



Hong Kong Society for Nursing Education

P.O. Box 98898, Tsim Sha Tsui Post Office, Kowloon, Hong Kong

Newsletter

December 2007

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Chairperson

Professor Frances Kam-Yuet WONG

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Department of Health

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The University of Hong Kong

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Hospital Authority

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The Hong Kong Polytechnic University

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Professor of Cardiovascular Nursing
Department of Health Sciences &
Department of Cardiovascular Sciences
University of Leicester

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Chairperson's Message

Professor Frances Wong

A thankful and fruitful year of 2007

Dear members and colleagues,

Little did we notice, the year of 2007 is creeping away and the year of 2008 has arrived! Stop and think - what have you done in the year of 2007? As I ponder over what the Hong Kong Society for Nursing Education (HKSNE) has done, I have to say thank you for the fruitful year of 2007 that we have enjoyed.

In the year of 2007, the HKSNE has achieved a lot. We have organized two learning trips, co-organized three conferences, and organized eleven courses for our colleagues. These are not just numbers; there is pleasure, enjoyment and growth in them. Please find time to read the two articles that are written by our members who participated in the trip to Tibet. It was a life-time journey and a journey that involved life! There is an interview report that again documents another story about life. There is more to come. We are now working on a book to document the stories of nurses whom we have invited for interviews, like the one that is reported in this issue. Why do we want to do this? We like to tell life stories because we believe nursing is about making a difference on other peoples' lives through us being the agents of care!

May I wish you all a blessed year to come in the year of 2008! We promise the HKSNE will continue our mission 'to achieve excellence in nursing service through the enhancement of quality nursing education'. Stay tuned with what is happening by visiting our website at <http://www.hksne.org.hk/>.

The next event is our AGM on 8 March 2008. We are privileged to be able to invite some very special guests this year. Hope to see you there!

Wishing you all a fruitful and blessed year of 2008!



The Newsletter can be read on the web site: <http://www.hksne.org.hk>

An interview with a nurse specialist: Ms. Annie Leung, Nurse in-Charge of the Infection Control Unit, Caritas Medical Centre, Hong Kong

YW Mak

Background

Ms. Annie Leung is a nurse specialist who is working in the Infection Control Unit of Caritas Medical Centre (CMC). CMC is an acute general hospital with approximately 1,000 beds located in Shamshuipo, the center of Kowloon, Hong Kong. The hospital also runs the largest Developmental Disabilities Unit (DDU) for the entire territory of Hong Kong, providing treatment, as well as training and development to severely mentally-handicapped patients under the age of 16. Ms. Leung has many years of experience in infection control and she has been involved in related research activities, co-ordination, education and evaluation.

In 2004, the unit on which Ms. Leung worked received substantial media attention in Hong Kong. A Government Press release on November 24 contained the headline: "HK closely monitoring CMC respiratory illness outbreak..." and a report of an outbreak in the hospital was published in the *Journal of Clinical Microbiology*, an international journal (Lau et al., 2005). A passage from this article summarized the outbreak:

"Owing to the difficulties in isolating the virus and the lack of routine surveillance, the clinical significance of human parainfluenza virus 4 (HPIV-4) is less well defined than that of the other human parainfluenza viruses. We describe the first outbreak of HPIV-4 infection in a developmental disabilities unit, involving 38 institutionalized children and three staff members, during a 3-week period in autumn 2004. Most subjects had upper respiratory tract infections (URTI), while lower respiratory tract infections (LRTI) occurred in three children (7%), one complicated by respiratory failure requiring ventilation support..." (p. 4515)

A challenge

Ms. Leung and the other health care professionals in the DDU have been striving for the highest standards of infection control while caring for approximately 200 resident children every day. Their daily activities involve a lot of personal contact with the children including feeding, bathing, toileting, schooling and many other training and

development activities. Professionals involved in these activities include nurses, support staff, medical staff, physiotherapists, occupational therapists, Red Cross staff, and family members. Ms. Leung understood that many of them were concerned about the possibility of acquiring the infection themselves, bringing the disease to their own families, or spreading it to the community. At that time, while infected children were distressed by the physical symptoms of the infection, other healthy children were also restricted from participating in the unit's educational, developmental and social activities due to the isolation policy.

As one of the infection control staff, Ms. Leung realized that an effective infection control measure was urgently required. Since the outbreak of Severe Acute Respiratory Syndrome (SARS) in Hong Kong in 2003, the public was on heightened alert to the potential development of a new type of pandemic disease and this placed additional pressure on the unit. The outbreak in CMC became a daily news highlight in Hong Kong and the number of cases was reported daily in the news media.

A belief

After a few days of frustration with the lack of an effective strategy to control the outbreak, Ms. Leung decided to pull together the efforts of various parties in the unit, including patients, their family members, nursing colleagues, other health care professionals and related agencies. Ms. Leung strongly believed "there was no doubt that hand hygiene was the most effective way to control infection. However, enhancing compliance with hand hygiene became complicated as it required resources to promote and monitor the practices among various disciplines, and it involved collaboration from various departments." Ms. Leung believed that without the active participation of all related parties to reinforce hand hygiene practices, it would be impossible to have successful infection control.

Apart from conducting the routine educational talks and training, the infection control unit had to form a core group to tackle the outbreak. Ms. Leung believed that the infection control team should take the lead to collaborate with all the parties concerned. With support from her immediate

supervisor, Ms. Leung acted as a coordinator to liaise with all those involved; a core group was formed with support from nursing managers of the DDU and the Quality and Risk Management Department, the medical consultant in-charge of the DDU, and an infection control officer who was a microbiologist. The core group was further expanded and eventually divided into four subgroups to tackle the separate tasks of management of the outbreak, education and training, and monitoring. Shortly thereafter, spread of infection in the unit was brought under control and the outbreak subsided. Ms. Leung was very satisfied with the effectiveness and accomplishments of the team.

Can nurses make a difference?

Perhaps the most important message from Ms. Leung's experience is the role of nurses in advocating for their clients and mobilizing other health care professionals to be actively involved in the implementation of the infection control plan. Nurses' voices can help to ensure that department heads understand the significance of such an outbreak and the importance of partnerships in controlling infection. From Ms. Leung's experience, she was concerned not only with the physical and psychological conditions of those who were in need, but also with attending to the equally critical aspects of co-ordinating of all the stakeholders in order to develop a workable plan, to ensure it is implemented correctly, and to evaluate the outcome. This involves nurses with leadership abilities and organizational skills. It also demonstrated that

strong convictions and persistence can eventually benefit patients' health and also the community.

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Ms Annie Leung Fat Ying, Nurse Specialist, Infection Control Unit, Caritas Medical Centre

New Year Message

On behalf of the Hong Kong Society for Nursing Education, may we wish you all a prosperous and Happy New Year!



Educational Visit to Tibet and Qinghai 9 – 20 July 2007

YF To

The Hong Kong Society for Nursing Education (the Society) organized a 12-day educational visit to Tibet from July 9 to 20, 2007. This visit was organized as a celebration event for the 10th Anniversary of Reunification (慶祝回歸 10 周年) in response to encouragement from the China Association Education, Science and Technology Department, Liaison Office of the Central People's Government in the Hong Kong Administrative Region. Eight members of the Society joined the visit. The aims of this visit were to gain a better understanding of Tibetan traditional medicine; to explore the development of nursing education in Tibet; and to establish a network with nurses at Lhasa and Qinghai Medical Universities and hospitals. Furthermore, the Society wanted to contribute to the further development of nursing education, research and practice in this region situated at the "Qinghai-Tibet Plateau", so called "Roof of the world". Together with the Society, five members from the Hong Kong Information Technology Joint Council also joined the trip to learn about information technology development in Tibet Autonomous Region.

Our group visited several renowned sites including:

1. The Tibet 2nd People's Hospital in Lhasa
2. The Medical College in Tibet University in Lhasa
3. The Medical School of Tibetan traditional medicine in Lhasa
4. The Medical School of Qinghai Medical Universities in Xining

Adaptation to high altitude was not an easy task and we were grateful that our physical condition was monitored

by Dr Wang, who specializes in respiratory care and works in the Tibet 2nd People's Hospital in Lhasa. Dr. Wang accompanied the group throughout the trip. This special arrangement made everyone feel more at ease during the stay at 3600-5000 meters above sea level and we were very grateful for the kind and considerate hospitality that we received.

On the first two days of the trip, we visited famous heritage sights in Lhasa including the landmark: Potala Palace (布達拉宮), the Summer Palace of Dalai Lama – Norbu Lingka (羅布林卡), and Jokhang Monastery (大昭寺) in busy Parkhor Street (八角街). The Law wheels (法輪) and scripture pillars (經幢) in Jokhang Monastery gave us a strong impression about the religious features in Tibet. Other than these areas, we also visited locations of famous scenery like Rongbo Lakang (雍布拉克) – the first palace built in Tibet, Namco Lake (納木錯湖) – the highest inland lake in the world which occupies an area of 1,940 square kilometers at an altitude of 4,718 meters, and Xigaze (日喀則) – the 2nd city of Tibet.

On 12 July 2007, an academic exchange was conducted at the Medical College in Tibet University with support from the Provincial Administration. Two lectures were delivered to 300 Tibetan nurses who came from nursing education and clinical areas. The Society's Chairperson, Prof. Frances Wong gave a talk on "Problem-base Learning" in which patient problems were perceived as a vehicle to enhance critical thinking and holistic approaches to nursing practice. By means of a scenario, she encouraged participants to think



The Tibet Autonomous Region lies in the south-western part of the Qinghai-Tibet Plateau. It covers 1.2 million square kilometers, accounting for one-eighth of China's total area next in size only to the Uigur Autonomous Region. Tibet boasts the world's highest mountain – Mount Everest (Qomolangma), the highest river – Yarlung Zangbo, the highest lake – Namco, and the "Sunlight City" – Lhasa.

Source: <http://www.chinahighlights.com/image/tibet/map/tibet.jpg>

how their personal values and emotional awareness could affect their nursing interventions. Vice-Chairperson, Prof. Sally Chan then provided an overview of recent development of nursing education in Hong Kong and discussed the further direction of nursing education. She emphasized the important elements of nursing accreditation and the professional qualities of advance practitioners.

In the afternoon of 12 July 2007, we visited the Tibetan Hospital Library and museum where a variety of marvelous exhibits were on display, including valuable ancient Tibetan medical books, remnants of ancient books, medical specimens, medical instruments and traditional Tibetan paintings – Thang-ka (唐卡). This characteristic cultural painting has been used for centuries to awaken Tibetan mentality of Buddhism and to expand their consciousness of Tibetan beliefs in politics, education, society as well as medicine. I was impressed with their great effort in studying human anatomy for more than 2000 years. Furthermore, it is worthy to note that the theory of health presented in Thang-ka is so comprehensive (and may be similar in many ways to contemporary approaches as well) that it explains the relationship between the environment, personal habits, food and illness. On the morning of 16 July 2007, we left Lhasa and then traveled for 24 hours by the Qinghai-Tibet Railway to Xining (西寧).

After arriving at Xining, we went to the Tibetan Museum, Tibetan Medicine Company, and the Medical School of Qinghai Medical Universities. In particular, we visited the Qinghai High Altitude Medical Research Centre which is a specialized facility for studying high altitude basic and clinical medical science including human adaptation, animal adaptation, and Tibetan Medicine and High Altitude. During the visit, Dr. Ge Ri-Li, the Director of the Research Centre

for High Altitude Medicine and the Vice-President of Qinghai University, who is also an international expert in the study of Mountain Medicine, delivered a presentation on cardiovascular diseases under high altitude hypoxic conditions. Further, the Centre is developing more medical work, such as prevention of mountain sickness and advancing plateau builders' health level, to prepare for the opening of the western region of China and to facilitate the building of the Qinghai-Tibet railway line. Apart from these great contributions, the Centre has also published articles on the effectiveness of weight reduction programs at high altitude. It was worthy to note that a significant weight loss of 6 kg was observed within 20 days in the study. Dr. Ge also shared with us the anatomical and genetic differences of the cardiac muscle that occurs in Tibetan antelope (藏羚羊) that may result in a better oxygen utilization rate leading to more successful adaptation at 4500-5000 meters above sea level. Following the presentation, the Society held a discussion with the nursing experts regarding their specialty development in Xining. Society Chairman, Prof. Frances Wong also provided them an overview of the Society development.

During our stay at Qinghai, we also visited the city attractions like Qinghai Lake (青海湖), Kumbum Monastery (塔爾寺), and Riyue Hill (日月山). Our trip was completed on 20 July 2007. We would like to offer our sincere thanks to all the Chinese Officials in the Associations for Science and Technology as well as in the Provincial Administration, Clinical Experts in Tibet Autonomous Region and the support from Department of International Affairs as well as Education, Science and Technology Department, Liaison Office of the Central People's Government in the Hong Kong Administrative Region. Their generous support made this educational visit to Tibet and Qinghai fruitful and successful.

Photos for Educational Visit



At Xining Railway Station of Qinghai-Tibet Railway



Welcome Ceremony at Xining Railway Station

Photos for Educational Visit



Reception Dinner organized by the Provincial Administration in Lhasa



Visit to a Tibetan Traditional Medicine Company in Lhasa



Discussion with 300 Tibet nurses in the Medical College in Tibet University in Lhasa



Farewell Dinner organized by the China Tibet Association for Science and Technology



Our Chairman gave thanks to Ms Chan, the Chairman of the China Tibet Association for Science and Technology at the Farewell Dinner in Lhasa



Society members with nursing students and teaching staff of the Medical School of Qinghai Medical Universities in Xining

Photos for Educational Visit



Society members with the Ms Chan and Mr Bha Chong, the Chairman and Division Chief of the China Tibet Association for Science and Technology in Lhasa



The Medical School of Tibetan Traditional Medicine in Lhasa



Meeting with Prof. Pan and Officials in Xining



Sincere thanks to the Provincial Administration in Lhasa

香港回归祖国十周年科技文化考察之旅(青海段)

2007. 7. 19



Photo taken near the Qinghai Lake in Xining. Society members with Mr Sun, the Deputy Director-General, Department of International Affairs, Miss Qian, his subordinate and Mr Liu, Associate Specialist of Liaison Office of the Central People's Government in the Hong Kong SAR together with five members of the Hong Kong Information Technology Joint Council



Visit to a medical ward in the Tibet 2nd People's Hospital in Lhasa

西藏天極行

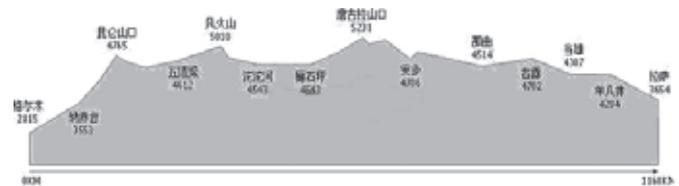
Edmond Tong

每年護理教育學會均會在暑期安排往中國一些比較偏遠的地區作護理教育交流，近幾年都因事忙而錯過，新疆省的烏魯木齊、山東省和青島市、遼寧省和哈爾濱市，都是一般比較少作交流的省、市，早前學會是打算在2006年青藏鐵路剛通車時去，但國內接待單位反映了安排的困難，因為大量的遊客都打算在去年試行青藏鐵路，而且配套的服務亦未必完善，所以推遲至2007年。難得西藏是許多人嚮往的三極行之一（南極、北極和天極），從去年落實地點以後，已將今年所有七月的約會預留給西藏之行。是次西藏之旅其中一個主要目的為了解西藏藏醫藥及作護理交流，想不到是次的交流不單是講學和研討，還意外地染上高山症 (Acute Mountain Sickness) 和高原肺水腫 (High Altitude Pulmonary Edema, HAPE)，當了西藏第二人民醫院的病人，體驗一下當地病人的住院滋味。香港是一個海港城市，高山症絕無僅有，希望和大家分享一下當地中、西、藏醫學結合治療的經驗及感想。

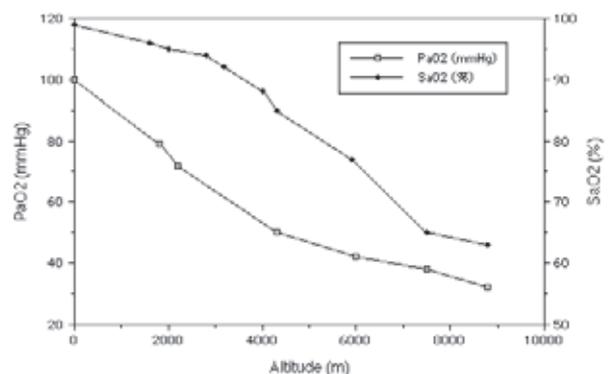
高山症及徵狀

一般從平原到海拔2500m (8000英尺) 以上的地方，急性高山症/高原病(Acute Mountain Sickness/Altitude Sickness) 發病率約為 9% (2850m)至53% (4559m)，病發率隨海拔攀升而增加 (Murdoch, 2007)，病發多為第二至三天，病徵一般在第五天開始舒緩 (Rodway, Hoffman & Sanders, 2007)。中國眾多旅遊熱點及新開發的景點，均存有潛在的危險，昆明的麗江古城 (2400m)、大娘、二娘山和玉龍雪山 (5596m)、四川九寨溝的日則溝(2910-2315m)、經二郎山 (約3000m)往海螺溝觀冰瀑布奇觀(2850m) 等。西藏首府拉薩市 (3654m)是全中國海拔最高的高原城市，青藏鐵路途經唐古拉山、風火山和崑崙山，全長1160公呎(見圖一)，早晚溫差大約在10至18度左右，容易引致感冒，而大氣壓力下降引致空氣稀薄，氧氣中含量為一般的平原地區的百分之六十至七十(見圖二)。拉薩是中國往喜馬拉雅山或前、後藏的必經之路，而西藏高原平均在4000公呎以上。

高山症病徵有頭痛、作悶、嘔吐、失眠、面部、手及腳部浮腫，頭痛時狀況與嚴重宿醉相似，而失眠時則常突然醒來感覺窒息，高山症病徵亦與感冒、疲勞和缺水相似，但高山症一般並無發燒或骨痛等跡象，而補充水份後亦無明顯改善。如有充份休息及給氧，病情通常會自動痊癒，但如繼續爬升及不作合適治療，高山症患者或會在十二小時至三天左右會出現較嚴重的頭痛和其他徵狀。病情從輕到重會在身體協調、神經反射和認知評估中反映，如出現共濟失調、及常見步履蹣跚、左右搖晃等情況，無法保持平衡，患者亦無法集中注意力，甚而出現幻覺或疊影、意識模糊、昏睡，嚴重者以至昏迷，此稱為高原腦水腫 (High Altitude Cerebral Edema, HACE)，此時患者必須盡快下山及進行施救 (林鉅超, 2007)，高原腦水腫死者解剖時常發現併發肺水腫及腦疝。上呼吸道感染、支氣管炎、心或肺病患者均為高原肺水腫病發的誘因，高原肺水腫死者亦常見腦水腫，高原肺水腫為高原頭號殺手，患者多為年青人士，與急速爬升、海拔高度、交感神經刺激如遇寒及費力有密切關係 (Rodway, Hoffman & Sanders, 2007)。



圖一：青藏鐵路海拔示意圖



圖二：高原地區血氧含量 (Hackett in High Altitude Medicine, 2007)

第一天下午從成都轉飛拉薩，一行八人中，晚上已有兩位團友率先出現頭暈、頭痛、作悶等輕微高山反應。各團友在第三天時曾測試含氧量 (SpO2) 為80-90% 而已，情況較差是在第五天進入措木錯湖山口 (5199m)時，團友大部份均有輕至中度高山反應，於下山時大部份團友已好轉。自此各團友常互相提醒，一切活動，必須嘆其慢板，享受悠閒，這種節奏，對於繁忙的香港人來說，真是一個新的學習。

抵藏首天，隨團拉薩市第二人民醫院胸肺內科主任醫師早已提醒團友高山症相關的建議，為避免着涼，首天晚上我已破天荒暫停洗澡一天。到第二日清早已按捺不住，早上起床時已覺身體比較疲憊乏力，但早餐後參觀布達拉宮時並無異樣。前一晚感覺不適的中年團友沒有隨隊步行上布達拉宮，而較年青的團友休息一晚後已可活動如常。但從第二天傍晚開始，自己開始感覺頭痛，服了兩次「必理痛」後，稍為好轉。此時面部有輕微水腫，睡前吃了感冒中成藥，半夜全身盜汗有微燒，晚上起床時更覺胸悶無力，室友亦因頭痛比我更早醒，四時已起來找「必理痛」，服藥後，仍未能入睡，只躺在沙發直至天亮。早上梳洗時，我感覺比較吃力、氣促和頭痛加劇。由於是日安排往西藏醫學院及藏醫學院交流，機會難得，所以執意堅持前往。可惜因持續有氣促，且有點頭昏腦脹，午餐全無胃口，白白錯過了雪域餐廳的 Fusion 菜 (中、西、藏)。但減少活動之後，頭痛已稍減，「必理痛」真是偉大的發明！午後參觀藏醫學院，看見樓高三層的展覽室，我已自覺不能爬上三層樓梯，逕自走回旅遊車，及後參觀隨團胸肺內科主任醫師的西藏第二人民醫院，我祇能呆坐門診的長椅，感覺像重感冒一樣，全無氣力，手指、口唇等發紫，回到酒店，醫師取出自攜的血氧機 (Pulse Oximeter) 查測血氧，SpO₂竟然是69%？醫師謂不用擔心，回房後處方了「高原安」及「複方丹參丸」等紅景天、洋參、丹參的成藥，再覆查肺部亦有輕微雜音，給氧 (2-3L/min) 十至十五分鐘，SpO₂回升至80-85%，醫師吩咐多休息及隨意吸氧十至十五分鐘，並留下氧氣瓶及血氧機。斷斷續續的睡了一兩個小時，醒來時查看SpO₂時嚇了一跳 (見圖三)，竟然跌至55%，於是趕緊重新吸氧。運動表現變差是高原肺水腫中最早的徵狀有乾咳、疲倦、心跳加速、呼吸加速等，坐下休息也呼吸困難、疲倦無力、口唇或指甲發紺和咳嗽，末期階段出現痰有淺紅色。原來自己已有大部份的徵狀，模模糊糊睡到半夜，真箇氣數已盡 (氧氣瓶讀數)，再測SpO₂ 70%，醫師覆診後發現兩旁肺葉雜音增多，建議入院觀察。



圖三：血氧機及含氧量

高山症高危族群

祇需有充份的準備和安排，絕大部份高原旅遊都是安全的。中國高原病專家格日力 (2006) 建議 7歲以下的兒童最好不要上高原。因為小孩正處於身體發育的時期，對高原低氧環境十分敏感，容易缺氧而致急性高原病，體質較弱的老年人身體機能及免疫力下降，容易感冒與發生急性高山症，且不易救治。另外患有高血壓、冠心病、嚴重糖尿病、哮喘病、心肺疾病或睡眠窒息症亦不宜上高原。孕婦或兒童患高山症的研究在西方較少，除懷孕初期、懷孕期高血壓、初期子癇症或胎盤位置異常的孕婦，正常孕婦及7至9歲兒童往一般高原旅遊區並無明顯風險 (Rodway, Hoffman & Sanders, 2007b)。

高山症預防及治療

同團的團友有七人在出發前早晚服用藏藥紅景天膠囊，但其中一人服藥後感不適而停服，一人早晚服用 Acetazolamide (Diamox) 250mg/tab，一人並無服用任何藥物，中、藏藥如紅景天、丹參等的隨機對照實驗在外國文獻記載則較少，外國研究亦相對較少。British Medical Journal: Clinical Evidence (BMJ: 臨床實証) 中總結高山証的預防及治療方法，祇集中於銀杏與安慰劑的對照比較，美國疾控中心 (CDC, 2004) 建議三種預防及治療藥物 Acetazolamide (Diamox) 為 Carbonic Anhydrase Inhibitor，多於登山前一天至抵峯頂後四天服用，常見手腳麻痺及尿頻，Dexamethasone 為類固醇，多預留作高原腦水腫及Acetazolamide敏感症患者使用，唯須提防胃潰瘍患者及戒斷症候群，Nifedipine為鈣離子阻斷劑，亦可使用長效配方 (extended release)。

近年研究方向為減低肺動脈壓力，Salmeterol為長效的選擇性擬交感神經藥，能刺激支氣管肌肉的β₂受體，擴張支氣管，短效而較便宜的Albuterol 亦在研究中。Sildenafil citrate (Viagra) 為俗稱「偉哥」的昔多芬，主用於治療男性勃起機能障礙，亦有減壓的作用。

治療輕微或嚴重高山症治療原則相約，必須停止爬升，並臥床休息及保溫，如情況許可，可撤往較低如約 500m以下海拔的營地。患者可接受給氧 2至4 L/min，Acetazolamide 可加速患者適應高原反應。徵狀的處理，常見的有止痛及止嘔藥。中度或較嚴重的高山症，可並加用Dexamethasone。高原肺水腫患者除下山、可處方Nifedipine及將給氧增至4至6 L/min，另可採用高壓氧治療 (Hyperbaric Oxygen Therapy, HBOT)設備。高原腦水腫亦可採用高壓氧治療設備、給氧及移送下山，藥物則以Dexamethasone 為主 (Hackett & Roach in Rodway, Hoffman & Sanders, 2007a)。病情轉壞、較差而情況許可，應轉送海拔較低、設備較佳及有相關高危監護設備的醫療機構處理。往高原旅遊或攀登往較高海拔時應有足夠時間休息，亦應注意高山症的黃金規律：

高山症黃金規律

- 一. 在高海拔的任何病症，都應先假定是高山病，直到證明是別的疾病為止。
- 二. 絕對不要帶著高山症的症狀上升高度。
- 三. 如果症狀正在惡化，『立刻』下往低海拔。
- 四. 絕對不要將患有高山症的人單獨留下。

住院小記

七月十六日，按原定計劃參觀西藏自治區第二人民醫院(圖四)，該院是一所以呼吸、消化專科特色為主的綜合型醫院。但當時我因氣促、無力，祇在大堂門診部休息。估不到半夜時份竟然再到這裏求診，主任喚醒了放射科和當值的主治醫師，睡眠惺忪的做了胸透，並顯示右肺下葉見有模糊，兩次X光檢查都不留底片，醫師看過後便作報告，現在這個數碼化的世界，真是無須沖印X光了，有些香港醫院已將MRI、CT等儲存及傳輸，不過這裏其中的理由就是減省醫療成本。



圖四：西藏自治區第二人民醫院

入院後最重要的治療方案是吸氧及休息，藥物主要有利尿、抗生素、抗病毒等功效。由於入院時所有內科病房已滿，主治醫師叮囑護理主任預留一床給交流團員急用，其後我被安排跟一個西藏婆婆和少女共用一間有獨立衛生間的三人病房。兩位同房都用奇怪的眼光盯着我這個陌生男人，基於過往工作經驗，我對混合病房不感陌生，當然亦毫不介意，亦無氣力深究。半夜裏發生的... 就是不停的吊瓶，有了氧氣的感覺，真是非常好，頭痛基本上消失了，我從無擔心病情，因為早前我跟主任醫師交談時，原來國家主席胡錦濤到訪西藏，主任亦是隨團醫療隊成員之一，如果這種常見病都命喪於此，真是該死！我亦並不是毫無準備，在早上精神較差時，已把本想趁暑假留兩個月的鬍鬚剃掉，怕偶有不測要經氣管插管(endotracheal tube)供氧時會給深切治療部的護士時咒罵(各位請勿對號入座，此乃本人缺氧時所作的錯誤思想)，另外我入院時已帶備了全球支援的信用卡及旅遊保險公司的緊急聯絡，最重要的就是不怕收費貴兼可作漫遊的手提電話。

早上一覺醒來，除了以上所講的錯誤思想，張開雙眼，竟然看見一老一少赤裸上身在換衣服，若我身在西藏荒野露宿，我必定以為是倩女幽魂裏的轟小倩與姥姥，我對着她們笑一笑，轉身面向窗外再繼續睡覺，心裏祇須認定這個是缺氧下的幻覺、幻覺、幻覺...

早上的日子還是吊瓶跟吊瓶，一瓶瓶沒完沒了的吊着，我亦無好奇的心研究，整個人還是感到很虛弱。主任大清早帶了一位英俊的少年醫生，他竟然認出我是昨天沒有隨團參觀醫院的那個病人，真眼厲！主任打點一切後，又隨團出發繼續行程，少年醫生寒暄兩句亦逕自消失，唯獨失望的是早上趕緊要把我轉到一間雙人房，此時，我心想我還是留在原來的房間好.....因為三人病房內的西藏婆婆和少女更衣之後，不但打掃了房間，還替我準備了開水，我須不喝，但實在還是要多謝這種守望相助，關心別人的精神。轉到新房，我反而有種陌生的感覺，更不幸地是同房老叟竟然帶了一個活潑得像孫悟空的小女孩(老叟的小孫女)，怎麼西藏醫院不學習香港全日禁止小孩探病，小女孩不但阻礙病人(我)休息，亦會增加交叉感染、傳播病菌、病毒，還擅自把電視節目轉往西遊記，須知家裏的遙控器唯我一人獨攬，真個不知好歹！還逗得他爺爺大樂，此種「樂弒天倫」的場面，懇請胡主席(是尊敬的胡定旭太平紳士，不是國家主席胡錦濤，因此乃衛生部範圍)再三令五申，絕對禁止兒童、逾時探訪等對患者不必要的騷擾。幸好香港醫院感染控制乃國際先進的水平，並有重重保安系統，絕不容許此等毫無危機意識、親情氾濫的情況出現，做成社區感染，香港人真是幸福，能夠處身在消毒、甚至過濾了親情的病房裏面，我一個人孤獨在病房，差點就被他們的小社區感染。(當時滿腦子都是抱怨！)其實，沙士後香港的感染控制加強了很多，探訪的時間及規限加大了不少，在避免社區感染的重大前提下，怎樣照顧患者、尤其是老年人或長期患者與家人疏離的情緒，大家卻較少關注。

無線電話真是偉大發明，我第一時間通知了我的女朋友及保險公司，還叫她凡有疑問，就委托某醫院的護頭為代理人(Patient advocate)代我決定未來醫療方案，代理人在香港是比較少，且多為家屬，我怕我若有不測，還是有一個行內人打點。怎料該朋友竟然自投羅網，一般祇是放工吃夜宵，極少無故在早上打電話給我，但他聽到漫遊服務便收線，我回電及詳告了病情及早前情況，警告他若我有不測遣返香港，請友好代留Servo呼吸機一台(My favourite)。高原肺水腫是高山症中死亡率較高的，但我實在信心太大，一點都沒擔心，但女朋友一聽到我說不用擔心時，就知道我這個不怕死和什麼都不擔心的人，這次可能真的病了！她花了整天在網上搜尋高山症，現在對高山症的認識，不下於一般醫護人員，還警告我下次再往高原時必須多留幾天以適應高山反應。

人總是有軟弱的時候，我最擔心的時間是入院前發現氧氣用光及盡責的醫生又隨團逛街，不在身邊的剎那之間。幾天在病床上反而回想上一次最接近死亡的感覺，有一次在雪梨深夜時份突然腹痛大作，剛巧在眼科醫院當專科護士的女房東又返回香港，全屋唯一的藥物就是「心理痛」，整晚痛得輾轉反側，舉步為艱，晚上吃的又無異樣、又無腹瀉，但這次腹痛就像是非常熟悉的，就如二十年前的盲腸炎不是有着同樣的感覺嗎？最不明的是我的盲腸不是已割掉嗎？這問題在那刻不停探究，最想要的，就是一個診斷(Diagnosis)。就好像面對不明的病毒及疾病，人的恐懼源於這種無助及無知的情況，當你越了解，反而越輕鬆。

在西藏住院期間，通知了保險公司之後，醫務代理不停的來電要我查找我的主診醫生，以便詢問病情，不但耗了我不少長途電話費，且來電中沒有半絲關心，我實在無氣力跟她糾纏。後沙士時代 (以分別2003年以前) 使用手提電話似乎更少限制，基本上每人都擁有一部，還有3G電話直播病房活動，透明度真的高了不少，祇怕自己成了互聯網上的男、女主角。醫院內科病房裏用的都是基本器材，無須擔心干擾儀器，與家人溝通無間，在病榻中，能與家人保持溝通，真勝萬金！

有趣的經歷還有一衆病人和家屬，除了替我早上送上開水，打掃房間外(本有病房清潔工友)，家屬對我的熱情款待，每當我的吊瓶液差不多滴完時候，總替我召喚護士。如護士已將準備好的藥裝上，旁邊的西藏婆婆還會替我轉換點滴瓶，怕我不懂，真是感激不盡。心想當病人和家屬都懂得及擁有自我照顧的能力，醫護人員應該考慮減少介入，而我亦安心享受這番好意。國內護理人手短缺，除必需的護理程序及觀察由護士提供，基本生活如飲食、衛生大都由家人照顧，如無家人或缺乏社會支援，病人的照料便會對護理工作做成壓力。反之在香港病人及家屬如能積極地投入參與治療及促進健康的活動，整體服務相信必會改善，亦令高昂的醫療成本有所舒緩。

國內近二十年醫療科技突飛猛進，城市地區一般都達到先進的水平，偏遠地區由於資源及人手比較缺乏，整體水平與城市或有差異，雖然入住的西藏醫院條件不是最先進，但窗明几淨，一塵不染，衛生情況甚佳，住院三天半期間，在第三天才下床走動，從病房走到護士站，差不多有三、四十公尺，全是雙人或三人房，每房並設有獨立衛生間，外有洗手盆，絕對不是五星級的豪華裝修，但南丁格爾要求溫暖的陽光、新鮮的空氣、潔淨的環境，這裏全都有齊，病人都能有充份的休息。由於病情好轉，夜更護士晚上夜半挑燈的節目可能取消了。原來一般都是男女混合病區，再把男和女分在不同小房間，不得矣才會有男女混合房間此安排。一般護理程序跟國內醫院相似，打點滴都是用頭皮針 (飛機仔)，極少用靜脈留置針、肝素帽或正壓接頭，究竟是為減少導管相關性感染症或留針的時間而避免靜脈留置針就不得而知，對年青人來說，多次穿刺進行治療沒有大分別，但使用靜脈注射人仕、肥胖或兒童紮針時便會比較困難。

後記

縱使以前亦經常往國內參觀、帶教學生，但真正住院還是第一次，感覺和香港、澳洲是很不同。有主任醫師遇上在經濟上負擔不來的病人，主任竟帶頭呼籲同工襄助病人，出錢出力，醫護團隊在有限的資源、緊拙的財政下，亦發揮了專業的精神和高水平醫療護理，實在要向他們再三致敬。雖然錯過了拉薩市以外的全部景點，但親身以病人的角色體驗了國內的醫院，實不枉此行，更好的是有藉口再到西藏，這個距離天空最近的城市。

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Renewal of Membership

The term of membership starts in January each year. Old members are reminded to renew their membership by paying the Subscription Fee.

For renewal of membership, please fill in your subscription form together with the Subscription Fee to the Society's P.O. Box 98898, Tsim Sha Tsui Post Office. Please pay by crossed cheque made payable to 'Hong Kong Society for Nursing Education Ltd.'

Activities' Highlights: June – November 2007

June 8-9 International Nursing Conference "Quality and Safety of Nursing Practice"

Prof. Frances Wong, Prof. Sally Chan and other three members attended The International Nursing Conference on *Quality and Safety of Nursing Practice* held at Macao Polytechnic Institute auditorium on 8-9 June 2007.

This was an international nursing conference which allowed nursing professionals to share their experiences and research findings on promoting safety and quality of nursing practice. Prof. Linda Cronenwett, Dean, School of Nursing, the University of North Carolina at Chapel Hill, USA, gave a keynote speech on "Quality and Safety Education for Nurses" on 8 June, 2007. While Prof. Frances Wong, Chairperson of the Society, gave a keynote speech of "Hospital Readmission: A Key Quality Issue for Transitional Care" on 9th June, 2007. Participants from Hong Kong, Macao, Mainland China, USA and Australia actively shared their experiences and views during the conference.



Prof. Linda Cronenwett, guests and members of organizing committees



At conference dinner



Speakers of plenary sessions

July 9-20, 2007 Educational visit to Tibet, Xining and Qinghai

A total of eight Society members including Prof. Frances Wong, Prof. Sally Chan and Mr. Edmond Tong had joined the visit. Ms. Maggie To reported the details of the visit in this newsletter. Mr. Edmond Tong experienced acute high altitude sickness and High Altitude Pulmonary Edema. He shares his first hand experience of the complementary approaches of Chinese, Western and Tibetan treatments.

August 20, 2007 Meeting with Mr. Anthony Wu (胡定旭主席) the chairperson of the Hong Kong Hospital Authority.

Prof. Frances Wong expressed the Society's view on one level of nursing education at the meeting. A letter expressing this same view was sent to our Chief Executive, Mr. Donald Tsang, on 10 September, 2007. Details of the letter can be found via the Society's website: www.hksne.org.hk

September 2007 Meeting with Dr. York Chow for the purpose of discussing the formation of the Hong Kong Academy of Nursing

The Society actively participated in the preparatory committee of the Hong Kong Academy of Nursing. Prof. Frances Wong, Chairperson of the Society acted as the Chairperson of Education Accreditation Sub-committee and Prof. Sally Chan, Vice-chairperson of the Society joined the Business Plan and Promotion Sub-committee as one of the members. On behalf of the Society, Prof. Sally Chan together with other nursing leaders met Dr. York Chow, to discuss the formation of the Academy. Three major directions for the preparatory work were identified and discussed during the meeting:

1. To confirm of the aims of the Academy;
2. To examine the sustainability of the operational costs
3. To establish accreditation criteria

The National Day Dinner

The Society joined the Hong Kong Health Services Sector National Day Celebration Committee as a member to organize celebration activities for National Day. Twelve of our members joined the National Day dinner on 19 September, 2007.

11 November 2007 The Third Macau-Hong Kong Nursing Conference

The Society participated in the Conference – *Community Partnership: Nurses Contributions* co-organised with Luso-Chinese Nurses' Association of Macao. The conference was held at The Hospital Centre C. S. Januário, in Macau. The conference started with warm messages delivered by Ms. Linda Tran, Chairperson of Luso-Chinese Nurses' Association of Macao and by Prof. Frances Wong, Chairperson of the Society. This was followed by a keynote speech on the conference theme given by Dr. Leong Che-Hung, Patron, the Hong Kong Society for Nursing Education. Listed below are the key topics discussed during the conference:

1. Non-government organization's contributions in Macau
Mr. Pun Chi-Meng, Paul, Director, Macau Caritas
2. Towards a safe and healthy community - The six years' experience in Kwai Tsing
Ms. Adela Lai, Cluster Manager (OSH & Community Health), Kowloon West Cluster, the Hong Kong Hospital Authority, and General Manager (Nursing), Princess Margaret Hospital, Hong Kong
3. Community partnership: Macau community health nurses' contributions
Ms. Madalena Lei Ca-Pou, Head Nurse, Tap Seac Health Centre, Primary Health Care, Health Bureau, Macao SAR Government

4. Community partnership: Transitional care for elderly discharged from Queen Elizabeth Hospital
Ms. Janet Leung, Advanced Practice Nurse (Ward & Unit Management), Queen Elizabeth Hospital, Hong Kong
5. Reflections on community intervention, care and empowerment of female sex workers and clients in Hong Kong
Ms. Shara Ho, Chief Executive Officer, Community Health Organisation for Intervention, Care & Empowerment Ltd. (C.H.O.I.C.E.)



Forthcoming Event

22nd Anniversary of the Society

An anniversary symposium will be held on **8 March 2008 (Saturday)**. You are cordially invited to take part in this important event. Information on the symposium is attached to this edition of the newsletter.

Venue: Assembly Hall, 4/F North Tower, YMCA of Hong Kong, 41 Salisbury Road, Tsim Sha Tsui, Kowloon

Theme: *Trends and development of contemporary health care services: Opportunities and challenges for Nursing*

Time: AGM – 0900-0915
Symposium – 0915-1300

For further details, please visit our Society website: <http://www.hksne.org.hk>