My work as a critical care nurse for VSO in Kenya

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MY ARRIVAL IN KENYA

Imagine the following situation: a young woman collapses in the outpatients department and is rushed to the intensive care unit (ICU) where she promptly stops breathing and then has a cardiac arrest. Not the easiest of admissions in any part of the world, but this was my introduction to critical care in a developing country.

During the patient's resuscitation, we ran out of oxygen. The empty oxygen cylinders had been taken to town to be refilled, but the depot in town had sold out. The hospital driver had returned with the empty cylinders and not thought to tell anyone. We needed to suction the woman, but the hospital has only one functional suction machine which was in theatre, so we had to wait while someone went to get it. Chest compressions were performed by one of the clinical officers who thought that these were carried out on the left side of the rib cage, directly above the heart. I have never fought with a colleague before, but I had to physically push him off the patient. I have since learnt that this is how they are taught to do compressions in college.

Another doctor said, 'Let's give the resuscitation drugs.' I thought, 'Great, someone who knows what they are doing.' Then the same doctor said, 'Let's give 100 mg of hydrocortisone and 40 mg of frusemide.' It seemed that no-one knew about giving adrenaline or atropine. When I later questioned the doctor about this, he said that adrenaline had to be injected directly into the heart and he did not know how to do that. The hospital does not have a defibrillator. Luckily, in this situation, we did not need it, and we managed to restore the woman's cardiac output with lots of adrenaline. Sadly, she died two days later. I think she probably sustained a brainstem death, secondary to hypoxia at the time of resuscitation, but no-one at the hospital knew about brainstem death.

This event happened in October last year, at the start of my two years placement with Voluntary Services Overseas (VSO) (Tables 1 and 2). I quickly realised that a real challenge lay ahead of me.

TEN MONTHS LATER

At the time of writing, I am now 10 months into my two years and we do not run out of oxygen anymore. We still have only one suction machine and its tubing has not been changed since I first arrived here. The nurses now do sternal chest compressions, although the doctors continue to prescribe hydrocortisone and frusemide when a patient goes into cardiac arrest. The nurses sneakily give adrenaline too. I work alongside an anaesthetist from Germany, who was away during the arrest situation I described. Together, we are trying to increase awareness of acute care.

Table 1. An introduction to Voluntary Service Overseas (VSO)

What is VSO?

VSO is an international development charity, based in the UK, which works through volunteers. We use the skills and experience of our volunteers to help tackle poverty in the developing world. Founded in 1958, VSO is now the largest organisation of its kind worldwide and has 2,000 volunteers working overseas. We are constantly adapting our programmes to meet new challenges and opportunities.

What do we do?

VSO sends qualified and experienced volunteers to work alongside communities in 74 of the world's poorest countries. We focus on sustainable development rather than short-term disaster relief.

Volunteers work overseas for two years on a local salary. They share skills and knowledge with local people to ensure their work continues in the community after they have left. Volunteers are aged between 21 and 68 years and come from a wide variety of backgrounds and nationalities.

Why do we do it?

VSO believes that:

- Volunteers working at a grassroots level can often tackle poverty where the need is greatest.
- When volunteers share their skills with local people this can have a lasting positive effect on a community's welfare and prosperity – and also enrich the life of the volunteer.
- Returned volunteers can help change misinformed or distorted Western perceptions of the developing world.

How are we changing?

Not everyone can commit to two years overseas, and there is a great demand from employers overseas for the sort of skills that VSO volunteers can provide. So one of our current priorities is to develop new schemes and programmes to enable as many people as possible to volunteer with VSO, including:

- One of our challenges is to meet a recent surge in demand for business volunteers. We have launched VSO Business Partnerships to allow employees of participating UK companies to apply for three- to 12-month VSO placements. This pioneering secondment scheme elevates corporate involvement in volunteering to the international stage and gives employees vital experience in emerging markets.
- VSO runs separate youth schemes because young people can help tackle poverty in different ways to professional development workers. Overseas countries often want younger volunteers because of their enthusiasm and effectiveness in areas such as HIV/AIDS education, environmental protection and sports coaching.

Want to know more about VSO?

- To contact the Press Office at VSO, please phone: +44 20 8780 7343/7292; or e-mail: media@vso.org.uk
- To find out more about volunteering with VSO, please phone: +44 20 8780 7500
- You can also visit our website at www.vso.org.uk

Table 2. Facts and figures about Voluntary Service Overseas (VSO)

Some statistics about VSO
- VSO has about 2,000 volunteers, working across Africa, Asia, Eastern Europe and the Pacific
- 57% are women and 43% men
- It sends people aged 21 to 68 with an average age of 35 years
- It works in 74 of the world's poorest countries
- It was founded in 1958. Since then about 30,000 people have volunteered

1999–2000: a record year for volunteers
- In 1999–2000, the number of volunteers VSO sent overseas rose by 17% compared with 1997–1998
- VSO received 6,630 applications in 1999–2000, an increase of 59% from two years ago

2000–2001: overseas demand continues to rise

In 2000–2001, VSO will have:
- Received more than 1350 requests for volunteers
- Spent about £15,000 recruiting, training and supporting each volunteer
- Received about £22 million from the UK's Department for International Development
- Raised £7 million from other sources

I have implemented a teaching programme for the nurses in ICU. When I first came they did not even write down any ventilator observations, now they are learning how to auscultate chests. We still have no defibrillator but a donated one from my old hospital (Kings College Hospital) in London, England, should be arriving next week. Kings College Hospital is also donating a 'resuscu-Annie' (a dummy doll for practising resuscitation) so I can teach the whole hospital how to do cardiopulmonary resuscitation (CPR). There is no concept of any type of medical or nursing research. No-one here has heard of evidence-based practice, so I am about to open a research resource centre. The British Association of Critical Care Nursing (BACCN) has sent me some old copies of journals, as has the journal, *Care of the Critically Ill*, but I have realised that everyone in the hospital needs to be updated by about 20 years and we badly need more material.

Some of the cases we see are quite distressing because they would not be seen in the UK; we had an 8-year-old girl who had been very badly beaten by her teacher. We could have saved her if we had a defibrillator. As far as I know, the teacher is still working in the same school. I have also seen young women seriously ill from having back-street abortions.

I have no experience in paediatrics, and I have had to learn quite quickly. Colleagues have helped me, including a paediatrician friend in London who I occasionally email with my questions. Although we are a mission hospital, we have to charge for the materials used. The thing I find hardest is that often patients do not get the care they need because they cannot afford it. We have a 'Good Samaritan' fund for such cases, but more often than not, the account is empty.

Megan with two of her Kenyan colleagues.

The 'basic' ICU bed.

MAKING A DIFFERENCE

When I left intensive care in the UK, I had only two-and-a-half years of experience in critical care nursing. I was uncertain that I would be able to offer much to the hospital. However, none of the nurses in the hospital had any ICU experience and I quickly realised I had many skills to share. The work has given me far more experience than I would ever gained as an E-grade nurse in the UK. Most of the time I feel that I am making a real difference. But there is the occasional day when I feel I would be quite happy if, after two years, I could get my colleagues to wash their hands between patients. ■

Can you help?

If you would like to help Megan with providing teaching and research materials, such as textbooks and copies of journals, you can send them to her via the British armed forces postal service.

The training camp in Kenya has very kindly allowed her to use their address as it means that postage is safer and it costs the same price as inland UK mail. Megan's address is: Megan O'Keefe (VSO Nurse) C/O Postroom, BATLSK, Kahawa Barracks, BFPO 10, London. Do not mention Kenya on the envelope or it will confuse things!

Her hospital is also desperate for an experienced technician to train two local qualified Kenyans in how to maintain equipment. If you know anyone who is interested, then please contact VSO or Megan to find out more.