



Vol. 1 Issue : 1

January – March 2016

HOLY FAMILY HOSPITAL

Newsletter



*Dedicated to the Greater Glory of God and to the
cause of suffering humanity*

It gives us great pleasure to bring forward the first issue of Holy Family Hospital Newsletter. The newsletter will provide an insight into the latest developments of the hospital. We will share our achievements through this newsletter and showcase clinical cases highlighting the quality care of the hospital. The first issue also presents the history of the hospital.

Holy Family Hospital has 332 beds spread over an area of 23 acres providing tertiary, super specialty and secondary healthcare service. One of the first hospitals to be established in post-independence India (1953) with a vision of providing affordable and quality healthcare service and promoting a service of excellence.

The hospital's motto is to provide multidimensional comprehensive medical care to strengthen the preventive, promotive, curative, emergency and rehabilitative services including education and training in medical, paramedical and support facility. Holy Family Hospital has strong focus on nursing care and alternative health practices like Ayurveda and Homeopathy. There is a strong commitment towards community health and social wellbeing strategies through widespread community health and outreach initiatives. Holy Family Hospital is committed to the **Values of Hospitality, Healing, Stewardship and Respect.**

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MESSAGE

I am glad to know that the Holy Family Hospital is soon going to begin a newsletter containing relevant articles and useful information about the different activities in the campus of Holy Family Hospital.

It will serve as a valuable link among the various departments and personnel of Holy Family Hospital as well as a much looked for source of information about Holy Family Hospital to people outside.

I do hope and pray that this new venture will be a great encouragement to one and all at the Holy Family Hospital to work with greater zeal for the cause so dear to their heart.

I would like to express my best wishes to the editorial team and congratulate them for their initiative.

May God bless you abundantly,

+ *Anil Couto*

(+ Anil J.T. Couto)
Archbishop of Delhi



HOLY FAMILY HOSPITAL



Director's Message....

Welcome to the first edition of Holy Family Hospital's Newsletter. It gives me immense pleasure to launch this Newsletter – to keep you updated with our news about Holy Family Hospital as well as staff profile and tips related to healthcare.

Holy Family Hospital is 332 bedded Multi-specialty charitable non-profit organisation run by the New Delhi Holy Family Hospital Society and managed by the Delhi Catholic Archdiocese. Our vision and endeavor has been and will be to continuously advance and serve humanity at an affordable price through our state of the art facilities and competent professionals. We at Holy Family Hospital offer a personal touch rather than a commercial touch when it comes to patient care. We are running a Nursing College as well as Medical Laboratory Technology and X-Ray Technology Schools at present.

Our greatest strength is a staff of very competent administrators, doctors, nurses and technicians. We are proud to have been accredited by the NABH and NABL for maintaining quality standards.

We also provide 24 hours emergency, Blood Bank and Pharmacy Services and place special emphasis on quality control, adhering to effective standard operating procedures.

Our vision is to raise the bars to define new standards of quality health care for our patients.

Fr. George P.A.
Director





History of Holy Family Hospital

In 1920, the President of St. Catherine's Hospital, Rawalpindi noticed that there were no female patients coming in for treatment. He discovered that the absence of female doctors was mainly responsible for this. Dr.



Anna Dengel, a young Austrian doctor was asked to join the hospital.

When Dr. Anna Dengel reached Rawalpindi, she discovered that women were dying of preventable ailments. Cultural taboos and illiteracy prevented them from seeking treatment from male doctors and women health professionals were lacking. After four years of struggle, she was convinced that dedicated and committed female medical staff was urgently needed and she went to the United States of America to seek help.

By 1925, Dr. Anna Dengel was able to gather the support of four pioneers. From this core group grew the Medical Mission Sisters (MMS). Later in 1936, MMS was recognized as a full-fledged religious congregation with an international mission in health care. The Medical Missions Sisters have now expanded to about 800 members working in different parts of the world.

Meanwhile, she returned to Rawalpindi with her group and took over the management of the St. Catherine's hospital. Soon, the hospital was handed over to the Medical Mission Sisters and renamed Holy Family Hospital, the first hospital of the mission.

Later, in independent India, Rev. Mother Anna Dengel was invited to begin a general hospital with nurses training programme in Delhi. In February 1953, New Delhi Holy Family Hospital Society was registered with 21.5 acres land and Rs. 2 lakh as donation. The Medical Mission Sisters also contributed and supervised the construction. Efforts were made to raise funds by every means they could think of. Every embassy and business was contacted and many supported building of the hospital.

On the 3rd October, after blessings by His Grace Joseph Fernandes, Archbishop of Delhi-Shimla, the foundation stone ascribed with "Dedicated to the greater glory of God and to the cause of suffering humanity" was laid by Dr. Radha Krishnan, the Vice-President of India in the presence of Health Minister, and eminent citizens of Delhi. Holy Family Hospital was opened to the public on 6th January 1956 with 8 beds has now expanded to 332 beds. It is now a multispeciality hospital rendering GOPD service to 800 patients and private OPD services to 200 patients, emergency services to 150 patients and about 50 admissions per day. It provides many super-specialty services, Cardiology being the latest. As a holistic approach, we also provide services in Ayurveda and Homeopathy.

Training of health personnel was emphasized upon from the beginning; Nursing school started in 1956 has now become the Holy Family College of Nursing affiliated to the Delhi University. In 1962, Diploma courses in Laboratory Technology and X-ray Technology were started.

Internship as well as house jobs in Medicine, Surgery, Paediatrics and Obstetrics & Gynecology were recognized by the Medical Council of India and DNB training in these specialties recognized by the National Board of Examinations in 1996. Efforts are on to start a Medical College under the name of Holy Family Medical College and Hospital.

A Community Health Department set up in the early years provides free medical care to thousands of slum dwellers in the 12 slums allotted by the government of NCT of Delhi. Free clinics are also conducted in the department and it participates in the health campaigns of the Delhi Govt.

The MMS handed over the running of the hospital to Delhi Archdiocese in 1991 and the hospital since then is managed by the Delhi Catholic Archdiocese. Presently Archbishop Anil J. T.Couto is the President of the Society and Fr. George PA is the Director.

Dr. Sumbul Warsi
Medical Superintendent

DEPARTMENT OF CARDIOLOGY

Holy Family Hospital, known for its compassionate care added a new feather to its cap with the inauguration of the Interventional Cardiology Department and State of the art CATH Lab by Archbishop H. E. Rev Anil JT Couto on 14th July 2015. With this, the Hospital attained the capability to provide the entire spectrum of high-end cardiology services, within the same campus.

The Department of Cardiology at Holy Family Hospital provides unsurpassed excellence in consultative, diagnostic, interventional and, most importantly, preventative cardiology. The department has an internationally respected team of cardiologists who work with the most comprehensive cardiac imaging and other services available in Delhi. Using highly advanced technology, our skilled and caring team offers a patient-focused approach to cardiology.



CARDIOLOGY TEAM

Patients treated at the hospital are able to access its world-class imaging and research facilities, as well as vascular and cardiac catheterization laboratories. Because Holy Family Hospital is set up as a comprehensive medical hub, patients with multiple conditions can be diagnosed and treated in one convenient location by a diverse team of experts.

Our cardiologists are highly respected for their contribution to developing the field of Interventional cardiology and cardiac electrophysiology. Most are actively involved in clinical research in cardiovascular medicine with extensive publications in reputed national and international journals.

The Department of Cardiology offers a full range of services required for total management of cardiac conditions, including:

In and outpatient cardiac consultative services:

- A comprehensive range of non-interventional and interventional diagnostic services:
- Non-interventional diagnostic testing such as echocardiography (ECG), stress ECG, exercise and pharmacologic stress echo testing, Holter (Extended ECG recording upto 7 days) test, permanent pacemaker and other cardiac device assessments. In collaboration with Holy Family Radiology, the department also offers cardiac MRI.
- Interventional diagnostic evaluations including right and left heart cardiac catheterization, coronary angiogram, and electrophysiology testing.
- Cardiac interventional management, including balloon angioplasty, rotational atherectomy, bare metal (BMS) or drug-coated (DES) stent placement (percutaneous coronary intervention or PCI) procedures.
- The cardiology department also has a special focus in cardiac electrophysiology therapeutic services for the management of heart rhythm disturbance, using the state-of-the-art minimally invasive technology (Radiofrequency Ablation) for the treatment of cardiac rhythm disorders such as atrial fibrillation (AF), ventricular tachycardia (VT) and supraventricular tachycardia (SVT).
- The department has a very active cardiac device implant service, implanting high-tech electrical devices, most of them under local anesthetics, from single or dual chambers pacemaker, novel pacemakers safe with Magnetic Resonance Imaging (MRI), cardiac resynchronization therapy (CRT) in heart failure patients, to the advanced combined automatic implantable cardioverter-defibrillator (AICD) and pacemaker systems for patients at risk of sudden cardiac death, and the miniature (microchip) implantable loop recorder which monitors heart rhythm for months or years to investigate patients with fainting spells and palpitation.
- The state-of-the-art cardiac facility at Holy Family Hospital includes a dedicated Coronary Care Unit (CCU), joint use of a Intensive Care Unit (ICU), general cardiology ward, cardiac catheterization and electrophysiology laboratories as well as cardiothoracic operating theatres. The cardiologists and cardiothoracic surgeons on staff at the hospital provide a 24-hour on-call service for Holy Family Hospital patients.

TEAM MEMBERS:

Dr. (Prof.) Mohan Nair: *Coordinator and Head of Department*

Dr. Amitabh Yaduvnshi: *Senior Consultant and Head of CATH Lab,*

Dr. Vikas Kataria: *Senior Consultant*

Dr. Rameshwar Bishnoi: *Consultant*



Emergency Coronary Revascularisation in a Patient Presenting With Cardiac Arrest in the Emergency

A 70 year old male presented to the emergency department of Holy Family Hospital in an unresponsive state without any recordable pulse or BP. Cardiac monitor showed cardiac arrest (VF) (Fig 1A). Immediate resuscitation was started including cardioversion, cardiac massage, ventilator support and resuscitative drugs. Patient was continued on cardiac massage without any spontaneous cardiac activity. Patient's attendants had lost all hope, however the emergency and cardiac team continued resuscitative efforts. Patient could be revived after prolonged resuscitative measures of more than 40 minutes with return of spontaneous cardiac activity. ECG, after resuscitation showed changes suggestive of major heart attack with complete heart block (Fig 1B).

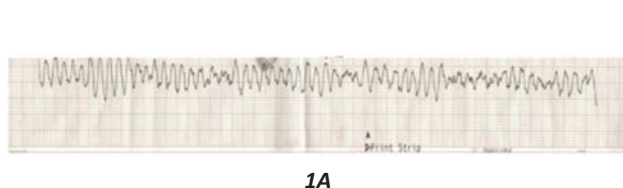


Figure 1A: Recording from defibrillator shows Ventricular Fibrillation

1B: ECG after resuscitation showing Ac Inferior wall MI with Complete heart block

Patient's attendants were explained the need for immediate cardiac intervention and the availability of advanced facilities at our hospital. After their consent, patient was immediately shifted to CATH Lab. Temporary pacemaker was inserted (fig2) and coronary angiography was done.



Figure 2: ECG after Temporary pacemaker insertion showing paced beats. Lower panel shows BP recording of 90/50mm Hg (with drug support)

Angiogram showed 100% occlusion of proximal Right Coronary Artery (Fig 3). Blood flow to this artery was successfully restored with immediate angioplasty and placement of a drug eluting stent (Fig 4).

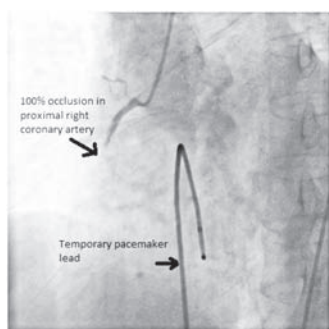


Figure 3: Coronary angiography showing 100% occlusion of proximal RCA

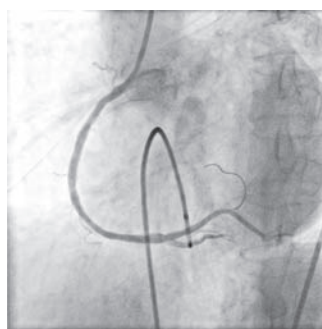


Figure 4 : Successful restoration of blood flow in RCA after angioplasty and stent.

After angioplasty, patient's condition started improving, blood pressure improved and spontaneous heart rhythm returned. Mechanical ventilator and temporary pacemaker were removed next morning. Patient was discharged in a stable and symptom free condition after 4 days.

This patient, who was brought to the hospital in a hopeless condition without any signs of life, was discharged from the hospital with intact function of the heart and brain. Such an outcome was possible only because of the timely, co-ordinated, high-end care provided by the emergency, cardiac and intensive care teams at Holy Family Hospital.

- Dr. A.P.J. Abdul Kalam, Former President of India

**- Mr. Hamid Ansari,
Vice President, India**





It is an institution with a difference, known not only for its expertise but also for its care and kindness. I compliment the Hospital and all those associated with it, on their zeal to serve humanity with compassion and wish them success in their noble endeavors.

**- Mrs. Meira Kumar,
Speaker, Lok Sabha**

Over the years, HFH has made important contributions in extending medical facilities to the society. Above all, the Hospital has been able to successfully blend healthcare with modern technology and compassion to heal the ailing.

**- Dr. Manmohan Singh,
Prime Minister, India**

I extend my warm greetings and felicitations to all those associated with the Holy Family Hospital and send my best wishes for the success of the Diamond Jubilee Celebrations.

**- Mr. Pranab Mukherjee,
President, India**

DEPARTMENT OF MEDICINE

The department of medicine comprises of highly professional and well qualified consultants, clinical associates, senior residents, DNB residents and junior residents working as closely knit team and looking after the General and Private wards, Intensive Care Unit, High Dependency Units, Emergency & Out Patient Departments. Presently the department has consultants having wide ranging experience in the field of internal medicine, trained and worked in institutes of national and international repute providing excellent care to patients.

There are 65 beds in wards, 30 beds in ICU and 19 beds in step down ICU and high dependency unit taken care by the department of Medicine. There are around 8000 admissions per year in Medicine. The team of consultants and residents see around 250 patients in General OPDs. Around 100 patients are seen by consultants in Private OPD on a daily basis.

The NABH accredited Intensive Care Unit equipped with Invasive and Non Invasive Ventilators, Central monitoring systems, round the clock Radiology, laboratory and blood bank back up with highly skilled medical and nursing staff. Cases of Pneumonias, Respiratory Failure, Heart Failure, Septicemia, Multiorgan Dysfunction, Shock, Renal Failure, Neurological disorders, Stroke, Cerebral Haemorrhage, Diabetic Ketosis, Coma, Meningitis, other Infectious diseases, Dengue fever, Acute Coronary Syndrome etc are treated promptly and effectively. Cardiology, Haemodialysis is available 24 hours. The "Code Blue Team" of the hospital comprising of ICU staff has had an exemplary record in saving patients. There is a facility of Endoscopy (Upper and Lower GI and ERCP) as well as Bronchoscopy.

The department has a post-graduate DNB programme for Medicine. The department organises regular CME programs on latest topics and updates in Medicine and Case discussions on complicated cases. The programs can be attended by any physician practising outside Holy Family Hospital. The department runs an accredited certificate course for Diabetes Educators. This year 15 candidates will become Diabetes Educators. The course is open to any graduate interested in Diabetes Education.

CLINICAL TEAM

FULL TIME CONSULTANTS

Dr. Vinod Agnihotri MD (H.O.D)
Dr. R. Gupta MD
Dr. Ravi Kamoji MD
Dr. Luke Joseph MD
Dr. Puneet Uberoi MD,
Dr. P.N. Singh DNB (Med.)
Dr. Tarun Goel, MRCP (Glasgow)
Dr. Ajaz Ahmed MD



VISITING CONSULTANTS

Dr. Suman Kirti MD, FRCP
(London & Edinburgh)
Dr. S.K. Sridharan MD

MODERN INSULINS AND HOW TO USE THEM



Insulin was discovered by Banting and Best in 1921 and has since then has saved numerous lives. Earlier, insulin was extracted from animal pancreas, but later synthesised in laboratories as human insulin. Recently, insulin analogues have been made by modifying the amino-acid sequence of the human insulin molecule. These modern insulins are called Insulin Analogues. Insulin analogues control the blood sugars and HbA1c better than human insulin. They have less hypoglycaemia, and less weight gain. Long term complications and morbidity is less due to better control of blood sugar. They can be given just before or within 15 minutes of a meal, making the treatment more flexible. Insulin analogues are available in disposable as well as reusable pens therefore easily administered and can be carried while travelling. However, they are more expensive than human insulin.

Indications for Insulin treatment:

Type 1 DM – as they have absolute insulin deficiency

Type 2 DM –primary or secondary oral antidiabetic drug (OAD) failure, early insulin in patients who have severe osmotic symptoms, weight loss and BS above 300mg% and HbA1c > 9%, lean Type 2 DM, MODY - small subgroup

Gestational Diabetes and Pregestational Diabetes

Pancreatic diabetes

When tight glycemic control is required (Post-renal transplant, Diabetic nephropathy)

Acute settings - injury or infections/emergencies/peri-operatively (post-CABG, post PTCA, and other surgeries). This is a short term requirement and the patients can go back to OAD after the acute condition recovers.

Chronic microvascular complications.

Currently available Insulin Analogs:

Rapid-acting: Insulin aspart (Novorapid), Insulin lispro (Humalog)
Insulin glulisine (Apidra)

Long-acting: Insulin detemir (Levemir), Insulin glargine (Lantus)

Ultra-long acting: Insulin Degludec (Tresiba)

Premix: Biphasic Insulin Aspart (Novomix) 30/70 or 50/50,
(Humalog Mix) 25/75

Co-formulations: IDegAsp (Insulin Degludec and Insulin Aspart)
(Ryzodeg), IDegLira (Insulin Degludec and Liraglutide)



Action Profiles of Intermediate or long acting Human Insulin and Basal analogues:

Intermediate acting (IAI): Mixtard, Huminsulin Mix: Onset 30 minutes, peak action 2-8 hours, duration of action 7-8 hours

Premix Insulin Analogues (Novomix, Humalog mix): Onset 5-20 minutes, peak 40-90 minutes, duration 7-8 hours

Long acting (LAI): Insulatard, NPH, Huminsulin N: Onset 1.5 hours, peak 4-12 hours, duration 12-24 hours

Insulin Detemir (Levemir): Onset 1-2 hours, peakless insulin, duration 20-24 hours

Insulin Glargine: Onset 1-2 hours, peakless insulin, duration 24-30 hours

Injection Degludeg: Onset 1-2 hours, peakless insulin, duration 36-40 hours

Peakless insulin provides a smooth sugar control- fasting and in between meals

Action profiles of Human insulin and Rapid Acting Insulin Analogues:

Regular Human Insulin: Onset 30-60 min, peak 120-180 min, duration 6-8 hours

Insulin Lispro (Humalog): Onset 15 min, peak 30-70 min, duration 2-5 hours

Insulin Aspart (Novorapid): Onset 5-20 minutes, peak 40-90 min, 3-5 hours

Insulin Initiation & Intensification

Glycaemic targets-HbA1c $\leq 7.0\%$; Fasting plasma glucose (FPG) < 110 mg/dL; Post Prandial Plasma glucose (PPPG) < 180 mg/dL

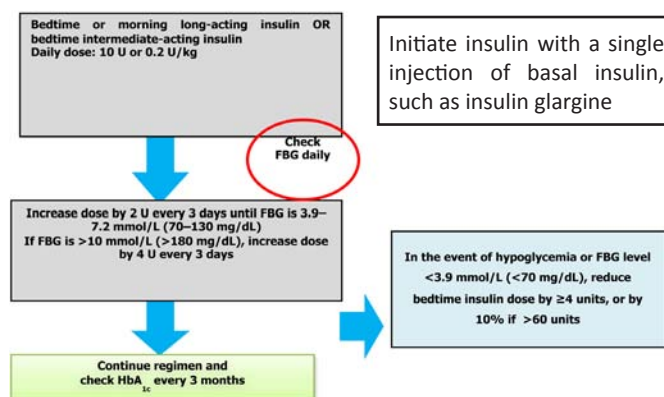
Initiation

Single dose insulin is used if fasting sugars are high on OADs.

Options for single dose insulin:

Start with single dose basal insulin - if FPG > 150 mg/dL, while continuing oral antidiabetic medication. Single daily injection of basal insulin (Glargine or Degludeg) in the morning or at bedtime. The injection timing is fixed without regard to the meals.

Start with premixed Novomix (70/30), or Humalog mix (75/25), or Novomix (50/50) insulin once daily before breakfast if FPG and post breakfast PG high, e.g., F > 150 mg/dL, PP > 200 mg/dL. If FG is high but PPPG is normal - bedtime premix before dinner or bedtime basal is especially useful.

Basal insulin: Simple way to initiate insulin

If after starting and adjusting dose of single dose insulin, the PP sugar is high or both fasting and PP sugars are high, it is better to start twice a day insulin and go on to intensification of treatment.

Intensification of treatment: Stop sulphonylureas/ insulin secretagogues, continue metformin, DPP4 inhibitors unless contraindicated, and intensify insulin treatment.

Split Mix Regimen: Use Novomix or Humalog Mix if using analogues.

BID/TID premix - if HbA1c $> 8.5\%$ despite treatment or if HbA1c $> 7\%$ with FPG > 110 mg/dL in younger short duration diabetics with no comorbidities.

Increase premix 50:50 or 30:70 from OD to BID if pre-dinner sugars high, or TID, if both pre-dinner and pre-lunch sugars are high. Formulation has both 30% short and 70% long acting insulin (30/70) or it has both 50% short and 50% long acting insulin (50/50).

Biphasic human insulin before breakfast + Lente/NPH insulin before dinner/bedtime is a low cost option.



Adjusting doses

Fasting hyperglycemia - increase night dose.

Post-breakfast high - increase morning dose; or shift to 50/50.

Pre-dinner hyperglycemia- increase morning dose, add small dose of pre-lunch short acting insulin.

Forenoon/Evening hypoglycemia - Add two midmeal snacks/fruit portions. Check timing of meals and properly space out meals with reduced evening activity.

Premix insulin analogues are better if hypoglycemia occurs.

Shifting to 50/50 may reduce evening hypoglycemia, but can increase forenoon hyperglycemia.

Reduce morning dose and add SAI before lunch for evening hyperglycemia.

Shift to basal bolus therapy - if symptomatic hyperglycemia & HbA1c>10%.

Basal-bolus regimen:

Basal insulin at bedtime and rapid acting insulin at each meal. More intensive regimen of daily MSII (Multiple Subcutaneous Insulin Injections), e.g. premeal regular (or lispro/aspart) with bedtime basal.

If hypoglycemia at night, basal insulin dose can be shifted to morning. Basal bedtime dose adjusted if FPG low or high. Pre-Breakfast bolus dose adjusted if pre-lunch high or low. Pre-Lunch bolus dose adjusted if pre-dinner high or low. Pre-dinner bolus dose adjusted if post-dinner high or low. Adjust only 2-4 units at one time, and not more than 8 units in 24 hours.

Insulin Pump (Continuous Subcutaneous Insulin Infusion- CSII) - is indicated in patients with inadequate control and fluctuating sugars with high HbA1c, especially who can participate actively in management. These pumps contain short acting insulin analogues.

In the end, it is important to highlight that whether one initiates insulin early or later in the treatment cascade, one should not delay starting insulin and not wait until HbA1c is markedly elevated. When intensifying treatment, follow recommendations and be careful in elderly patients and in patients with cardiac or renal or cerebro-vascular disease where aggressive sugar lowering is harmful. Avoid hypoglycemia and monitor blood sugars regularly.

LIGHTER MOMENTS



At psychiatrist clinic:

- Do you consume alcohol?
- No.
- Do you smoke?
- No.
- Do you use drugs?
- No.
- Do you play cards?
- No.
- Do you run after other women?
- No.
- So why did you come to me?
- You see, doc, I have one little problem - I lie a lot...

1



2

A woman gets into a taxi and asks:

- To maternity hospital, please..

After a while she asks the driver:

- Do not drive so fast, please, I'm simply working there.



3



My doctor told me to avoid any unnecessary stress, so I didn't open his bill.



PREGNANCY AND DENTAL HEALTH

Pregnancy itself does not cause gingivitis. Bacterial plaque causes gingivitis in pregnancy, just as it is in non-pregnant individuals. During pregnancy the gingiva response to plaque is exaggerated and it changes the clinical picture. No notable changes occur in the gingiva during pregnancy in the absence of local irritants. The severity is increased during pregnancy in the beginning of the 2nd or 3rd month and becomes more severe by the 8th month and decreases during the 9th month. During pregnancy, the severity of previously inflamed gingiva is increased.

After delivery there is partial reduction in the severity of gingivitis, however it will not return to normal if local irritants are present.

Clinical features: -

The most striking clinical feature is the ease of bleeding of gingiva to slightest of manipulation.

It is gingiva is bright red to a bluish red in colour.

Pathology:

Anaerobic bacteroides intermedius and capnocytophages are found within high concentration. These increased levels are associated with increase plasma estrogen and progesterone levels.

Treatment:

The objective of the dental treatment during pregnancy is to reduce the inflammatory response to pregnancy related hormonal changes.

Thorough plaque control, scaling & polishing should be the only periodontal procedure done and elimination of all local irritants.

No medication or radiographs should be advised unless there is an emergency, the obstetrician should be consulted if any procedure or medication has to be advised.

Ideally, during pregnancy importance should be on preventing this condition before it occurs and treating existing gingival disease before it becomes worse.

COMMUNITY HEALTH DEPARTMENT

Community department has been functioning in the service of underprivileged since its inception in 1968. The community medicine department is an example of public-private partnership concept. Department is covering four areas: Taimoor Nagar, Aligaon, Priyanka camp and Nai-Basti. The main objective of the outreach programme by the department is to bring modern medicine to door step of underprivileged, detection of epidemic diseases, prevention through education and sensitization of people, decrease in maternal and neonatal mortality rate. In association with Delhi government, we conduct Mobile Health Services to outreach area of JJ clusters by dispensing generic medicine free of cost to the under privileged people. Weekly free clinic held on Thursday under the funding of Holy Family Hospital for the for the benefit of the underprivileged within the radius of 10 km from the hospital. Other activities include well-baby clinic on Tuesday and free immunization (BCG) is given to newborns. Training of nursing students and interns is also a part of these activities.





60 years of Excellence in Nursing Education

Unless we are making progress in our nursing every year, every month, every week, take my word for it we are going back
- Florence Nightingale

The School of Nursing, Holy Family Hospital, New Delhi started in 1956, was a bud which has bloomed into College of Nursing. In all these years, it has stood steadfast for the mission and vision of providing high quality nursing education. The nurses trained in this institution are in great demand not only in India but all over the world. Holy Family College of Nursing aims to be the center of academic excellence in the field of nursing education.



B.Sc (Hons) Nursing programme started in the year 2011 under University of Delhi. Holy Family Hospital is the parent hospital of the College. Apart from GNM and B.Sc. (H) Nursing courses which are already being conducted, we are also in the process of starting Post Basic B.Sc. Nursing and M.Sc. Nursing courses.



6 month old infant presented with refractory diarrhea, irritability and skin rashes. Baby was exclusively breast fed till four months of age after which he received toned milk. Skin rashes were predominantly over face, extremities and buttocks.

1. Identify the condition.
2. What is the treatment?



Kindly send your answers at: newsletter@hollyfamilyhospitaldelhi.org

ENT DEPARTMENT

ENT & HEARING CHECKUP CAMP

Holy Family Hospital conducted a Free Hearing Checkup Camp on 16 Jan 2016 in the hospital Premises. The tests conducted were Pure Tone Audiometry, Impedance Audiometry, Oto Acoustic Emmision Tests (For Neonatals) & BERA/ ASSR on follow Up Basis. ENT Department conducted the ENT Examination of the patients and testing were done by the audiologist from Meenakshi Speech & hearing Clinc attached with Holy Family Hospital. 94 patients were examined and 70 patients underwent audiometry test and Oto Acoustic Emmision Test. 49 Patients were advised for hearing aid and 3 children were identified for cochlear implants.



FACILITIES AVAILABLE _____

Anaesthesia / Pain Management	Neurology with Neurosurgery
Dental Clinic	Obstetrics and Gynaecology with Laparoscopic Surgery
Comprehensive Cardiology Service (Including Interventions)	Orthopaedics, Trauma and Joint Replacements
Dermatology	Paediatrics with IPCU & NICU
Emergency Services	Physiotherapy
Eye and ENT Surgery	Plastic and Vascular Surgery
Gastroenterology with Endoscopy	Psychiatry
General, Laparoscopic and Paediatric Surgery	Radiology with CT and MRI
Intensive Care (ICU/PCU/NICU)	Respiratory Medicine including Bronchoscopy
Laboratory Services	Thoracic Surgery
Medicine with ICU	Urology and Urosurgery
Nephrology and Dialysis	Alternative Medicine Including Homoeopathy & Ayurveda

SMILE CLINIC**AESTHETIC CLINIC****SPINE CLINIC**

**30 BEDED STATE OF ART
ACCIDENT, TRAUMA AND
EMERGENCY**

**NEONATAL HEARING
SCREENING
PROGRAMME**

**EXECUTIVE
HEALTH CHECK-UP**

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