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July 2010

JPN Apex Trauma Centre Newsletter

Prof MC Misra, Chief, JPNATC



Constant learning is an integral part of healthcare professionals and I am happy to see many new initiatives in skill up-gradation being introduced in JPNATC. This reflects the enthusiasm in teaching from the faculty as well as the desire to learn from residents, students & nurses at JPNATC. Recently two microscopes have been donated to the advanced trauma skill and simulation facility, JPNATC for the training purpose of residents and faculty. A 'Basic Plastic & Reconstructive Surgery' (BPRS) Course is also being started at JPNATC with the first course planned later this month. **Courses such as ATLS, ATCN, BECC and nursing CME are being regularly held at JPNATC and courses such as ACLS are in the pipeline.** Never before doctors and nurses been so spoilt for choice in skill up-gradation and that too under one roof! I would sincerely urge all of you to take advantage of this opportunity and improve your skill set. This will go a long way in improving patient care as well as your own career progression.

Our mission is to make continuous efforts to provide efficient patient care from the time patient is brought into the ED of Trauma centre. I would welcome suggestions from each member of our trauma centre family regarding - what should the Trauma center stand for each one of you? To patients? And public at large? I would also request all the Trauma centre Family members to tell us - "What does the Trauma Center hope to be in 2012?"

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FROM THE EDITORS' DESK



When we started with this newsletter six months back, there were apprehensions whether we would be able to sustain it on a regular basis and whether it would attract enough articles. I am happy to tell you that from this issue onwards we increased the frequency of the newsletter to monthly and this speaks volumes of the success of this project. **I am also proud to name Ms Metilda as associate editor of this and future newsletters** and it only due to her dedicated and tireless efforts that

the newsletter comes out on time and is distributed all over AIIMS. I would also like to thank Prof Misra, Chief, JPNATC for providing constant encouragement and guidance without which this newsletter (and other endeavors in JPNATC) would not be the success that it is.

DEEPAK AGRAWAL drdeepak@gmail.com

HIGHLIGHTS

Operating Microscopes inaugurated at 'Advanced trauma skills lab' & Basic Plastic & Reconstructive Surgery (BPRS) Course started at JPN Apex Trauma Centre. For details and registration log on to www.bprs.in



State-of-the Art computerized reception counter at JPNATC inaugurated on 15 July 2010. For details please turn to page 6

Overview-TRAUMA NURSE COORDINATION SYSTEM -A new concept in India

Level 1 Trauma Centre like JPN Apex Trauma Centre, AIIMS have a wide array of staff: trauma and specialist surgeons, emergency physicians, surgical and emergency residents, ED nurses, lab and radiology technicians, critical care nurses, respiratory therapists, anaesthesiologists, OR nurses, security officers, social workers & Class D workers. A trauma nurse coordinator is absolutely essential to keep these complex teams running efficiently so that nothing falls through the cracks. The goal of this role is to provide consistency across the continuum of care for the patients and their families, which includes increasing patient and family satisfaction and process efficiency. **The JPN Apex Trauma Centre is the first Centre in the whole of India to have started the Nurse Coordinator System.** It has a wide role and a wider perspective both in terms of functioning of the Trauma Centre and the Quality of patient care.

Who is Trauma nurse coordinator?

The definition that evolved from the coordinator task force meeting of American Trauma Society and trauma nurse network's 'Trauma Nurse Coordinator-Developing the Role: Consensus Forum' in Washington on May16,1987 is:

- A registered nurse who demonstrates expert knowledge and skills in practice of trauma nursing
- Who is responsible and accountable for development and implementation of standards of care for trauma patients and their families
- Collaborates with medical director to develop and implement trauma care protocols
- Continuously monitors the effectiveness of these standards and effects timely interventions of problems identified

Role of Trauma Nurse Coordinator :

1. Research

- Data collection
- Trauma registry
- Identifies and monitors specific investigations with the trauma population
- Initiates nursing research for trauma
- Interprets and communicates recent nursing innovations and research findings.
- Translates relevant scientific knowledge into trauma nursing practices.
- Experiments with new patient care modalities and practice models

2. Clinical practices

- Clinical round & Patient care follow up
- Applies primary and secondary assessment and interventions based on ATLS guidelines for trauma resuscitations
- Integration of team approach to trauma care
- Monitoring nursing care of patients through the trauma care continuum
- Acts as patient's advocate within trauma

system

3. Education

- A. Inservice: New equipment; New protocol; Orientation to team role.
- B. Continuing education: Trauma nursing course like ATLS & ATCN
- C. Role model for other nurses: Through demonstration of excellences in practices

4. Consultation

- Develops protocols
- Participation with planning and ongoing management of trauma programme with multidiscipline team
- Consults with discharge planners
- Rehabilitation programme
- Home care

5. Administration

- Implementation of protocols and standards
- Monitors effectiveness of trauma programme through quality assurance activities
- Initiates corrective measures for problems

Role of Trauma Nurse Coordinator in Emergency



Left Top- Ms Metilda CJ, Ms Kumkum Rajput, Mr Tulsi Ram Gupta, Mr Ashish Jhakar, Ms Savita Shokeen, Ms Princess Mary Sebastian, Ms Geeta Dhankhar, Mr Suresh Sangi, Dr Amit Gupta (Faculty Incharge), Ms Sonia Chauhan, Mr Rakesh Kumar

Department

1. Prior to patient arrival (if prior information is available):

Designates nursing roles and liaise with team leader. Identifies team members. Prepares documentation. Informs blood bank and radiology as appropriate. Ensures all setup is ready.

2. On patient arrival:

Supervises with patient transfer from ambulance on to hospital stretcher. Ensures proper triage and ID band. Ensures correct documentation of - Time of arrival, Name, age, sex, TC no., History from relatives and patient. Patient status, Base line recording- Airway, Breathing, Circulation, etc. Ensures paper work e.g. x-ray, lab forms. Liaises with police constable about valuable of patients.

3. Red area care:

Supervises whether red area protocol is followed or not. Helps others staff by demonstration of expertise in trauma care for e.g. during intubation, difficult I/V access.

Double checks the medicines and life saving medicine to be given to the patients. Checks proper labeling of various infusions. Ensures proper sample labeling, whether the samples have been sent or not on time. Co-ordinates with radiology, OT, ICU's for disposal of the patients from ED. Ensures correct recording and reporting of all the events in red area for e.g. time of arrival, time of intubation, etc. Provides team with regular support. Liaises with social worker or ED nurse for ongoing care of patient's family.

Solves the problem in case review is not done

Controls over crowding of patients outside minor OT and X-ray room Ensures that re-triaging of patient

Definitive care:

If patient is disposed to OT
Coordinates with OT and give prior information Ensures proper transportation of the patient Ensures whether ventilator is functioning properly or not, checks all the connections, oxygen cylinders etc Checks whether patient red area transportation kit (consisting of AMBU with mask, ET tube, laryngoscope with blade, Inj. atropine, Inj. adrenaline etc.) is sent or not Ensures pre operative instructions are followed Ensures patient is in hospital clothings

If the patient is intubated, he should be accompanied by a doctor

If patient is disposed to ward or ICU

Coordinates with respective area to receive patient properly Ensures whether the respective area staff is given over about the condition of the patient

Ensures proper transportation of the patient Ensures whether ventila-

tor is functioning properly or not, checks all the connections, oxygen cylinders etc Checks whether patient transportation kit (consisting of AMBU with mask, ET tube, laryngoscope with blade, inj atropine, inj adrenaline etc.) is sent or not Ensures pre operative instructions are followed Ensures patient is in hospital clothings If the patient is intubated, he should be accompanied by a doctor

Role of Trauma Nurse Coordinator in Mass Casualty Incidents (MCI PROTOCOL)

Confirmation of incident from police (100) Inform ED SR (Surg, ortho, EM, Neuro Surgery) Call nodal officer (as per schedule) Call nursing supervisor on duty Inform all ED nurses Inform registration counter Inform security supervisor Inform Sulabh supervisor Pass information to following areas and tell them to prepare for MCI. B. Bank, Radiology, Laboratory, Manifold, ICU, Public Relation Officer (media coordinator) Mortuary Check all areas of Emergency.

EVENTS: Training of Army Officers in Trauma Center, AIIMS

Ten Medical officers from Army Medical Corps (AMC) from various military hospitals across the country were attached with the Jai Prakash Naryan Apex Trauma Center (New Delhi) for 10 weeks with effect from 15 April 2010 to 23 June 2010 as part of their ongoing DNB (Family Medicine) training. The officers are rotated in various departments for a period of 02 weeks each. They are exposed to various trauma scenarios in emergency dept & are imparted theoretical as well as on job training on different aspects of trauma care. The officers also underwent ATLS course con-



Lt Col. Vijay Kr., Lt Col S Mahapatra, LtCol.Sanjay, LtCol.SK Panday, LtCol. Srivastava, LtCol. RitaParkodi, Capt Nisha, Capt Puja, Capt.Sheeba, Capt.Shewta, LtCol.K.Mohan, LtCol.Ayan Chakrovorty, LtCol.B.Chakrovorty, LtColMS.Bisht

ducted from 17-20th Jun 2010.

Four Nursing officers of the Military Nursing Services also underwent training in the ED of this institute. Working in JPNATC has been a great learning experience for all of them. Having exposed mainly to military

trauma scenarios, working in Trauma ED where one get to see a varied types trauma victims has been immensely beneficial. Practical experience on various skills and procedures learnt in the ED was well acknowledged by all officers. Treatment protocols based on ATLS principle is worth emulating.

EVENTS - International Conference of Emergency Medicine (ICEM)-2010



13th International Conference of Emergency Medicine was held in Suntec city, Singapore on 9th-12th of June 2010. Four of our nurses presented their paper which helped them to get an international exposure and the thrive in research

activities The new developments in emergency medicines & the trends coming forward for management of patient care was discussed by eminent speakers from all over the world. Delegates included physicians & non physicians from all over the world. There was preconference workshops ,exhibitions as part of conference.

EVENTS: NURSES DAY (MAY 12) CELEBRATIONS IN AIIMS

Nurses Day was celebrated on May 25th at JLN Auditorium, AIIMS. The Chief Guest

Prof R. C. Deka, Director, AIIMS, lamp lighted the pro-



Mr Altaf, Sr Daniel, Ms Princess, Sr Madhuri, Ms, Kiran Yadav, Ms. Milan

gram along with Prof Rani Kumar, Dean, AIIMS, Prof D.K.Sharma, Medical Superintendent & Ms Shashi Kapil, Chief Nursing Officer. In the morning there was scientific session in which Sr.Kripal Kaur Sokhi



Sr.Kripal, ANS, JPNATC

(JPNATC) gave a lecture on the Nursing management in Disasters & Mr Altaf gave a lecture on the history of Florence Nightingale.

Afternoon we had recreational programs in which staff from trauma centre participated which was well appreciated.



MEDICAL ADVICE: EAT MORE DIETARY FIBER

Ms Shally Khurana, Asstt Dietician



What is Dietary Fiber?

Dietary fiber is a type of carbohydrate that cannot be digested by our bodies enzymes. It is found in edible plant foods such as cereals, fruits, vegetables, dried peas, nuts, lentils & grains. Fiber can be either soluble or insoluble & both types play an important role in a healthy diet. Women requires 25gm/day & for men 38gm/day.

The Value of dietary fiber

Dietary Fiber is an essential part of a healthy diet. It prevents constipation & diverticulosis & enhances the overall function of the bowel. High fiber diets also decrease the risk of type 2 diabetes. A high fiber diet tends to be lower in calories thus helping to prevent excess weight gain. It also helps in lowering blood cholesterol levels.

TIPS FOR BOOSTING FIBER IN DIET

- Choose whole grain or whole meal bread instead of white bread

- Choose an orange or grape fruit instead of juice for breakfast
- Use fresh or dried fruits for desserts or snacks.
- Choose high fiber grains, such as buckwheat, brown rice & bulgur, in place of white rice or white flour products.
- Add raw bean sprouts to sandwiches.
- Use daily fiber log. It will remind to eat fiber rich foods.
- Eat 2-3 cups of vegetables each day.
- Eat at least 3 servings of whole grain cereals, break crackers, rice or pasta daily.



MEDICAL WRITING: PHYSIOTHERAPY APPROACHING TOWARDS TREATMENT OF CAUSES RATHER THAN IMPAIRMENTS

A.S Moorthy

Health care today emerging rapidly as an important addressing factor in national & international level in terms of quality service and economy. Physiotherapist like other health care professionals are also under increasing pressure to update their knowledge and improvise their technical ability, due to the factor of higher expectancy being developed by the consumers for greater accountability, effectiveness and efficiency from the service provider and the practitioners. Physiotherapy in musculoskeletal disorders has shifted from the era of performing passive movements to the painful joints to the concept of applying skill and specific hands on techniques which includes manipulations and mobilizations. The rationale behind the musculoskeletal manipulative/

impairments experienced by the patients. Even though many physiotherapists have learned the basics of manipulation and mobilization concepts, very few physiotherapists implement these techniques into daily clinical practice. Due to the factor of confidence in performing or self neglect developed within therapist in shifting from the electrotherapy treatment through various modalities available for pain relief.



Physiotherapy Team

Working with JPNATC physiotherapy department, we had the opportunity and confidence of implementing the manipulation and mobilization techniques on patients with various musculoskeletal dysfunctions and achieved good results clinically as well as improved satisfactory



Body Wt support Treadmill (gait trainer)

level of the patients. The shift in paradigm of the concepts of physiotherapy professionals fighting against the impairments to looking forward ahead of targeting in treating the root mechanical causes of impairments left by the musculoskeletal disorders serves as a great uplift and booster for the physiotherapy profession and the professionals in community.



ACTIVE & PASSIVE TRAINER

the treatment of mechanical causes of the disorder rather than the

Computerised Display System for Patient Status Introduced in JPNATC ED

In a unique initiative and probably for the first time in any public funded hospital in India, a real-time



PATIENT DISPLAY SYSTEM INSTALLED IN ED

computerized display system was introduced for the benefit of patients, relatives and staff at JPNATC. **The need for the system arose as it was seen that patients and relatives were more likely to be satisfied if the status of their treatment and next line of management is made available to them on a regular basis.** As the emergency is a very busy and chaotic place, it is difficult to provide accurate and up to the minute information on each patient to the relatives. The integrated and extremely user-friendly software and designed by computer facility, JPNATC and developed by two young programmers Vishal & Vikas. The emergency department nurse

and Trauma nurse coordinator posted in ED enter the details of the patient as he/she enters the ED and update them as investigations/consultations are done. These are then displayed on a large LCD screen in the ED (see picture). The patient's triage area, tentative diagnosis, GCS score, specialties to whom consultation sent, investigations required and next line of management are all displayed in an easy to read format. As the data is updated, the display changes accordingly. For example, all pending consultations and investigations are shown in **red**. As and when the investigations and consultations have been done, the color changes to **green**. This way, patients, relatives and healthcare professionals can be aware of the patient's status in real time. Another major advantage is that the software automatically collects statistics and on various parameters so that regular audits can be held without the pain of collecting data.

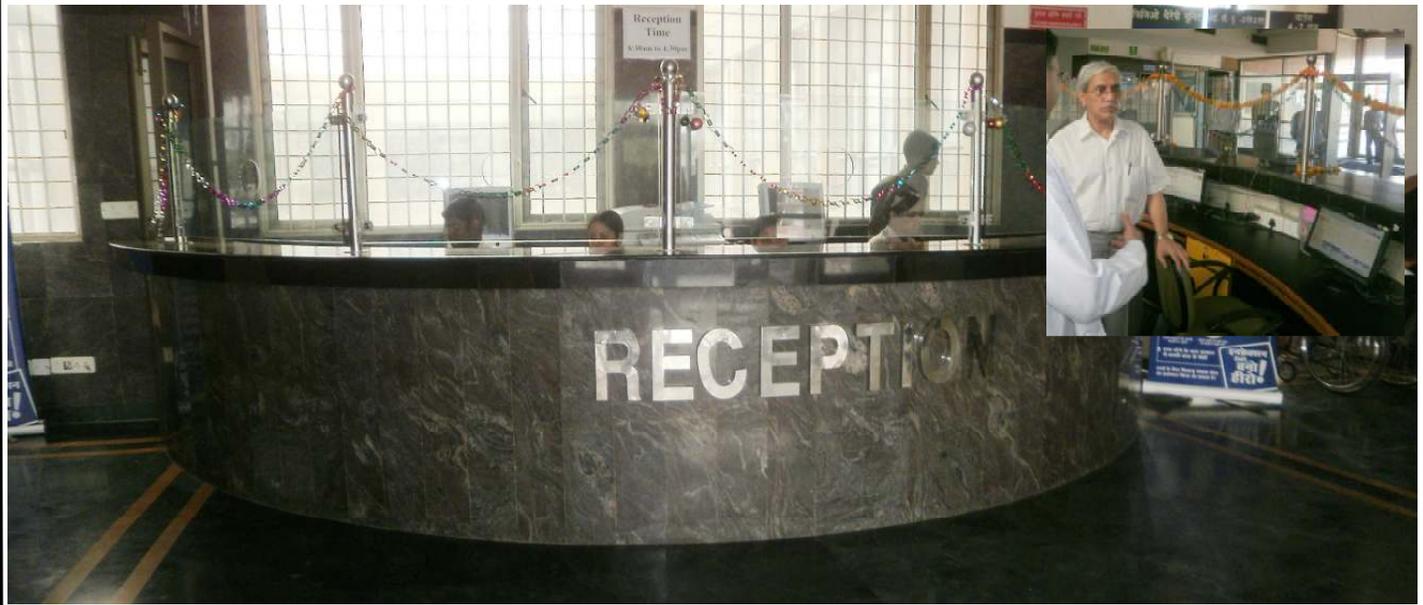
WEB BASED FORM FOR ENTRY (INTEGRATED WITH HIS)

JPNATC A.I.I.M.S EMERGENCY DEPARTMENT DISPLAY SYSTEM								
2:01 PM			PAGE 1					
TC-NO	NAME & TRIAGE CATEGORY	BED NO	GCS SCORE	DIAGNOSIS	CALL SENT TO	INVESTIGATION REQUIRED	WAITING-FOR	STATUS
217812	DINESH	4	8	A HI	NEURO ORTHO SURGERY	BLOOD CT X-RAY	ADMISSION (NEURO)	CRITICAL
217912	NIRAJ	2	15			BLOOD	REVIEW BY SPECIALIST	CRITICAL
217446	AMIR	1	15	HI	NEURO	CT	REVIEW BY SPECIALIST	STABLE
217454	MADAN	2	15	MI	ORTHO	X-RAY	REVIEW BY SPECIALIST	STABLE
217455	PHOOL	3	15		SURGERY		REVIEW BY SPECIALIST	STABLE
217749	RAJBEER	4	15				REVIEW BY SPECIALIST	STABLE
217937	ASHUTOSH	5	15		ORTHO	X-RAY	REVIEW BY SPECIALIST	STABLE

Abbreviations: HI=Head Injury, SI=Spinal Injury, THI=Thoracic Injury, SFI=Superficial Injury, PF=Pelvic Fracture, ABDI=Abdominal Injury, LBI=Long Bone Injury, MI=Musculoskeletal Injury, A=Airway Problem, B=Breathing Problem, C=Circulation Problem
■ RED AREA ■ GREEN AREA ■ YELLOW AREA

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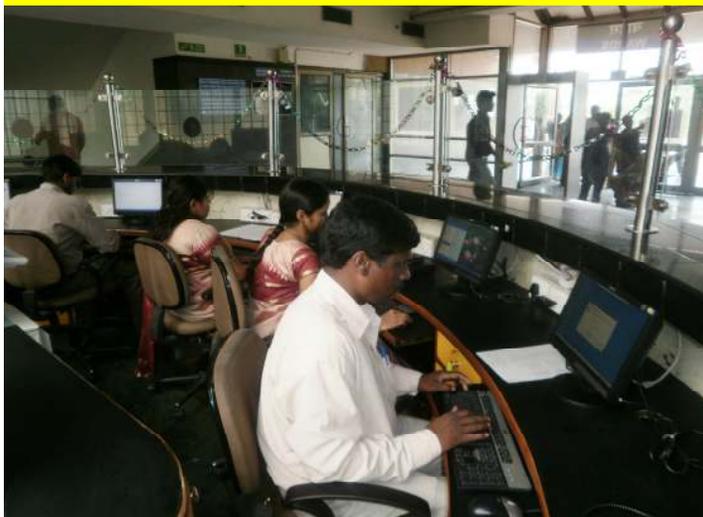
STATE-OF ART RECEPTION COUNTER OPENS IN JPNATC



Reception is the face of a hospital and unfortunately is not given the importance & resources it deserves in public funded hospitals. In a major 'face-lift' a state-of-the-art reception counter was opened to general public on 13 July, 2010 at JPN Apex Trauma Centre, AIIMS. The reception has many firsts to its credit: It is the first government hospital to have trained staff in formal dress code manning the reception. The hospital is also the first amongst government hospitals to have its reception fully computerized.

By computerized we do not mean having a computer at the counter. As JPNATC has a mature EMR and HIS in place besides a fully functional call centre, the receptionist will have access to all patient related information at the click of a mouse. This offers unprecedented ease of use and functionality. The reception will be manned by two fully trained receptionists from 8:30AM to 4:30PM. The reception also has a desk for issuance of access-control cards and services for JPNATC. Another unique feature is the provision of multiple phones on the counter for hot-dial to JPNATC call centre for appointments and other queries.

INSIDE VIEW OF RECEPTION WITH DRESS CODE VISIBLE



ABANDONED.....

Ms Jyothi Sohal



In the clumsy cloudy night sitting alonea thought keep hitting my mind....."What i'm made for?"

Attending all around and left alone among the For others u being the perfectsome, but when searched it's hollow inside trying hard to get the peace of mind.

Messed up solving other's problems and lost, not even being your ownself. Now asking myself "Is this the thing i'm made for?" Having dreams to measure the world with pace unique of it's own. Never looking back in past with willpower stronge enough to withstand every thunder of time.

Everytime I try but the hessel of time cut all efforts into half of it's growth and all dreams shrinks, consolidates leaving it twice stronger then earlier. Asking myself again the same question "What I'm made for?' I got my answer ,it's consistent EFFORTS to raft the dreams in the streams of success for brighter future.



BE A HERO.....

Ms Sheenu Mary Thomas

Well, I begin with a humble question this time, what would you do, if your neighbour rushes to you and says my child is not responding to me she seems to be unconscious? Hmmm, Got an answer or still thinking? Stumped by the question? Well, If you are taken aback then purpose of my question is served. All of us hot shot medical personnel's, what are we sans our monitors, crash carts, instruments, syringes, emergency medicines? Lost isn't it?

Probably, in the above mentioned scenario most of us would rush to the child, perhaps check the pulse, call out the child's name but at the end advice or call an ambulance to take the child to a hospital which I guess even your neighbor could have done without you telling him to do so. Have you guys ever wondered what else you could have done in such a situation? You could have had at the least made an attempt to save the life of that child but that would only happen if you knew how to do that sans your medical paraphernalia.

Life gives us opportunities to be a hero all the time but do we make the attempt to be one? The answer is NO, being a hero needs some effort on our part also, for example giving your seat to that frail old lady in a crowded bus, throwing that chocolate wrapper in a dustbin rather than on the road and more importantly when being met with matters of life and death, not losing our calm and learning some very basic skills that would allow us to at least make that very crucial attempt of saving the life of a person in need.

The best part is that you just need your hands and brain (something I'm sure we all carry with us most of times) to do it. Courses like Basic life support and BECC help us in learning those very basic and crucial skills that would enable us to

attempt to save the life of not only a stranger but who knows maybe even someone in our family too.

I hope this article motivates my readers to learn this basic skill and feel empowered. Once you get empowered with this skill, go and teach your family members these basic steps which would in turn empower them to make that very basic step to save a human life.

Wake up people; get goingbe a hero to someone

The script is ready; we just need some action on your part.

"Knowledge comes by eyes always open and working hands; and there is no knowledge that is not power." Ralph Waldo Emerson

PS: readers can check www.JPNATC.org

Budding writer: Going out makes you feel free and a part of the world you live in.....

Ms. Swati Sharma



Going out makes you feel free and a part of the world you live in; that's what me and my friends believe; it is our way of distressing. recently we had a

chance to visit Jaipur; an opportunity that we grabbed out from the hands of time. How? that's a secret! usually whenever we go out we have a predetermined list of things to do, but in this case all we knew was that our bus will leave Jaipur house at 10.30 a.m. cause it was till bus that our parents accompanied us and made sure that we listened to the PRECAUTION POEM that every concerned parent recites to their offspring. i would like to share light moments of my journey.

What matters to us more than anything on our journey is our snacks, our camera, the internet and a diary in which we stick all kinds of stickers ;from tickets to bills that we gather on our trips, this one is our third trip together. As we sat on cushioned seats of our Volvo we were pinching ourselves to make sure every-

thing is for real. We couldn't thank Joi enough for packing weird but cool snacks and to make sure that everything settles well in our stomach she had bought HINGOLI .we named them as baba ki goli cause they gave us powers to digest food that could be served to a whole 'baraat'. The scenes by the road sides had trails of mountains, old forts , fields and cattle. Giving company to our bus were shivering tempos , trucks looking like brides, crawling carts and the ship of the desert walking like a model on the ramp. By evening we reached Jaipur. There were no fireworks as we imagined in our dream trip everything seemed so ordinary. Tired and lost we reached our hotel. we decided to call it a day and hit the sacks.

We got up early morning and searched on net that what all we could visit but couldn't decide on .Tired of our fruitless action we asked our cook and made list of famous points and markets .we decided to ride on local transport; the autorikshaws that look like queen bee. We visited Birla Mandir which had impressive architecture from there we moved on to Amer fort it was now that the flavor of Jaipur was coming up the

golden trail of walls, huge and old fort that stood the test of time was right there in front of our eyes. Our guide seem to be out of space persona with paan in his mouth with the support of myths and realities we were done with our sightseeing of fort. I remembered him because at one part in fort where walls were studded with mirrors he lit his pen torch in bright light and said dekho madam ,'DIN MAIN TAARE' . From there we headed towards Jal Mahal. We did not go inside but had a good look from outside because of some cleaning projects. We decided to refresh at our hotel before reaching 'CHAKI DHANI'-A mini Rajasthan. We had a gala time there. Next day we visited Hawa- Mahal and then was time to visit market and do shopping. Tired and dumped under our bags we managed to reached back .Three days were more than enough to enjoy .With good memories we came back and charged to rock the world. I am waiting for our next three days break.

JPNATC Nominated for mbillionth & eIndia awards!



JPNATC achieved the unique distinction of being nominated for multiple awards in several categories this year. Some of the notable nominations were:

Mbillionth awards

(<http://mbillionth.in/>)

1. **e-health:** Eliminating queues in Out-patient-departments (OPD's) in hospitals- An m-health initiative by JPN Apex trauma Centre, AIIMS)

2. **e-inclusion:** Call Centre for Hospitals- An m-inclusion initiative by JPN Apex trauma Centre, AIIMS.

e-India awards

(www.eindia.net.in/2010/awards/)

1. **eHealth: ICT Enabled Hospital of the Year-** Cost-effective ICT-enablement of JPNATC, AIIMS, New Delhi

2. **eHealth: Civil Society/ Develop-**

ment Agency Initiative of the Year- Transforming health care delivery for trauma victims through use of a integrated Tele-centre

3. **eGov: mGovernance Initiative of the Year-** Eliminating queues in OPD's through m-Governance

We are proud of these nominations and thank all faculty, nurses and staff of JPNATC without whose cooperation and enthusiasm all this would not have been possible.

The award ceremony for mbillionth awards will be held on **JULY 23, 2010** at Hotel Inter-continental Eros, Nehru Place, New Delhi

SPECIAL OFFER FOR AIIMS STUDENTS & NURSES FOR UPCOMING TRAUMA CONFERENCE -2010

Third annual international Conference of Indian Society of Trauma and Acute care (ISTAC) & International Congress & CME cum Live Workshops to be held on 26th-28th November 2010. The website is www.trauma2010.in

This Organized by Jai Prakash Narayan Apex Trauma Centre, AIIMS, New Delhi and promises to be an academic feast. *To encourage participation, subsidized registration of Rs 500/- will be charged from AIIMS students & nurses.* This registration will entitle one to all academic activities



VENUE- SIRI FORT AUDITORIUM

and lunches. However, gala dinner will be excluded and will be optional (@Rs 250/head)

Abstracts for Trauma 2010 invited in all disciplines are solicited. Scientific Papers should be strictly related to Trauma care. There will award papers in various categories. For details please visit the website or contact:- Dr Sanjeev Lalwani, Organizing Secretary 9868397145, 2 6 7 3 1 2 8 1, E Mail:- drsalal@rediffmail.com, info@trauma2010.in

CONGRATULATIONS!!!



Sr. Madhuri Sagar Promoted to NS, JPNATC



Sr. Satinder Kaur Promoted to DNS, JPNATC



Sr. Mary Johne (Radiology) Promoted to S/N Gr I



Ms. Srividya Working in OT ties a knot on



"प्यार का प्रतीक- स्त्री"

पुरुष शौर्य का प्रतीक है।

तो स्त्री प्रेम का प्रतीक है।

यह अलग बात है कि जो लडकी या स्त्री प्रेम करती है

उसी में सबसे ज्यादा शौर्य भी होता है।

प्रेम के लिये वह जमाने से लडने को तैयार हो जाती है।

स्त्री तो प्यार ही पाना चाहती है।

विडंबना देखिये कि जो लडकी प्रेम करती है

समाज उसी से नफरत करने लगता है।

लोग यह मानने को ही राजी नहीं हैं कि लडकी का स्वभाव ही प्रेम से बना है।

लडकी एक जगह पैदा होती है दुसरी जगह भेज दी जाती है।

अपनी जड से जुड़े रहने के लिये उसमें एक तडप होती है तो वह

जिस भी आंख में प्रेम देखती है उसी की ओर आकर्षित हो जाती

है यह बिलकुल सहज और नैसर्गिक है।

लेकिन समाज के डर से वह अपने प्रेम को अपराध की तरफ छिपाने

लगती है यह हमारे समाज को दोहरापन ही है कि एक तरफ तो हम

कहते हैं कि समाज के सभी वर्गों समुहों में मुहब्बत होनी चाहिए।

लेकिन जैसे ही लडका लडकी प्यार करने लगती है समाज उसका



Sr. Omana Vijayan Promoted to ANS (TC3ICU)



Sr. Chinnamma Jacob (OT) Promoted to S/N Gr I



Ms. Pushpa Mandral working in ED ties a knot with Dr. Lalit Kurrey



Sr. Sheebha Martin (OT) Promoted to S/N Gr I

ARTICLES (MEDICAL/NON-MEDICAL) ARE SOLICITED WITH PHOTO OF AUTHOR FOR THE JPNATC NEWSLETTER & CAN BE SENT TO metildajose@gmail.com

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