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Role of medical social worker in blood bank

The Department of Medical Social Work (MSW) started at KEM Hospital Pune, in 1978, to look into problems faced by patients during their indoor and outdoor treatment. Since then, we have endeavoured to help the ill, bewildered, worried and frightened patients who visit KEM Hospital. The MSW team is the link between the patient, the Hospital's medical team, its administration and the community at large. Each MSW works with one special unit: Intensive care, renal, paediatric, cardiac, oncology, neonatology, etc. This enables the MSW to focus on specific problems related to the illness. The MSWs assist in providing clear and simple information, clarifying misconceptions and in decision making for future treatment. In chronic, long term and terminal illnesses there is a great need of supportive and crisis counselling, mobilising a support network and providing the patients with appropriate referrals for medical as well as material help. The Department conducts a series of workshops for KEM Hospital staff on relevant topics, such as HIV awareness, attitudes and bio-safety precautions. The goal of these workshops is to sensitize them to HIV infected patients, raise the level of awareness about HIV, and to motivate them to practice universal bio-safety precautions. We have been instrumental in setting up several support groups for patients and their families: PreranaThis is a support group for families of cancer afflicted children. We organise group meetings, 7-8 times a year, to discuss problems faced by them, to provide information about the illness and its treatment, and to arrange recreational outings for the children and their family members, reassuring them that they are not alone in their fight against cancer. AshadeepThis is a support group for people living with HIV AIDS. True to its name, Ashadeep, the MSW in this support group organises talks and various other programmes for the group, providing them hopeful of leading a near- normal life. AarambhAarambh, which means beginning, is a support group to rehabilitate hearing impaired children. The goal of the group is to provide early identification of hearing loss and awareness of early intervention programmes. Visits are made to the patient's treatment and rehabilitation. A large population of patients that visit KEM Hospital are from the poor or lower middle strata of society. For them, medical treatment, especially hospitalization is a financial burden. KEM Hospital tries to help in certain cases by giving concessions in the charges and, occasionally, by waiving them altogether. The MSW department tries to help those who cannot afford any charges at all, with medicines and nutrition. Special efforts have to be made to raise funds for major requirements like cardiac surgery, cochlear implants, renal transplants, chemotherapy and treatment in the Intensive Care Units. Every year the dialysis & transplant coordinator organizes a Donors' Day to felicitate all the kidney donors who have given their kidneys to their loved ones, thus giving them the gift of life. The program is also used as a platform to spread awareness about organ donation and transplantation and transplantation and transplantation and to help motivate other relatives who wish to donate but are afraid to do so. A Certificate of Appreciation, build up rapport, involve different levels of staff in the problem solving process and, above all, to motivate the staff to improve patient care. Social Work students are placed in KEM's Department of Medical Social Work for their field work training. The MSWs supervise their working and provide necessary guidance. The Department of Medical Social Work for their field work training. The MSWs supervise their working and provide necessary guidance. The Department of Medical Social Work for their field work training. trusts, industries, schools, etc. Referrals to outside agencies are made when patients need help not available at KEM Hospital, e.g. to special schools, shelter homes, orphanages, employment centres, agencies for educational support, marital counselling, other hospitals, etc. Ward Rounds Counselling HIV Counselling Antenatal and Postnatal Counselling OPD Support Voluntary blood donation motivated solely by humanitarian considerations is undoubtedly the safest and most effective way of providing blood of assured quality. Blood can be donated by socially-conscious individuals for its use by unknown patients (Voluntary Blood Donors) or by relatives of patients who require blood (Replacement donors) The Propagandas Officer, Medical Social Workers and doctors at the Blood Bank perpetually strive to encourage voluntary blood donation. A large number of organizations from the private and the public sectors as well as educational institutes and social service groups regularly organize blood donation camps for K.E.M. Blood Bank. Approximately, one hundred and fifty blood donation camps are conducted annually. Despite the enormous need for blood and the consequent large pool of relatives of patients requiring blood, the K.E.M. Blood Bank collects 75 – 85 % of its annual collection from voluntary donors and the rest from replacement (relative) donors. The annual collection is 36,000 units at K.E.M. Blood Bank. WHY YOU SHOULD DONATE BLOOD There is an ever-present need for blood transfusions and the demand usually exceeds the supply. The shortage of blood is particularly most acute during summer (vacation) months. Blood donation is a precious, life-saving gesture made by socially-conscious, humanitarian individuals Each unit can be used to save lives of not one but upto six or eight different patients. Blood collected at the K.E.M. Blood Bank is separated into components viz. Red cell concentrate, Plasma and Cryoprecipitate. Each of these has specific uses and is transfused to different patients according to their needs. e.g. Red cell concentrates are used for patients with anemia's, platelet concentrates or cryoprecipitate for patients with bleeding disorders, and plasma for patients with disseminated intravascular coagulation. Plasma is also fractioned further into more products viz Albumin, Gamma globulin and Factor IX complex concentrate, at the NPFC. These are used to treat more patients. Blood is perishable has a limited shelf-life. Therefore there is a need for regular blood donation, to ensure a constant, uniform supply of blood of blood of blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the body quickly replaces the blood donated is not "lost" since the blood donated is not "lost" donation procedures whereby there is no risk of developing diseases like Hepatitis or AIDS by "donating" blood. All the blood collection sets as well as the lancets used for testing donors are given a card which can be utilized for obtaining one unit of blood, for himself / herself or their immediate dependent relatives. This card is valid life-long. General conditions of the donor Age: 18 to 60 years Weight: Not less than 45 kgs Hemoglobin percentage: Not less than 12.5 gm % Conditions which make donors temporarily unfit for donation Jaundice: Defer for 1 year after full recovery. Malaria duly treated: Defer for 3 months (endemic), for 3 years (non endemic) Typhoid: Defer for 1 year after full recovery Surgical Operations; for 6 months after receiving the transfusion. Immunizations: usually for 4 weeks after vaccinations with anti tetanus, anti venom, anti diphtheria, and anti gas gangrene. For yellow fever defer for 15 days. Pregnancy: Defer till one year after childbirth. Drug ingestion: If on any medications, please inform the medical officer. Anti arrhythmic, anti convulsants, cytotoxic drugs – Permanently defer. Antibiotics (oral) – defer for 3 days. Injection Corticosteroids- defer for 7 days after last dose. Cough, cold, fever: Please inform medical officer who will decide the period of deferral. Tuberculosis: Defer for 3 months after blood donation. Abortion: Defer for 6 months after abortion. Tattoo: Defer for 6 months after tattoo. Rabies vaccination: Defer for 1 year. Hepatitis in family or close contact: Defer for 1 year Pyelonephritis and acute cystitis: defer for 6 months after cessation of treatment and symptoms Dental surgery: defer for 6 months after dental surgery Conditions which make donors permanently unfit for donation Severe allergic diseases Diabetic patients Myocardial infarction Hypertension Active Tuberculosis Renal diseases Venereal (Sexually Transmitted) Diseases Malignancy Epilepsy Two or more Vasovagal (fainting) attacks after blood donation High risk individuals for HIV Known carriers of Hepatitis B virus Open Heart Surgery, By pass surgery- Permanently defer History of Cardiac medication- permanently defer Chronic liver disease with impaired function: Permanently defer Polycythemia Vera: permanently defer If you have practiced unsafe sex, please do not donate blood You could be a carrier of HIV and could transmit it to innocent patients through blood transfusions. We do test all blood units for HIV, however even with the best of kits, this virus can escape detection during the early phases of the infection (window period). Individuals who need to undergo planned surgical operations but who are otherwise fit and healthy can donate blood for their own use (Auto = self), prior to the operation. They need to be evaluated by their surgeons and the blood bank medical officers to verify their suitability for the blood donation. EXCUSES THAT YOU SHOULD NOT MAKE AND REASONS WHY NOT "I am too old" "If you are between 18 to 60 years and in good health – you can donate" "But I?m too small" "Not if you are 45" kgs or more" "But it will make me weak" "After a short rest and a snack, you are able to resume your normal duties. The body also quickly replaces the blood given thus what is donated is not 'lost' from the donor." "But is it safe togive blood" "We assure you that it is completely safe to donate blood. All the blood collection sets as well as the lancets used for testing your blood are sterile, used just once and then discarded." "You wouldn?t want my blood — I am common ?O? group" "We constantly need donors of all blood groups" "But I?ve recently been ill" "Just wait until you are well again. If in doubt, contact our Medical Officer" "Ok, but I?m anaemic" "We check for anaemia before every blood donation" "But I? ve had hepatitis" "Your blood is acceptable one year after full recovery". "All you get is a tiny prick that too only momentarily and a local anaesthetic is available" "I?m too busy and it is too inconvinient" "It only takes 10 to 15 minutes, every three months to be a regular blood donor" Please contact the Blood Bank Officer, the Propagandas Officer or the Medical Social Workers of the Blood Bank, KEM Hospital, Parel, Mumbai, preferably between 9.00 am to 5.00 pm from Monday to Friday and from 9.00 am to 1.00 pm on Saturdays. The blood bank or the Hospital AMO on duty may be contacted. Telephone: 4135189 or 4136051 Apheresis is a Greek word which means "to separate" or "take away". In apheresis, a component of blood is removed from an individual (donor) and the removal of plasma are the two most commonly performed types of Pheresis. Routine, regular apheresis commenced at the Blood Bank in 1993 when the PCS Ultralite (Haemonetics), an automatic machine for the collection (separation) of platelet-rich plasma was installed. — Donor gives away only the desired component and retains the others In December 2006 S.B.T.C. (State blood transfusion council) has donated an apheresis machine (Haemonetics) for K.E.M. blood bank. Recipient (patient) related benefits Components obtained by apheresis are more concentrated e.g. apheresis platelets from a single donor are equivalent to 6-8 units of platelets prepared from whole blood Risks associated with receiving platelet transfusions obtained from multiple donors (allo-immunization) are greatly minimized since only one or very few donors are usually required. Care of the apheresis donor Only reliable, high quality equipment is used The donor is continuously monitored throughout the procedure by trained medical personnel. Donors are accepted only if they are in perfectly good health and have blood counts, serum proteins etc. in the normal range. All donors are informed in detail about the procedure and possible risks. Thereafter only is the consent taken and the apheresis performed

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