worked as an international product manager for Clement Clarke’s International Diagnostics and Spirometry divisions and with Hilltron Ltd as a Medical Device Equipping Consultant for National and International PFI projects.

Anne returns to Dräger Medical after an absence of almost 3 years. Her previous roles with the company included Acute Care Specialist and Sales Specialist for Emergency Medicine, Anne brings back to Dräger her experience of working in operating theatres within the NHS, Private sectors and also the Riyadh Military Hospital, Saudi Arabia. She is a qualified ODP and has an MBA in Business Management.

In her new position Anne will serve as an integral part of the Dräger Medical UK marketing management team, working with clinical product developers, customers and advisory groups to help ensure Dräger Medical’s continuing development of state-of-the-art Perioperative Care Area solutions for its customers.

BAYER DIAGNOSTICS HELP TO REMOVE THE DOUBT FROM hCG TESTING IN DERBY

Pregnancy testing at Derby City Hospital, Derbyshire Royal Infirmary and many of the city’s GP practices, is currently being standardised on the Bayer Diagnostics Clinitek Status® Urine Chemistry Analyser.

The Clinitek Status® was chosen as it is a meter-read system that takes away the subjectivity associated with visually read pregnancy tests. This is particularly important in a hospital environment where clinicians must avoid carrying out certain procedures on patients who may be pregnant. In Derby, hCG testing is now routinely undertaken in heavy use departments such as gynaecology and A&E as well as in light use units including X-ray and surgical and medical assessments.

Staff reaction has been very favourable – the system is easy to use and provides an automated reading facility for both MultiStrips® urine test strips and Clinitek® hCG cassette. With a 250 test memory and the ability to print out results and download data to computer, the Clinitek® Status provides a detailed audit trail for near patient urinalysis.

For more information please contact
Theresa Shapland, +44 (01635) 566265,
theresa.shapland.ts@bayer.co.uk
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  - 70-90% of first time users noted Clean Catch improvement over conventional method, 100% of second time users.

- General healthcare benefits
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Temple Street Childrens University Hospital provides specialist paediatric care for children from all over Ireland.

Over 123,000 patients are cared for every year with over 33% of our in-patients coming from outside Dublin. With almost 60,000 children attending Accident and Emergency, it is one of the busiest A&E departments in Europe.

As the hospital provides increasingly specialised services to the children in its care, the demand on its limited resources grows. The hospital needs to continue to develop specialist skills, introduce new technologies and produce the best possible environment for the children in its care.

The Fundraising Office was established to enhance, develop and fund new equipment, new technology and new medical specialities within all areas of the hospital. We have 6 full-time staff working in the fundraising office to enhance the services available to patients in our care and has raised over €10m in the past 5 years. Some of the major projects we have funded include the following:

Redevelopment of the Intensive Care Unit – €2.5m
Purchase of Tandem Mass Spectrometre – €0.5m

Our current fundraising project is to purchase a CT scanner for the Radiology department. A CT Scanner is a high-tech scanner for diagnosis, in particular the emergency diagnosis of brain and body injury. It is also critical in the diagnosis of skull deformities, ear disease, lung disease brain and bone tumours. The key to effective treatment is early and accurate diagnosis and without a CT scanner here in the hospital critically ill children or children who have been involved in a serious accident have to transported to the Mater or Beaumont hospital for a CT Scan. In these hospitals our children have to compete in a busy adult hospital environment which is less than ideal for the treatment of children and babies. The cost of this project is 1.3 million.

Some of the events that we will run this year to raise much needed funds for the Hospital are as follows...
How YOU can help?

Attend one of our events listed above – for further information please contact the fundraising office on the number below. Volunteer a day or even a couple of hours of your time and help us sell our spooky keyrings at various collection points around the city and surrounding counties. This is the only campaign where we rely solely on the help of Volunteers to make it a success.

Make a donation – we accept the following donations by: Credit card – log onto our website or call the fundraising office. Post – send a cheque, postal order or bankdraft made payable to Temple Street Children’s Hospital to the address below:

Thank you for taking the time to read this information, and any support you can give us will be very much appreciated and acknowledged.

Suzanne O’Reilly
The Fundraising Office
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**Professional Development for Health Service Personnel**

The Institute of Public Administration is the Irish public sector management development agency. This autumn, we offer the following National University of Ireland (NUI) accredited programmes catering to the educational and career needs of staff in the Irish Health Services. Managers, administrative and technical personnel across all disciplines in the Health Services have undertaken these programmes as an integral part of their professional development.

<table>
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<th>CERTIFICATE IN HEALTH SERVICES</th>
<th>DIPLOMA IN HEALTH SERVICES POLICY</th>
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| This programme will familiarise you with the current health service reform process and major health policy documents. It provides a comprehensive understanding of the Irish health service, health and related legislation and current service issues affecting the key programmes and care groups. It is designed for staff from all disciplines working in the health services who wish to broaden their understanding of the structure and function of the Irish health system. | The Diploma has been designed as a development of and follow up to the Certificate in Health Services. It will provide a more in-depth and analytical treatment of the health services and build on the foundation coverage of health services and policy provided by the Certificate programme. The course is intended to be another important step in the career development path of health care staff of who are working in the context of the current reform process in the Irish Health Services. This programme has been submitted for accreditation by the National University of Ireland. | This 18-month programme addresses the core areas of management competency for health sector managers such as:
- planning & managing resources
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- influencing people and events.

The Diploma will be of interest to those who have recently moved into management roles in the health sector, or existing managers who wish to formalise and develop their management skills in a healthcare context. |

In addition to the above Health Specific programmes, the IPA offers an innovative suite of accredited programmes such as those outlined below. Many of these programmes are offered on a distance learning basis and are accredited by the NUI and other professional bodies. Programmes are also offered in Finance, Information Technology, Human Resource and general Management. For a full listing of all Certificate & Diploma programmes, please log onto our website [www.ipa.ie/training](http://www.ipa.ie/training).

<table>
<thead>
<tr>
<th>CERTIFICATE IN PERSONAL EFFECTIVENESS AND MANAGING PERFORMANCE</th>
<th>DIPLOMA IN THE MANAGEMENT OF MODERN PUBLIC SERVICE DELIVERY</th>
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<td>This is a programme of development that has been designed to enhance professional competence for managers and other staff members from across the public service who are concerned with meeting their current and future training and development needs. The programme has been developed in response to the performance management and development systems currently being introduced across the public sector.</td>
<td>This innovative new programme is designed to provide a thorough professional grounding in the theory and practice of public service delivery and to equip managers and potential managers in these areas with the skills and understanding to deliver high quality customer and citizen-oriented services.</td>
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<th>CERTIFICATE IN MANAGING CHANGE</th>
<th>CERTIFICATE &amp; DIPLOMA IN PROJECT MANAGEMENT</th>
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<td>This certificate is ideally suited to managers and project team leaders charged with leading, communicating and implementing change in their organisation. It provides participants with an invaluable set of practical skills and techniques to help them to introduce and manage change in the workplace as well as understand how others manage change and how change impacts on them.</td>
<td>The Certificate in Project Management covers best practice in project initiation, project planning and managing people in a project setting. The Diploma programme introduces a range of approaches including frameworks and methodologies that can be applied in evaluating the feasibility and resource implications of projects, allocating resources and managing risks.</td>
</tr>
</tbody>
</table>

For further information, please contact:

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Abstract: Pulmonary Embolism (PE) is often a devastating condition that can result in sudden death. This article explores the predisposing factors, clinical presentation and management strategies in PE.

Pulmonary Embolism (PE) is a relatively common and potentially fatal condition that is a leading cause of death in all age groups.

Pulmonary embolism is any condition in which the pulmonary artery becomes obstructed by a foreign mass or embolus. Generally the most serious presentation is where the main pulmonary trunk or one of the main right or left branches becomes obstructed.

Causes of PE
The main cause of PE is thrombus. Thrombosis in veins is triggered by Virchows triad of:

- Venostasis
- Vessel wall inflammation
- Hypercoagulability

The main sources of clot are

- Deep venous thrombosis (DVT) e.g. iliofemoral or axillary vein thrombosis

Other potential causes of PE are:

- Fat e.g. from long bone fracture
- Tumour
- Amniotic fluid embolism
- Miscellaneous e.g. impure intravenously injected drugs

‘Economy Class Syndrome’: It is acknowledged that travelling for long periods of time by any transport mode may increase the risk of DVT due to immobility. Hyperbaric hypoxia in combination with immobility and dehydration may explain air travellers increased risk of thrombosis. Clearly more work needs to be done in this area in order to improve our understanding of the potential risk of air travel.

Fig 1: Atrial fibrillation ~ a common cause of thrombus
Major & Massive Pulmonary Embolism

Predisposing factors for Pulmonary Embolism

- Age
- Immobility
- Cancer
- Obesity
- Previous thromboembolism
- Varicose veins
- Pregnancy
- Genetic coagulation defects

Clinical features:

Patients with a major or massive pulmonary embolism may present with the following clinical signs:

- Sudden loss of cardiac output (pulseless electrical activity)
- Hypotension
- Hypoxia
- Dyspnoea
- Tachypnoea
- Chest pain – the chest pain may be pleuritic in nature although it may present as acute myocardial ischaemia
- Raised jugular venous pressure
- Haemoptysis
- Signs of deep venous thrombosis

Prior to any interventional procedures a pre test probability may be undertaken using the clinical model suggested by Wells. (Wells, PS et al.1998) Table 1. The pre test probability can be used with the result of a D-Dimer blood test to decide on the next step in the management of the patient.

Table 1

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
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<tbody>
<tr>
<td>Clinical signs of DVT</td>
<td>3</td>
</tr>
<tr>
<td>Active cancer (treatment ongoing or within 6 months or palliative)</td>
<td>1</td>
</tr>
<tr>
<td>Immobilisation (bed rest for &gt; 3 days or surgery in past 4 weeks)</td>
<td>1.5</td>
</tr>
<tr>
<td>Previous history of PE or DVT</td>
<td>1.5</td>
</tr>
<tr>
<td>Heart rate &gt; 100</td>
<td>1.5</td>
</tr>
<tr>
<td>Haemoptysis</td>
<td>1</td>
</tr>
<tr>
<td>PE as most likely diagnosis on clinical review</td>
<td>3</td>
</tr>
</tbody>
</table>

Diagnostic tests for PE

Nuclear scintigraphic ventilation-perfusion (V/Q) scan:
- Diagnostic patterns are classified as high probability.

Chest x-ray:
- The chest x-ray may well appear normal initially. The presence of Westermarks sign, a darker area representing reduced perfusion, is suggestive of PE. Pleural effusions may be present.

Echocardiography:
- May demonstrate signs of right atrial and ventricular dilation and dysfunction.

12-Lead ECG
- May be normal although generalised T wave changes, P Pulmonale and right bundle branch block may be apparent. P Pulmonale appears as a tall, peaked P wave on the ECG and is suggestive of right atrial hypertrophy.

Arterial Blood Gas
- Invariably demonstrate hypoxia and respiratory alkalosis in which case the PO2 will be low, the pH will be greater than 7.45 and the PCO2 will be raised

Pulmonary Angiography
- Remains the gold standard test and will often demonstrate obstruction to pulmonary arterial blood flow

CT Scan (computerised tomographic angiography)
- Good at detecting larger emboli but less sensitive for smaller multiple emboli that have lodged in more distal vessels

D-Dimer
- Plasmin attacks fibrin clot producing fibrin degradation products and d-dimers hence an elevated result provides evidence of fibrinolysis but is not necessarily diagnostic for a pulmonary embolism
Management of Pulmonary Embolism

- If the patient presents as a cardiac arrest resuscitation should be initiated following the Resuscitation Council (UK) guidelines.

- Early mobilisation – avoiding prolonged bed rest wherever possible will greatly assist in the prevention of immobility related complications such as pulmonary embolism.

- Subcutaneous heparin – the administration of 5000iu of heparin subcutaneously is an effective preventative measure.

- TED stockings (thromboembolic deterrent stockings) – these are useful in improving venous return from the lower legs.

- Vena cava filters – these filters can be placed in the vena cava and may be considered in patients who cannot be anticoagulated, after surgical embolectomy or for patients with recurrent PE despite anticoagulation.

Further reading


Anderson DR, Wells PS. Improvements in the diagnostic approach for patients with suspected deep venous thrombosis or pulmonary embolism. Thromb Haemost 1999; 82 (2) 878-886.


Anticoagulation

Stable and less seriously ill patients may be administered subcutaneous low molecular weight heparin as per weight. Warfarin may also be initiated with a view to longer-term anticoagulation.

However more unstable patients presenting with hypotension and signs of right ventricular failure may be commenced on intravenous thrombolysis such as tissue plasminogen activator.

Prophylaxis

Nurses are encouraged to identify patients who are potentially at risk of pulmonary embolism and introduce preventative measures:

- High flow oxygen via a face mask will be required to maintain oxygen saturations above 90%.

- Intravenous opioid such as Morphine may be administered.

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Warts and Verrucas

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Warts and verrucas, although not serious conditions, can be unsightly and often embarrassing, which is why most people want to remove them. The most common treatments contain keratolytic agents such as salicylic acid, which gradually break down the layers of thickened skin. These types of treatments require time and dedication as the treatment is applied every day for several weeks. Professional treatments include cryotherapy using Liquid Nitrogen, or surgical removal and even laser therapy.

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Clinical Feature: Warts and Verrucas

A wart is a cauliflower shaped fleshy growth on the skin caused by a viral infection with the human papilloma virus (HPV). A verruca is simply a wart that occurs on the soles of the feet.

Warts and verrucas are extremely common and most people will develop them at some time in their life. They are rarely seen in children under the age of 3 years but are more common after this age and affect about 1 in 10 people in the UK at any one time.

In general warts are not troublesome although they can be unsightly and due to their position verrucas cause significant discomfort when walking.

Warts are contagious although the risk of passing them onto others may be low. The skin cells of the wart can release viruses particularly if scratched or if the skin is wet or macerated. Verrucas may release virus onto wet surfaces in swimming pools and communal shower areas infecting the wet and receptive skin of others. Individuals with abrasions or cuts would appear to be more vulnerable. Warts are more likely to occur on areas that are more likely to be damaged and as a consequence they tend to be seen on fingers, knees, elbows and feet.

There are over 70 different subtypes of the human papilloma virus. It may take a considerable time after exposure to the virus for the wart to develop.

Classification of warts

• Common wart (verruca vulgaris) As the name suggests this is the most common wart accounting for about 70% of warts. This is the classical cauliflower type lesion occurring singly or in small clusters typically affecting the hands and feet.

• Plantar wart - This is a verruca and affects the sole of the feet. Due to pressure from walking it tends to be flatter than common warts. Small black spots may be seen in the verruca and this is due to bleeding within the verruca caused by damage when walking and standing.

• Plane wart (verruca plana) Again this is a smoother and flat or slightly raised flesh coloured wart often found on the hands.

• Mosaic wart - This is when a small cluster of warts occur in a certain location

• Filiform warts - These longer warts are typically found on the face and especially the eyes.

Treatment of warts

Most warts will eventually disappear within a year or so without treatment and there is no real need to treat them if they are not causing problems. However some are painful and unsightly. Warts on the hands can get traumatised and bleed, becoming more painful.

Salicylic acid:

There are a number of creams and lotions containing salicylic acid that can be applied topically to warts for example Wartner. They may damage healthy surrounding tissue and should therefore be applied with care. Surrounding skin can be protected with Vaseline.

Salicylic acid works by destroying the thickened skin of the wart allowing the remainder of the lesion to be gently rubbed off with a pumice stone. Stubborn warts may take several months to remove in this way.

Cryotherapy

Freezing warts with liquid Nitrogen is an effective and popular way to remove warts. Liquid Nitrogen is placed onto the wart by an applicator and treatment is usually done by the GP. However over the counter freezing systems are now available for example Wartner. Cryotherapy treatment can be painful and can also damage normal surrounding skin.

There are other treatment options available such as covering the warts with tape or having a chiropodist pare or rub down the lesion.

Prevention:

• It is best to avoid damaging warts by scratching. Also avoid placing the affected finger in the mouth

• Avoid direct contact with another persons warts and don’t share towels, socks or shoes of an affected person

• A child with warts or verrucas can go swimming as normal. It may be helpful to cover the verruca it with special socks or plasters which you can buy from pharmacies.

For more information visit the web site for The British Association of Dermatologists
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Gerry Donohoe, Alliance Nurses Agency

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Welcome to St. Francis Hospice
St. Francis Hospice provides a specialist palliative care service for the people of North Dublin City and County in advanced stages of cancer and motor neurone disease, as well as support for their family and friends. St. Francis Hospice is a voluntary organisation under the care of the Daughters of Charity of St. Vincent de Paul, and was founded in 1989. It is located in Raheny Village, approximately five miles north of Dublin city centre.

Our Services
St. Francis Hospice aims to provide quality care at a physical, emotional, psychological, spiritual and social level, which respects the needs and wishes of each person. The service is based on a Christian philosophy, which recognises the need to treat each person with dignity, respect and compassion, irrespective of their cultural or religious background.

The Services we offer include:
- Home Care, which works in conjunction with the patient’s primary care team to advise and support families caring for a loved one, and to enable the person to be cared for in his/her own home
- Hospice Day Care, which provides additional care and support to patients living at home
- St. Anne’s In-Patient Unit, a 19-bed unit which offers admission for respite care, symptom management, and specialised care in the final stages of illness
- Bereavement Care for a patient’s family and friends

The comprehensive model of care includes spiritual support, complementary therapies, and input from other allied health care professionals. More than 200 volunteers contribute to every aspect of service delivery.

Education and Research
Education and research are core components of any Hospice or Palliative Care service. St. Francis Hospice is committed to continuing education for Hospice employees and for other health care workers in the community, to ensure the delivery of good quality patient and family care.

The Education Department at St. Francis Hospice has been offering courses and workshops, as well as in-service education programmes, since 1997. Our Centre for Continuing Studies is a state-of-the-art education centre, officially opened in July 2002.

Career Opportunities
St. Francis Hospice is an equal opportunities employer. Please check our web site regularly for career opportunities: www.stfrancishospice.ie/careers

Looking to the Future
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Walmer Villa, part of the St. Francis Hospice Raheny site, is currently being renovated with a view to providing out-patient services such as a lymphoedema clinic.

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Until then, please contact St. Francis Hospice with any informal queries.

6th Annual Kaleidoscope International Palliative Care Conference
St. Francis Hospice holds an annual interdisciplinary palliative care conference, called Kaleidoscope.

The 2007 conference will be held on 30th and 31st May in Dublin Castle, with a theme of "Life Lessons: Insights into Grief and Loss in Palliative Care". For further details, and submission criteria for the call for papers and posters, please visit our web site: www.stfrancishospice.ie/education/kaleidoscope.htm.

Contact us at: Centre for Continuing Studies, St. Francis Hospice, Station Road, Raheny, Dublin 5, IRELAND.
Telephone: +353 (01) 832 7535 ext. 326 Fax: +353 (01) 832 7635
E-mail: education@sfh.ie Web site: www.stfrancishospice.ie
Ward Manager – Grade G
Neonatal Unit, Erim Hospital, Enniskillen
Salary: £26,405 – £28,075 pa (under review)

Essential: 1st level registered nurse (Adult/Children) on Part 1 of the NMC register OR Equivalent Matron on Part 2 of the NMC register OR Eligibility for registration with NMC AND hold a recognised Neonatal qualification AND 5 years post-qualifying experience, to include 2 years’ experience in managing a team of nursing staff in an acute area neonatal unit at grade 1 or equivalent.


This is a Regulated Position as set out in Article 81 of the Protection of Children and Vulnerable Adults (NI) Order (2005).

Ref No: 40018026

The above posts may be subject to vetting.
Waiting lists may be established for any permanent, temporary, full-time, part-time and/or part-time required vacancies. Ref may cease up to 31 October 2007.

Closing Date for completed applications forms to be returned to Sperrin Lakeland Health Care Trust; 30th September 2007.

Friday 20 October 2006 at 3.30pm.

Apply online at www.scottishirishhealthcare.com or for application form and job description, please send a "10 x 7" SAE to Healthcare Services, Employment Services - Personnel, Tyrone & Fermanagh Hospital, Omagh BT8 0NS.

www.sperrin-lakeland.org
You’re an enthusiastic, dedicated Nurse and exactly what we’re looking for.

The delivery of exceptional patient care is our mission. To do that, we want to create an environment where everyone enjoys coming to work, feels valued and believes they are making a difference. So, if you are looking for a rewarding and challenging role, we would love to hear from you.

Currently, we are recruiting Nurses at all levels for the following areas:

- Theatre, Anaesthetics and Recovery
- Critical Care
- Infection Control
- Cardiac
- Clinical Education
- Oncology
- Day Unit Manager
- Orthopaedic

We offer flexible working arrangements and permanent contracts. Salaries are in line with HSE rates.

To apply, please send your curriculum vitae to:
Human Resources, Beacon Hospital,
Sandyford, Dublin 18.
Tel: 01 213 5662
Email: beaconjobs@triadhospitals.com
The medical/pharmaceutical industry has always had a strong interest in recruiting nurses into a variety of roles, the most popular of these being Medical Sales and Pharmaceutical Sales.

The sale of pharmaceuticals, surgical products, capital equipment, devices, wound care, disposables consumables etc remains a key driver in the Irish economy and the reduced numbers of students studying science and in particular chemistry and biology at leaving certificate level tends to translate into greater opportunities for commercially focussed nurses.

The Medical and Pharmaceutical sectors operate at high levels of profitability and as such this is reflected in high salaries and stable career paths.

Comprehensive benefits packages are standard across the industry and most often include high basic salary, achievable commission levels, company car, health insurance for employees with some companies offering health insurance for spouse also, pension schemes, share options etc.

Some salary guidelines as follows: The higher end of the scale obviously is very dependent on experience and the seniority of the role.

<table>
<thead>
<tr>
<th>Role Description</th>
<th>Salary Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry Level Medical Sales Representatives</td>
<td>€30 – 42K</td>
</tr>
<tr>
<td>GP Representatives</td>
<td>€35 – 48K</td>
</tr>
<tr>
<td>Hospital Product Specialist</td>
<td>€40 – 50K</td>
</tr>
<tr>
<td>Senior Hospital Sales Specialist</td>
<td>€45 – 65K</td>
</tr>
</tbody>
</table>

An example of the type of company which Recruitment Plus sources nurses for, is PEI. Based in Ballymount this forward looking, progressive organisation is a market leader in Orthopaedics with business operations also in Operating Room/Surgical, Cardiology and Respiratory sectors.

PEI is a unique business in terms of the investment they put into their employees and the exciting career paths they offer. Their success is based on a strong commitment to their customers, the sourcing and sale of innovative, quality products and the recruitment and development of dynamic, team focussed individuals.

As a clear indication of their standards, PEI were voted in the Top10 Irish companies to work for in 2006 and they offer a highly competitive compensation package.

Further details of employment opportunities at PEI and other medical / pharmaceutical companies are available from Recruitment Plus on 2788610 or on the web on www.recruitmentplus.ie

Entry level GP Pharmaceutical Sales x2 , Nth Dublin, Suit RGN, €34-47K + Bonus etc

Entry level GP Pharma (Generics) Sales x 2, Dublin + West of Ireland, suit commercially focussed RGN, €High

Nutrition Sales x 3, suit RGN with dietetics/nutrition exposure, Dublin and Munster. €37-48K+ benefits + bonus

Orthopaedics Sales, suit RGN, preferably with Ortho/Theatre experience, 4 roles available, Nationwide positions, €36-43K++

Wound Care Sales x 2, excellent product, suit RGN with sales personality, theatre background useful, not essential, Munster + South Dublin €High

Medical Sales – 26 Counties, selling temp management, chest drainage, Catheters etc. Mkt leading brands, salary to €50K++. Suit experienced RGN with sales drive.

Entry level sales x 2 – Pharmacy/Dental/Hospital – Dublin Nth/South - €Neg

Diabetes Product Sales – Suit RGN or Diabetes Nurse – Excellent product, Nth Dublin, €34-45K

Psychiatric Hospital Sales, Leinster, suit Psych nurse with sales exposure, €40-55K+

Key Account Manager, Wound Care, Dublin, previous medical sales essential €50K+

Cardiology/ICU Sales Specialists (x2) Nationwide roles, technical products €40-60K+

Nurse advisor with Midwifery, Dublin based role, focus on Maternity hospitals. Excellent opportunity to move into a commercial organisation €32-38K + package

ICU/Theatre/AAnaesthesia Nurse required for specialist medical company – c€40K. Dublin/Nationalwide

Surgical Sales Rep, West of Ireland, consumables. Theatre nursing distinct advantage. Sal €32-45K+

Medical and Physio Equipment Sales, Munster. Sal €30-38K + excellent bonus.

Hospital Sales Specialist, Rheumatology, Nationwide may suit Rheumatology nurse with sound commercial awareness. Excellent company. Sal €Neg on exp

Oncology Sales Specialist, Nationwide may suit Oncology Nurse looking for move into sales, blue chip multinational company. Sal €Neg

Dental Sales Specialists (x2), Dublin and Cork – consumables. Ideally dental nurse with sales insight. Sal €30-40K+

GP & Hospital sales, Cork, Female Health. Previous medical sales essential, €Neg

Oncology Scientific Advisors (x2). Suit Oncology Nurses with interest/exposure to clinical trials. Field based roles. Commercial awareness required. €45-60K+


Your contacts at Recruitment Plus for all the above positions are John Reidy : 01 2788635/2788610 (CV or enquiries to john@recruitmentplus.ie) or Hazel Whelan : 01 2788610/042
Do you want to be an integral member of a friendly team within an organisation who are passionate about what they do?

The Irish Blood Transfusion Service, has the sole responsibility for the collection and distribution of blood and blood products, providing an essential service to the Irish hospital sector. 3,000 donations are needed every week in Ireland and the team at IBTS work tirelessly to process the contributions of our kind donors, and to actively recruit new donors to keep up with the needs of hospitals. As a Staff Nurse with the Irish Blood Transfusion Service you will be involved in all aspects of the collection of blood, from assessing donor suitability, maintaining donor information to performing venepunctures. You will play a vital role in ensuring that donors have a positive experience that encourages their continued support. We currently have the following career opportunities:

Staff Nurse – Blood Collection Clinics
A Panel will be formed for any future permanent and temporary positions
D’Olier Street Donation Clinic, Dublin, Mobile Units and Stillorgan Clinic

Staff Nurse - Platelet Apheresis
A Panel will be formed for any future permanent and temporary positions
National Blood Centre, Dublin

**Essential Requirements:**
Registered General Nurse with An Bord Altranais with a minimum of 1 years post-registration clinical experience

Staff Nurse – Therapeutic Apheresis
A Panel will be formed for any future permanent and temporary positions
National Blood Centre, Dublin

**Essential Requirements:**
- Registered General Nurse with An Bord Altranais
- A minimum of 3 years post-registration experience
- A post graduate qualification or experience in the area of Renal, Haematology, Critical Care or ICU nursing

The salary attached to the post is €28,878 to €42,165 (incl. LSI) per annum.
Entry point onto the salary scale will be in accordance with relevant public sector experience.

The IBTS is an equal opportunities employer and has Additional Benefits:
- Uniform provided
- VHI Group Scheme
- Continuous Professional Development
- Access to Pension Plan/PRSA arrangements in place
- Location Allowance applies

**So if you have a positive attitude, a responsible, flexible approach and want to work as part of a multifunctional team, then we want to hear from you!**

Interviews will be held week commencing **16th October 2006**. Successful candidates must avail of mandatory Induction Training commencing **13th November 2006**.

Interested applicants should visit the IBTS website www.ibts.ie for the application form, job description and further information. Additional queries can be directed to human.resources@ibts.ie

The closing date for receipt of applications (5 copies) is **5pm on 9th October 2006** and these should be sent to the Human Resources Department, National Blood Centre, James’s Street, Dublin 8.
Overseas Recruitment

GIBRALTAR HEALTH AUTHORITY

VACANCY IN MENTAL HEALTH

Are you on a career break or looking for short-term employment?

If so, why not give us a call in order to discuss the short-term Registered Mental Nurse vacancy in the Gibraltar Health Authority’s KGV Psychiatric Unit.

The appointment is for immediate start and will be on contract terms for a period of six months. Salary dependent on experience, ranges from £17,520 to £23,853 per annum. We additionally offer a tax-free gratuity of 25% of basic salary earned during employment, payable on satisfactory completion of contract. Passages to and from Gibraltar are payable in full and accommodation is subsidised.

Further details may be obtained from the Clinical Nurse Manager - Mental Health Services on Tel: 00-350-78087.

For an Application Pack contact the GHA’s Recruitment Section, Gibraltar Health Authority, St Bernard’s Hospital, Gibraltar (Tel 00-350-72266 ext 2081) (Fax: 00-350-43884) or e-mail lizanne.wrink@gha.gi.

Applications must reach the Human Resources Manager at the above address not later than 20th October 2006.

Nursing Australia is coming in 2006!

Nursing Australia is Australia’s largest integrated nursing agency

• Work anywhere in Australia
• Relocation assistance provided
• Outback placements and flexible agency work

We’re heading your way for a series of information sessions and interviews...

London
2nd 4th October
Opportunities, Careers Fair, Mercure Hotel, Earls Court

Edinburgh
2nd November
Opportunities, Business Inn Hotel

Manchester
4-6 November
Opportunities, Aintree Inn Hotel

Dublin
4th November
Limerick
4th November
Cork
4th November
Galway
4th November

To book a session or interview or to find out more information go to www.nursingaustralia.com.au or call toll free: 1800 028 9432 or Ireland: 1800 442 017

SOUTH EASTERN SYDNEY
ILLAWARRA NSW HEALTH
A Division of NSW Health Services Australia

Royal Hospital for Women, Sydney Australia

REGISTERED NURSES – NEONATAL INTENSIVE CARE UNIT

We are offering Registered Nurses from overseas Temporary Residents Sponsorships of up to four years under arrangements with the Department of Immigration and Multicultural and Indigenous Affairs and New South Wales Health. We are committed to PRO, OHS, Equal Opportunity and the principles of Cultural Diversity and promote a smoke-free environment. Salary and conditions (including generous employer superannuation and salary packaging) are paid in accordance with the relevant award/enterprise agreement. All Appointments are subject to a satisfactory Criminal Record check. Probation Period is declared under the Child Protection (Probationary Employment) Act 1998 are not eligible to apply for child related employment. Employment Lists will be kept for up to 12 months.

For further information, or to apply for a position, visit www.seslha.health.nsw.gov.au or contact the enquiries person.

www.scottishirishhealthcare.com
Bookings are now being taken for the Category 1 An Bord Altranais Approved Venepuncture Programmes in October, November & December 2006.

For further information contact:
Siobhan Prout MSc, 
Director, 
Biological Safety Advisory Practice 

01- 8451468 
087-2412442 
email: bsap@eircom.net

Early booking is essential as places are limited.
Rewarding Nursing Opportunities in Ireland.

The Irish Division of O’Grady Peyton have the following opportunities in Ireland:

DIRECTOR OF NURSING
Positions available throughout the Dublin area.
Applicants must have experience working with the elderly.

CLINICAL NURSE MANAGER
Positions available in the Dublin Area.
Management experience desirable.

Further positions available to those nurses with experience in:
THEATRE, PICU, NICU, RNID
and PSYCHIATRY

If you would like to find out more, then call
Freephone 1800 409 683
From a mobile phone call: 01 878 4080
or email: info@ogradypeyton.ie

Immediate vacancies in the USA and AUSTRALIA

In addition to our vacancies here in Ireland, O’Grady Peyton International has been given the exclusive contract to recruit quality nurses on behalf of these state-of-the-art, top performing hospitals.

Benefits as follows:

**USA**
Salary:
U.S $46,000 - $71,000
Flights to US
Assistance with US License Application
NCLEX Academy Structured Study Reviews & Tutorials
Permanent Residency Visa “Green Card”
Advice & support on relocation
18-20 Month Contract
$3,000 Completion Bonus
Better Lifestyle – Cheaper Cost of living & sunshine!

**AUSTRALIA**
Salary:
Aus $42,000 - $58,000
Flights to Australia
2 mths free accommodation
Assistance with Nursing Registration
Australian Licence & Visa
Support on arrival and during your contract
4 year contracts (visa sponsorship) on offer

For further details please contact our International Team on
Freephone 1800 409 683, from a mobile phone call: 01 878 4080 or email: info@ogradypeyton.ie and state whether you are interested in opportunities in the USA or Australia.