



PATIENTS WITH TRACHEOSTOMY

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Introduction: tracheostomy is an artificial opening in the front of the trachea. Performed in patients with mechanical obstruction of the larynx, prolonged mechanical ventilation, central or peripheral neurological deficits, trauma to the head and facial area. Patients with tracheostomy require specific care. **Objective:** To ascertain and prove that the maximum support to the patient for quick and safe Weaning, maksimaleniot commodity in the same komplikaci and successful treatment.

Material and methods: This paper presents retrospective show for 2011, which included 20 patients with a tracheostomy placed. For dolgozhechki patients in intensive care must prepare an individual care plan. Care includes: standing continuously raise upper body to prevent VAP, full mobilization of the patient in bed and out of bed, swallowing training, use of oral valve, professional psychological support, including close people in care. **Results:** From 2011 to the intensive care unit had 20 patients with percutaneously placed tracheostomy. With intensive individual care strive to maximum comfort for the patient and return to the previous quality of life in order to avoid analgesodacija and faster weaning from the respirator. **Conclusion:** For quick and successful treatment of critically ill, all activities are not seen but from a functional point of view that it is individual in a difficult life crisis.

Keywords: tracheostomy, VAP, mechanical ventilation.

INCIDENCE OF PATIENTS WITH ACUTE AORTIC DISSECTION

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Introduction: Acute aortic dissection (AAD) is a life-threatening condition that characterizes the high mortality worldwide (7-8%). When AAD is split in the wall of the aorta where the blood circulates between layers of the wall which can lead to its rupture. Early recognition of symptoms and appropriate response to the medical team is crucial to the outcome of the patient. On receipt of a patient with chest pain to bear in mind the possibility of AAD. Standard diagnostics when fasting suspected AAD include: ECG, NIBP to the left and right hand the puts 2 venous lines, laboratory, echocardiography, placement of patient in hospital for daily monitoring of ECG, tension, TEE, transport in the intensive care unit for preoperative preparation.

Objectives: To show that the timely placement of proper diagnosis, collecting all medical data that are relevant for the surgeon to decide on the type of operation, alerting operational team in the shortest amount of time, early recognition and adequate response to the destabilization of the patient are prerequisites for reducing mortality among patients.

Material and methods: Labour's retrospective account of the period from 2000 to 2011, which included patients 101 patients with AAD.

Results: From 2000-2011 year treated 101 patients with AAD, the average age of 40 to 60 years.

Keywords: aortic dissection, fasting suspected.

IMPACT OF LANGUAGE BARRIERS ON PATIENT COMPLIANCE AND OUTCOME IN HEALTHCARE

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Introduction: Lack of evidence - based transcultural knowledge makes it difficult for healthcare providers to deliver and for clients to experience, high - quality cost-effective care. Differences in language, culture, religion and individual or group experiences impact on values, behaviours and both clients' and practitioners' expectations of each other. Data from industrial countries show that immigrants are in poorer health and receive less medical care than natives. This study addresses the problem of partial or complete language barrier between client and caregiver which may lead to a communication gap resulting in reduced client compliance with therapeutic measures and eventually weaker outcome.

Goals: Comparative evaluation of quality of care for native Macedonian speakers and patients of different ethnic origin who cannot directly communicate with their caregivers, in order to provide an evidence base for the implementation of standards for culturally appropriate care in our institution.

Methods: A retrospective comparative study is currently being conducted among 500 Macedonian - and non - Macedonian - speaking cardiosurgic patients, excluding patients with cognitive dysfunctions. Medical documentation is reviewed for complications directly connected to patient compliance (postoperative respiratory problems, sternal instability), ventilator time, ICU time and overall hospital stay.

Results: expected by April 15.

Conclusion and outlook: While a conclusion cannot be drawn from the study at this point, we will develop strategies to adapt to the demographic characteristics of our patient population to ensure equally excellent care to all our patients.

Keywords: language, culture, barrier, cardiosurgic patients.