

Vital signs guide treatments in intensive care in Tanzania

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In order to improve intensive care in Tanzania, doctoral student Tim Baker from Karolinska Institutet has introduced new procedures for identifying and treating patients with failing vital functions. Dr. Baker and his colleagues have developed a protocol called Vital Signs Directed Therapy (VSDT), which improves intensive care and reduces the mortality rate for some patients.

VSDT is a treatment protocol for seriously ill patients that focuses on vital signs: level of consciousness, respiratory rate, oxygenation saturation, heart rate and blood pressure. VSDT is based on the routines that have long been established in intensive care units and operating rooms in Sweden.

"We've seen that when the protocol is used, treatments have improved and mortality rates for some patients have fallen," says Dr. Baker, specialist in anaesthesia and [intensive care](#). "The intervention itself is simple and cheap, which means that it is feasible to implement in hospitals in Tanzania and other low-income countries. Our vision is that no patients will die of avoidable causes such as undiagnosed and untreated shock."

Tanzania is a low-income country with 15 anaesthetists for 47 million inhabitants. There are fewer doctors in the entire country than there are at Karolinska University Hospital in Stockholm. Tanzania's largest hospital, Muhimbili National Hospital in Dar es Salaam, has only four anaesthetists, for the 1,500 inpatients and 16 operating rooms.

The condition of [critically ill patients](#) continually changes and their treatment needs to be modified at the same pace. In Sweden, [nurses](#) at the patients' bedside adjust their treatments around the clock with the help of goal-directed therapy protocols. When VSDT is used, nurses can treat the critically ill by following the protocol.

"Now nurses can carry out tasks that were once the traditional preserve of the doctors," says Dr. Baker. "The concept of task-shifting has worked well in this research project. The doctors don't have time to see all deteriorating [patients](#), and now the nurses themselves can adjust their treatment."

More information: Critical care in low resource settings.
openarchive.ki.se/xmlui/handle/10616/44813

Provided by Karolinska Institutet

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