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A Study on The Attitudes of Malaysian Emergency Healthcare Staffs Towards Allowing Family Presence During Resuscitation of Adult Patients - A Preliminary Finding

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Introduction

The practice of allowing family members to witness on-going active resuscitation has been gaining grounds in many developed countries since it was first introduced in the early 1990s. In many Asian countries, the acceptability of such practice has not been well studied.

Methods

This is the preliminary finding of an ongoing voluntary, single-blinded self-administered questionnaire study from November 2008 to November 2009 to look into the attitudes of healthcare staffs towards allowing family presence during resuscitation of adult patients. The data presented here was collected from staffs in the Emergency Department, Hospital Universiti Sains Malaysia.

Results

Out of the 42 responses in this analysis, 23 (54.8%) responders are staff nurses, 4 (9.5%) are medical assistants, 12 (28.6%) are doctors and 3 (7.1%) are attendants. When asked, "Generally, do you agree that family members should be allowed to witness resuscitation?" only 10 (23.8%) agrees. Ironically, 28 (66.7%) responders believe that family members have a right to be present during resuscitation of their family members. Furthermore, majority (28 responders or 66.7%) states that they themselves would want to be present when their family members are being resuscitated.

When asked about the reasons for not allowing family members to be around, most responders (35 responders or 83.3%) agree that their presence may interfere with the resuscitation. When asked about the potential benefits of allowing family presence, most responders (up to 36 responders or 83.7%) say that this will enable them to perform final religious rituals or rites, including prayer and reciting yasin. When asked about their opinions on individual procedures, most agree that only blood taking, setting intravenous cannula should be allowed to be witnessed.

Conclusion

The concept of allowing family presence is not well accepted by our staffs although most of them agree that they have a right to be around.

Keywords: family presence, witnessed resuscitation

Translating Knowledge To Attitude: A Survey On The Perception Of Bystander Cardiopulmonary Resuscitation Among Dental Students In Universiti Sains Malaysia And School Teachers In Kota Bharu, Kelantan

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Introduction

This voluntary, anonymous questionnaire survey was undertaken to determine how much does the knowledge of basic life support that was taught to our participants actually translated into their willingness to perform bystander cardiopulmonary resuscitation (CPR).

Methods

At the end of their basic life support (BLS) training, a group of 60 final year dental students were assessed on their willingness to perform bystander CPR under ten hypothetical scenarios using a four-point Likert scale of definitely yes, probably yes, probably no and definitely no. This survey was then repeated to a group of 120 schoolteachers after a BLS workshop training. Convenient sampling applied and appropriate statistical methods were computed using SPSS version 12.0.

Results

A total of 128 out of 180 (71%) participants responded. In general only 37 out of 128 (29.0%) participants said, under any cardiac arrest condition, they would offer to perform CPR at any time should they witness one. Majority (89 responses or 69.0%) said that they would just offer to call the ambulance but they would not offer to perform CPR. Two participants (1.6%) said they would just quietly walk away in any cardiac arrest situations. Under specific hypothetical situations, except for cases where the victim is their own family member or close friend, all other scenarios recorded a low percentage of positive response.

An interesting observation in this study is that the positive response rate when the victim is of a different gender is only 49.2%. This is more so, if the participant is a female asked to respond to a male victim (44.2%). This barrier, which is possibly unique to our socio-cultural background, is not acknowledged in many similar studies conducted elsewhere.

Conclusion

Knowing how to perform CPR does not necessarily translate into willing to perform. Perhaps, performing chest-compression-only CPR is a more acceptable option in our community.