

MODULE OF SKILL LABORATORY PRACTICE

BLOCK : DISASTER RELIEVE MEDICINE
TOPIC : HANDLING OF FOOD POISONING

I. GENERAL OBJECTIVE

After completing the practice of skill laboratory, students are able to handle food poisoning in patients

II. SPECIFIC OBJECTIVES

At the end of skill laboratory practice, students are able to carry out the action of handling poisoning including:

1. Identify the patient poisoning
2. Handling of patient poisoning in general and food in particular

III. SYLLABUS DESCRIPTION

Sub Module Objective

After completing the practice of skill laboratory, students are able to handle food poisoning in patients

Expected Competencies

- a. Students perform identifying the patient poisoning
- b. Students perform handling of patient poisoning in general and food in particular

Methods

- a. Presentation
- b. Demonstration
- c. Coaching
- d. Self practices

Laboratory Facilities

- a. Skills Laboratory
- b. Clinical Instructors
- c. Student Learning guide
- d. Instructor guide
- e. References

Venue

Training room (Skills Laboratory)

Evaluation

- a. Skill demonstration
- b. Point nodal evaluation
- c. OSCE

IV. Equipment arrangement

All equipment required for this topic include :

- a. Multimedia equipment
- b. Manequin
- c. Stethoscope
- d. Thermometer
- e. Spigmomanometer
- f. Oxygen tube
- g. Handscoon
- h. NGT

V. LEARNING GUIDE

No	Procedures	Score		
		0	1	2
1.	Make sure the cause of the patient poisoning: to ask the patient what is the previous food he/she has eaten?			
2.	<i>Informed Consent</i>			
3.	Wash hands 7 steps and use hand glove			
4.	Check the patient's airway, if there is a vomit that obstructs the airway immediately clean up the rest of the vomit			
5.	Check the pulse and blood pressure of the patient, if there are signs of shock, immediately do the handling of shock			
6.	Identify the immediate cause of poisoning			
7.	Perform immediate decontamination of the stomach (with vomiting or gastric rinse action)			
8.	Gastric decontamination should not be performed if: 1. Poisoning of corrosive materials or hydrocarbon compounds (kerosene, premium or other materials containing premium / kerosene / diesel etc), strong acids or strong bases, 2. Decreased awareness (if the airway is not protected). 3. The patient is in a seizure state			

	4. If the mouth and throat are burned (eg due to bleach, toilet cleaner or strong acid of the battery)									
9	<p>If the patient is swallowed another poison: Give activated charcoal if available, do not induce vomiting. Active charcoal is given peroral:</p> <table border="1" data-bbox="407 388 1102 537"> <tr> <td>Children < 1 years old</td> <td>1 g/kg</td> </tr> <tr> <td>Children 1 -12 years old</td> <td>25-50 g</td> </tr> <tr> <td>Teenage and adult</td> <td>25-100 g</td> </tr> </table>	Children < 1 years old	1 g/kg	Children 1 -12 years old	25-50 g	Teenage and adult	25-100 g			
Children < 1 years old	1 g/kg									
Children 1 -12 years old	25-50 g									
Teenage and adult	25-100 g									
10.	Do stomach rinse if life-threatening									
11.	Gastric rinse should not be performed on corrosive or hydrocarbon poisoning.									
Procedure of gastric rinse										
12.	Clean the area of the nose premises using kassa									
13.	Open the sterile NGT packaging and place it in a sterile sterile tub									
14.	Replace Handglove with sterile handglove									
15.	Measure the length of the hose that will be inserted by placing the end of the hose from the client's hiidung to the tip of the upper ear, then continue until the xipoideus processus. Put a mark Give jelly to the 10-20 cm long NGT from the tip									
16.	Ask the patient to relax and breathe normally. Put the hose slowly to 5-10 cm. ask the patient to bow his head (flex) while swallowing									
17.	Input the hose to the marked border									
18.	Do not enter forcibly hoses if there is a detainee a. If the patient coughs, sneezes, stop it and then repeat again, encourage the patient to take a deep breath b. If there is still resistance, pull the hose slowly and input into the other nose slowly c. If the patient is seen to be vomiting, pull the tube and throat inspection and continue to insert the hose in stages									
19.	Make sure the tube goes into the the gaster									
20.	Connect the hose with a 50 ml syringe containing NaCl 0.9%, insert 0.9% NaCl of 100-300 ml for adults and 10ml / kgBW for children									
21.	Aspiration of back fluid that is inserted into the stomach, the amount of fluid that comes out should be equal to the amount of fluid that is inserted									
22.	Perform procedures 20 and 21 until the liquid is clear									
23.	Give specific antidotum if available									
24.	Patient observation for 4 - 24 hours									
25.	Documentation: action taken in the patient's medical record									

VI. CRITERIA OF PERSONAL PERFORMANCE EVALUATION

SCALE	PERFORMANCE ACHIEVEMENT	COMMENT
1	If students are doing the task that only fill less than 35% of whole items for each step precisely	LOW
2	If student are doing the task that only fill 35% - 60% from whole items for each step precisely	MILD
3	If student are doing the task that only fill 60% - 78% from whole items for each step precisely	MODERATE
4	If student are doing the task that fill at least 80% from whole items for each step precisely	EXCELLENT

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