



*Medicine and Surgery*

# Early Clinical Contact and Communication Skills

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*World Health Organization (WHO) – “Guidelines On Hand Hygiene In Health Care”*

*Ministero della Salute – “Previeni le infezioni con il corretto lavaggio delle mani”*



**PREVIENI LE INFEZIONI CON  
IL CORRETTO  
LAVAGGIO DELLE MANI**

### **Perché?**

- Migliaia di persone muoiono ogni giorno in tutto il mondo da infezioni acquisite durante l'assistenza sanitaria.
- Le mani sono le principali vie di trasmissione di germi durante l'assistenza sanitaria.
- L'igiene delle mani è pertanto la misura più importante per evitare la trasmissione di germi nocivi e infezioni.

### **Chi?**

- Qualsiasi operatore sanitario, assistenza sanitaria o persona coinvolta nella cura del paziente diretta o indiretta deve essere preoccupata per l'igiene delle mani e deve essere in grado di eseguirla correttamente e al momento giusto.

### **Come?**

- Pulire le mani strofinandole con una formulazione a base di alcool, se le mani non sono visibilmente sporche. È veloce, efficace e meglio tollerato che lavare le mani con sapone e acqua.
- Lavare le mani con sapone e acqua. Quando le mani sono visibilmente sporche o visibilmente sporche di sangue o di altri fluidi corporei o dopo l'uso della toilette.
- Se l'esposizione a potenziali agenti patogeni di formazione di spore è fortemente sospettata o dimostrata, inclusi focolai di clostridium difficile, il lavaggio a mano con sapone e acqua è il mezzo preferito.

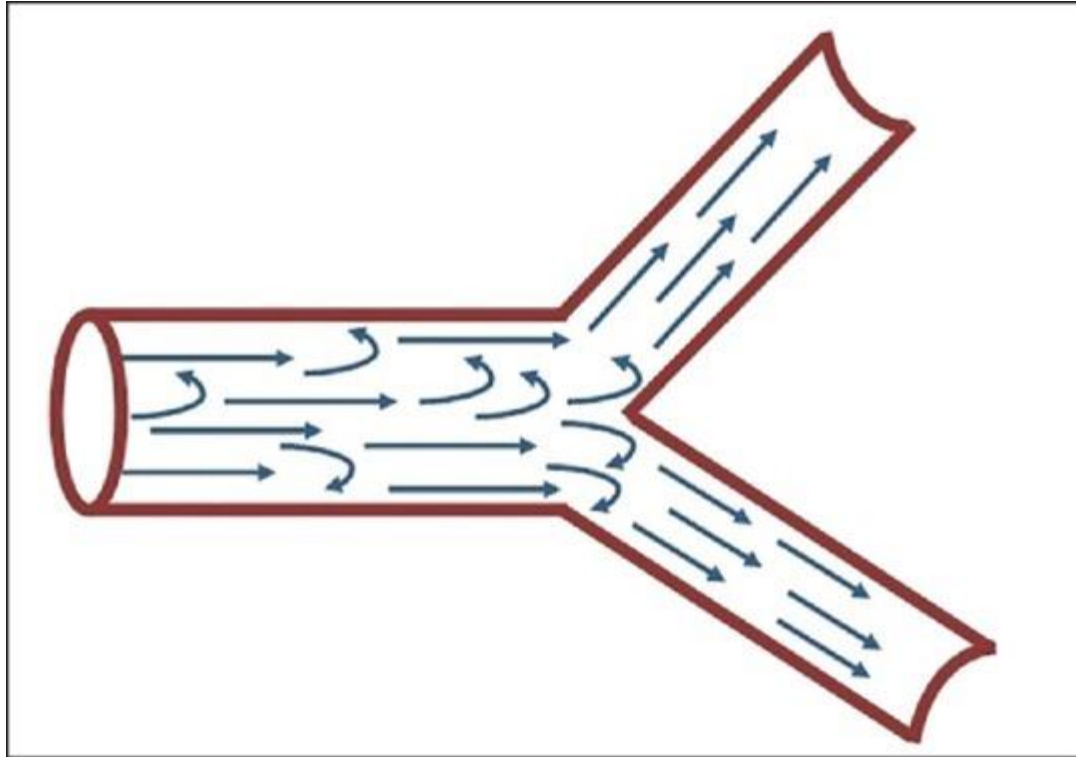
# Pulmonary auscultation



Auscultation of the lung is an important part of the respiratory examination and is helpful in diagnosing various respiratory disorders.

It is important to distinguish normal respiratory sounds from abnormal ones for example crackles, wheezes, and pleural rub in order to make correct diagnosis.

# Auscultation assesses airflow through the trachea-bronchial tree.



Auscultation can be defined as the process of listening, usually with a stethoscope, to sounds produced by movement of gas or liquid within the body, as an aid to diagnosis



Put on your stethoscope so that the ear pieces are directed away from you.

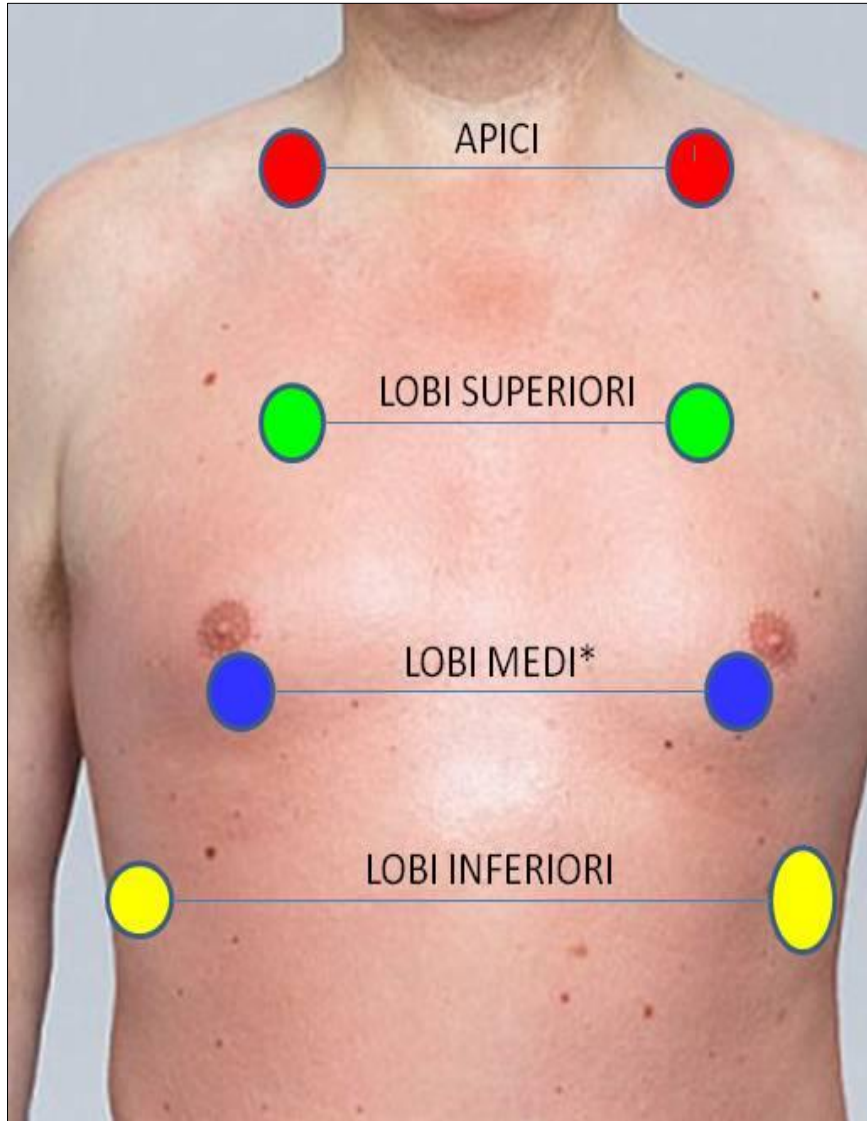
Adjust the head of the scope so that the diaphragm is engaged.

If you're not sure, scratch lightly on the diaphragm, which should produce a noise.

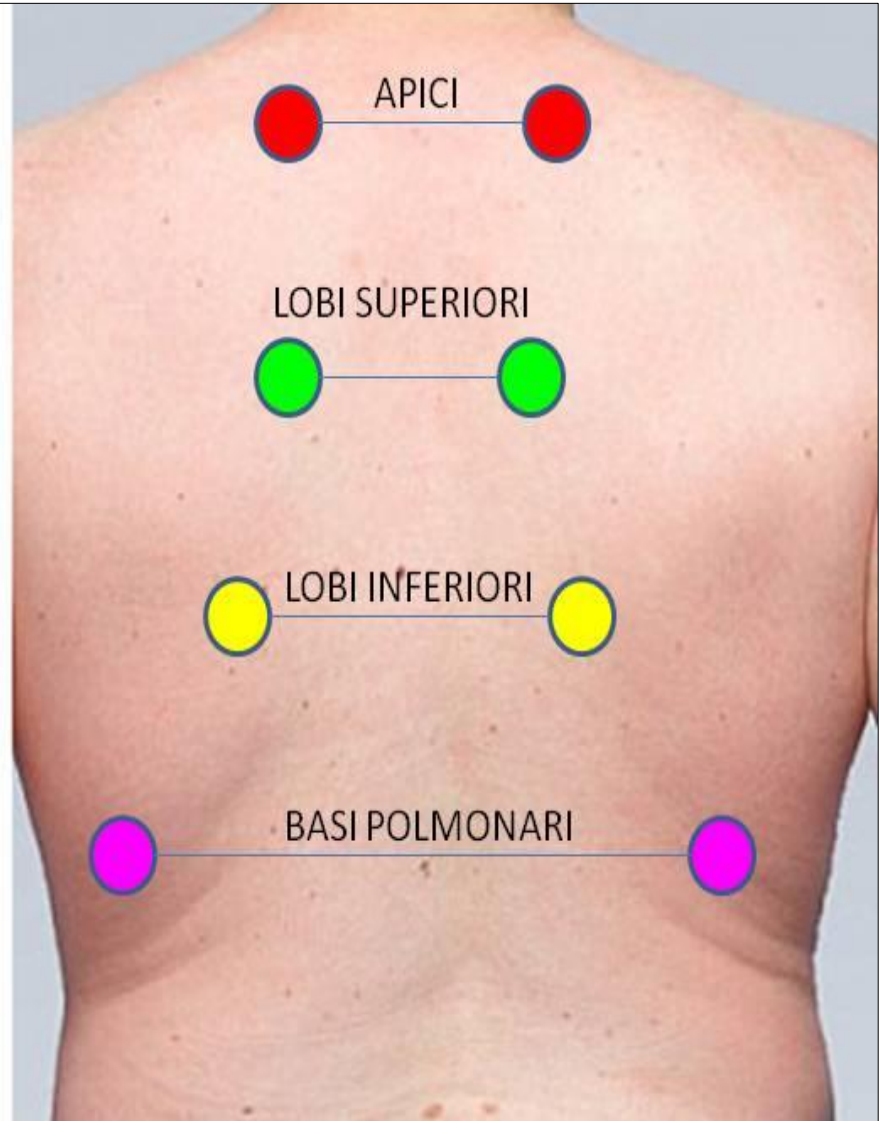
If not, twist the head and try again.



## Anterior Lung Auscultation Points



## Posterior Lung Auscultation Points



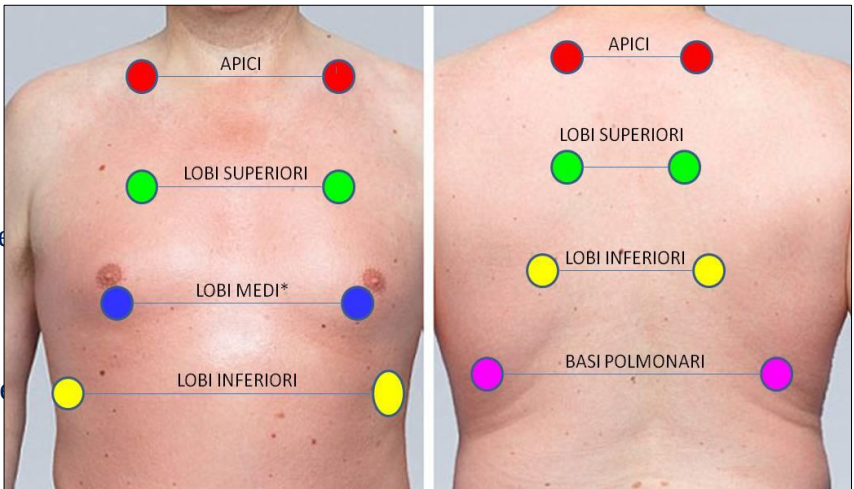
*(Simple OSCE Chest Auscultation)*



***Punti di repere sulla parete anteriore del torace***

I punti di repere della parete anteriore del torace in cui ciascun lobo può essere auscultato sono i seguenti:

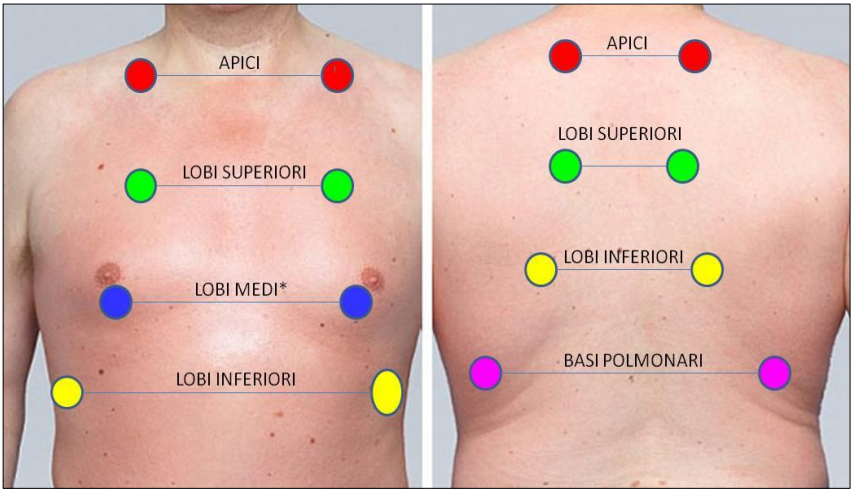
- **Apice del polmone:** fossa sopraclavicolare;
- **Lobi superiori:** al secondo spazio intercostale sulla linea emiclaveare;
- **Lobo medio\*** (lato destro) + **lingula** (lato sinistro): 5° costa, linea emiclaveare;
- **Lobi inferiori:** al settimo spazio intercostale, linea ascellare media.



***Punti di repere sulla parete posteriore del torace***

I punti di repere della parete posteriore del torace in cui ciascun lobo può essere auscultato sono i seguenti:

- **Apice del polmone:** Superiormente all'angolo mediale della spina scapolare.
- **Lobi superiori:** medialmente alla spina scapolare.
- **Lobi inferiori:** 5 cm inferomedialmente all'angolo inferiore della scapola.
- **Basi polmonari:** A livello di T10, 5 cm lateralmente alla colonna vertebrale



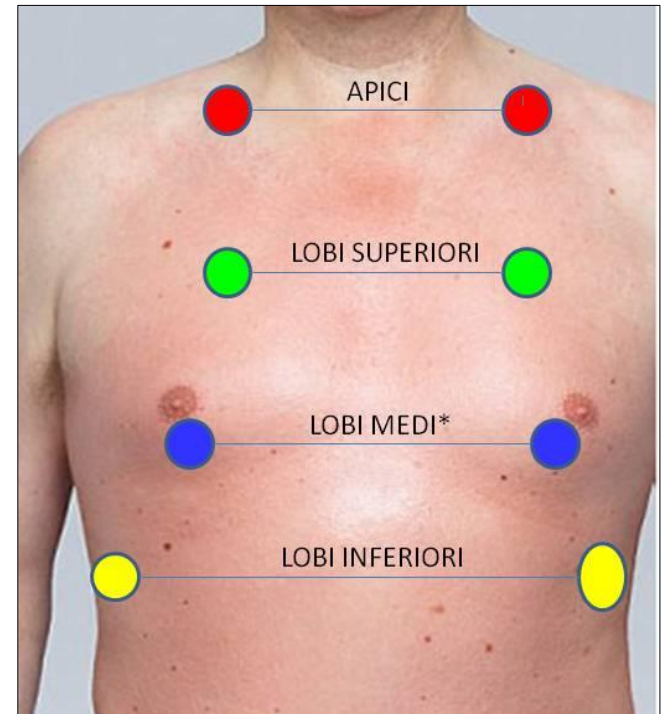
Pulmonary auscultation requires careful attention to both lungs, and **comparison of equivalent positions on each side of the chest** to identify asymmetry of breath and lung sounds



# ATTENZIONE!

Listen to both the anterior and posterior sides of the chest

Start at the top and work your way to the bottom of the chest while comparing sides





**A quiet, well-lit, warm room.**



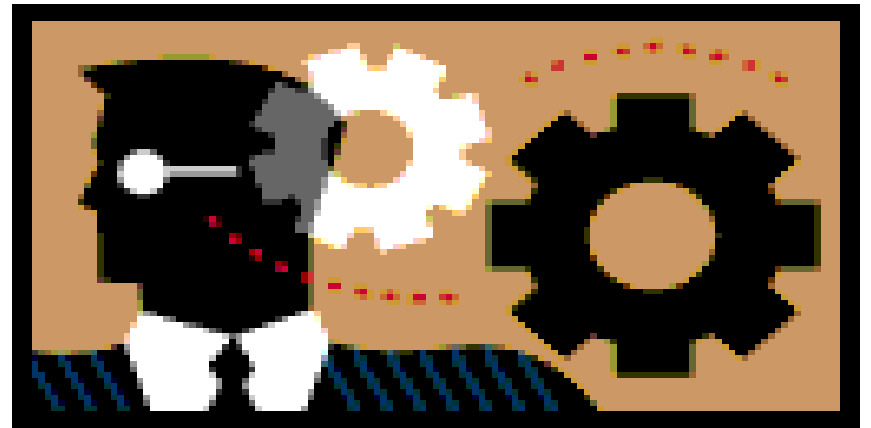


**Explain what you're doing (" why) before doing it**











**Area to be examined must be reasonably exposed**



Ask the patient to take slow, deep breaths through their mouths while you are performing your exam.



**Sometimes it's helpful to have the patient cough a few times prior to beginning auscultation. This clears airway secretions and opens small atelectatic (i.e. collapsed) areas at the lung bases.**

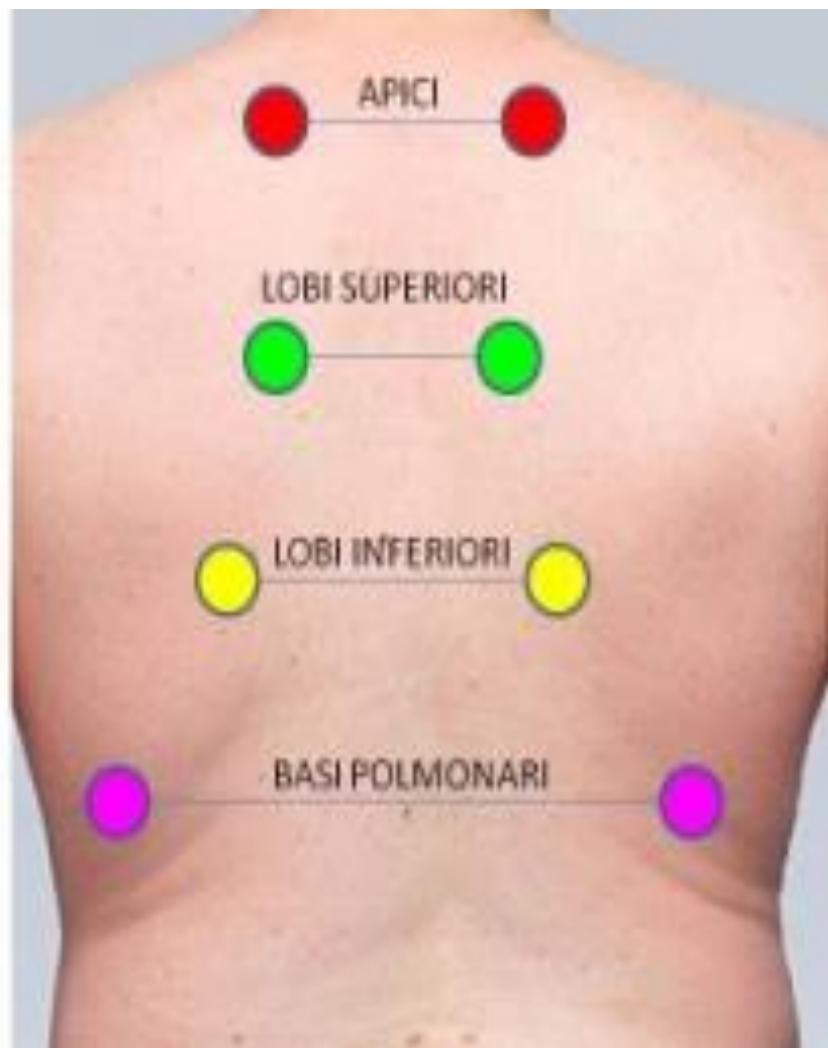
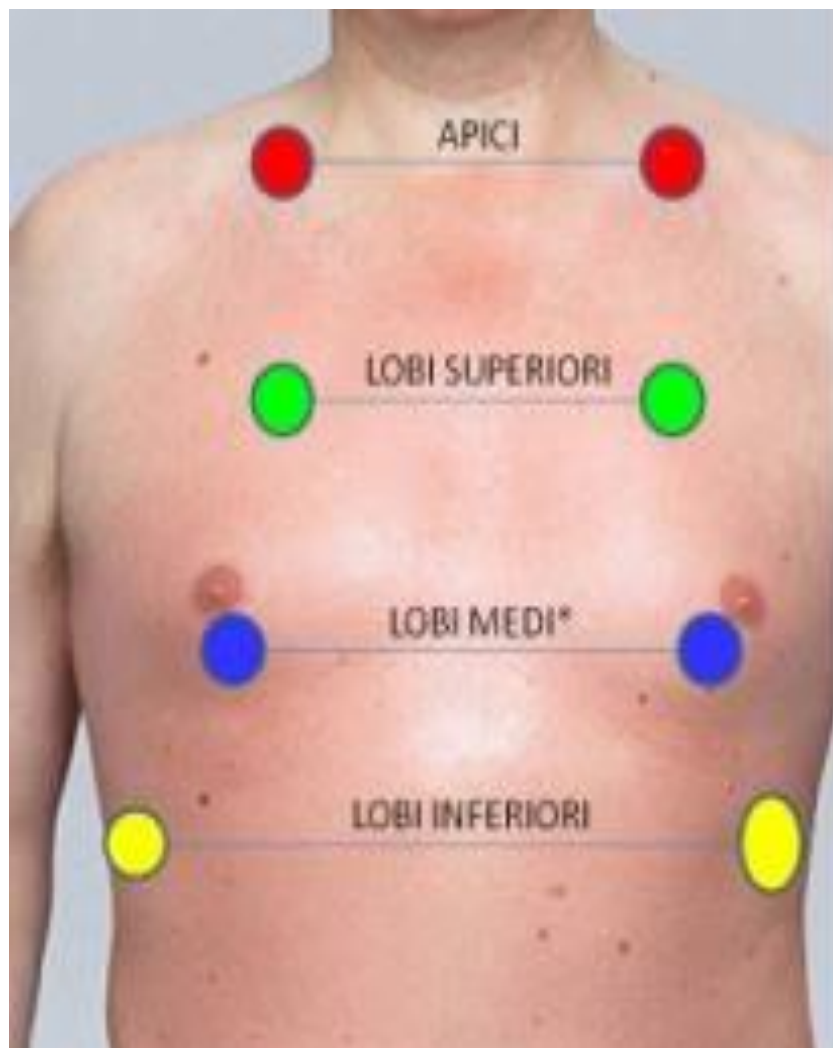




**place the stethoscope directly on the chest or back and will eliminate distortions and frictional noise from clothing.**



**Neutral, no emotions**



**Please repeat, if necessary**



**The ability to examine the patient supine, sitting, and in left lateral recumbent positions. You may hear different sounds, especially abnormal ones, in different positions.**







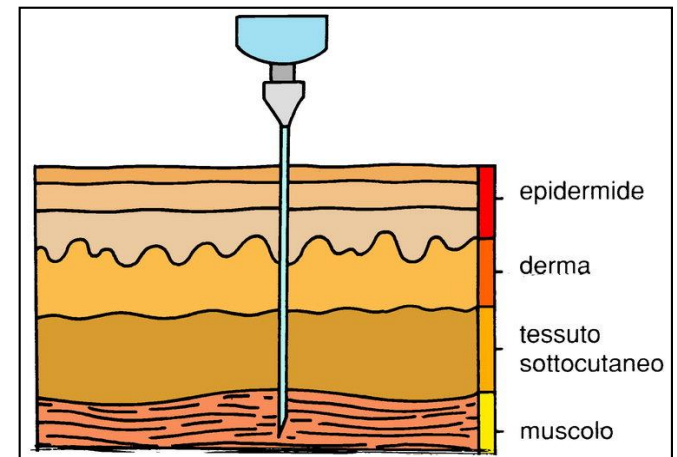
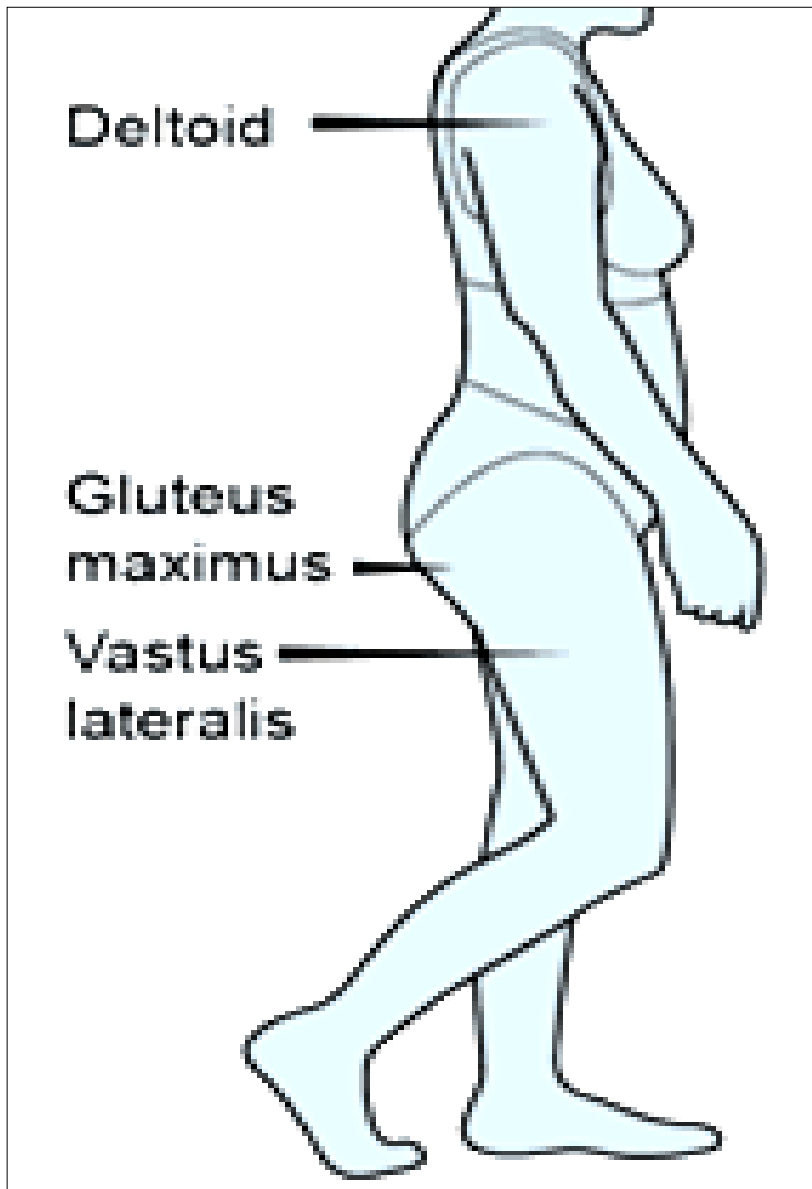
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## CHECKLIST 5

# Intramuscular injection



**A prescriber should know how to give injections, not only for emergency and other situations where it might be necessary, but also because it will sometimes be necessary to instruct other health workers (e.g. a nurse) or the patients themselves.**



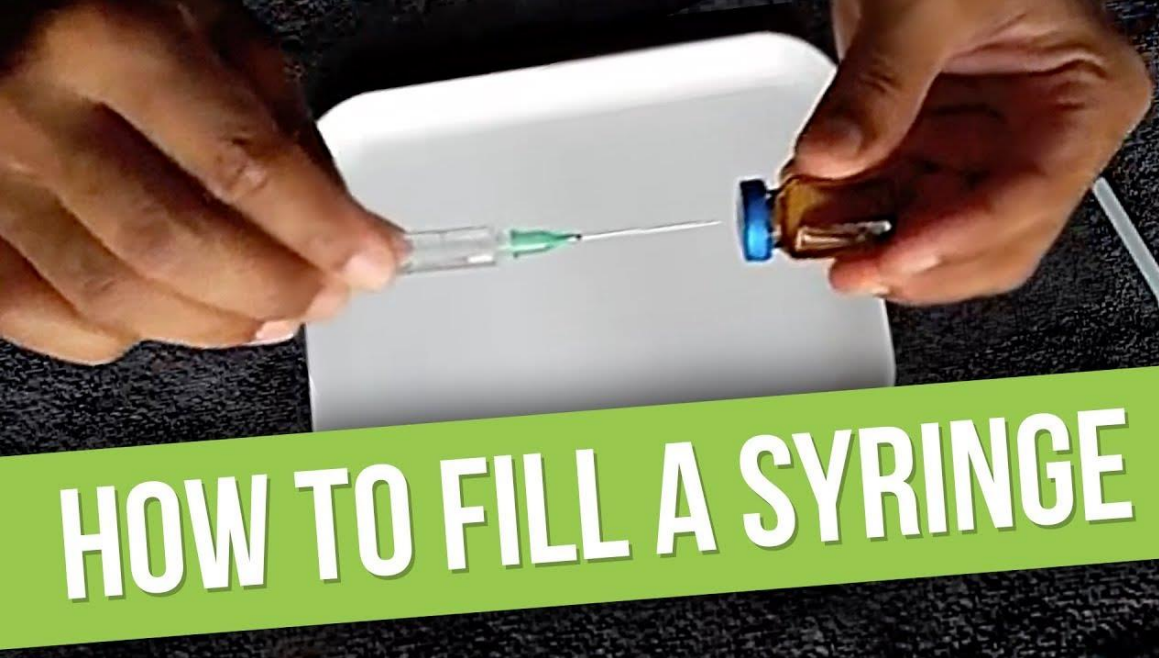


**Disinfect the rubber cap (top) of the vial containing the dry medicine.**





**If the vial containing the dry medicine... shake the vials**



# HOW TO FILL A SYRINGE

**Insert the  
needle into the  
vial...**



**...hold the whole upright**



**Inject the air into the vial (creating pressure).**

**Aspirate the total amount of solution (no air, please)**





**Remove any air from the syringe.**

**Suck up as much air as  
the amount of solvent  
already in the syringe.**



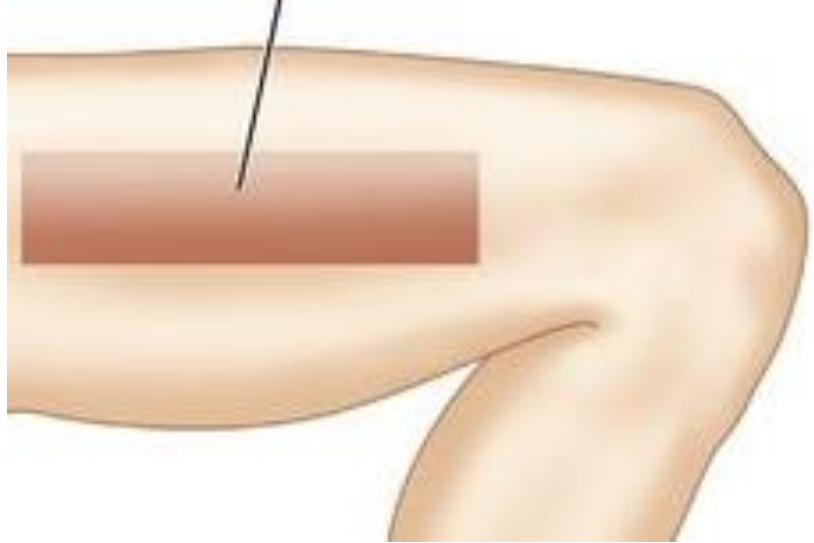
**Inject only the fluid into  
the vial, not the air!**





**Reassure the patient and explain the procedure.**





**Uncover the area to be injected (lateral upper quadrant major gluteal muscle, lateral side of upper leg, deltoid muscle).**



**lateral upper quadrant major gluteal muscle**



**Wash your hands.**

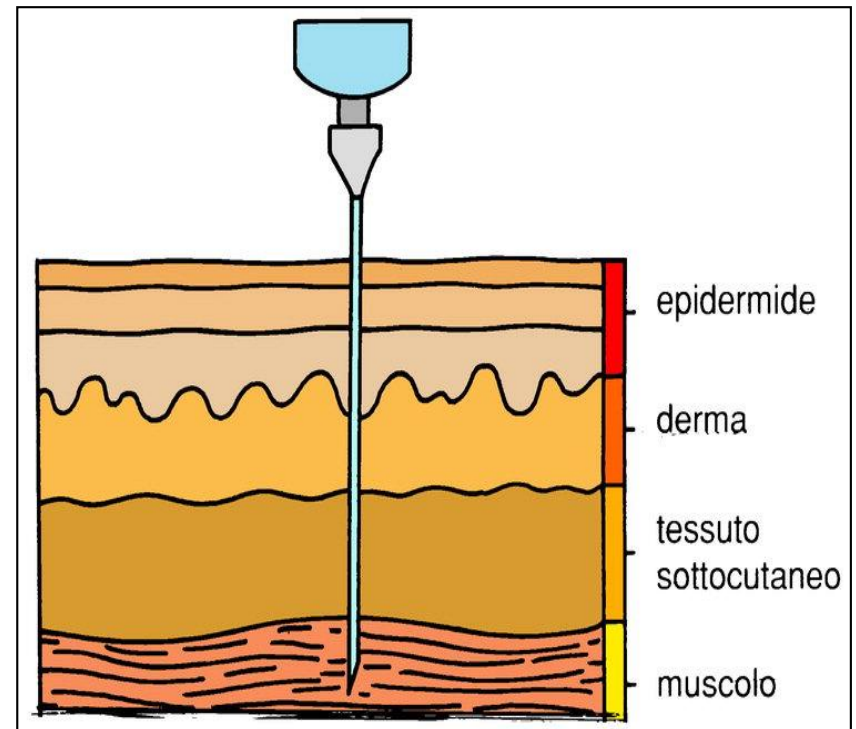
**Disinfect the skin.**



**Tell the patient  
to relax the muscle**



**Insert the needle swiftly  
at an angle of 90 degrees  
(watch depth!).**





**Aspirate briefly; if blood appears, withdraw needle.**

**Replace it with a new one, if possible, and start again**





**Inject slowly (less painful).**

**Withdraw needle swiftly.**



**Press sterile cotton wool onto the opening.**

**Fix with adhesive tape.**



**Check the patient's reaction and give additional reassurance, if necessary.**

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## CHECKLIST 6

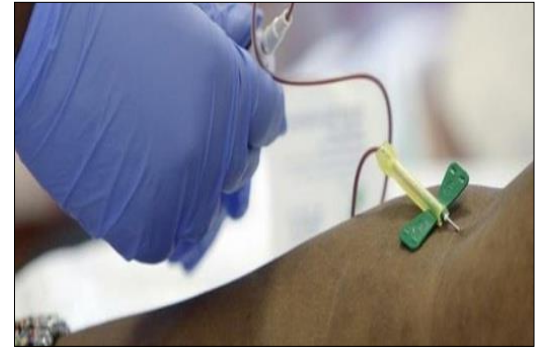
# Intravenous injection

# Intravenous Medications by Direct IV Route



Intravenous (IV) is a method of administering concentrated medications (diluted or undiluted) directly into the vein using a syringe through a needleless port on an existing IV line





Syringe with the drug to be administered (without air), needle (Gauss 20, long and medium thickness; on syringe), liquid disinfectant, cotton wool, adhesive tape, tourniquet.



**Have the patient relax and support his arm below the vein to be used.**



**Reassure the patient and explain the procedure.**



**Wash your hands!**



**Uncover arm completely.**





**Apply tourniquet and look for a suitable vein.**



**Wait for the vein to swell**





**Disinfect skin**







**Stabilize the vein by pulling the skin taut in the longitudinal direction of the vein. Do this with the hand you are not going to use for inserting the needle.**

**Insert the needle at an angle of around 35 degrees.**



**Puncture the skin and move the needle slightly into the vein (3-5 mm).**

**Aspirate. If blood appears hold the syringe steady, you are in the vein. If it does not come, try again.**



**Hold the syringe and needle steady.**

**Loosen tourniquet.**

**Inject (very) slowly.**





**Withdraw needle swiftly. Press sterile cotton wool onto the opening.**



**Secure with adhesive tape.**

**Check the patient's reactions and give additional reassurance, if necessary.**

**Check for pain, swelling, hematoma!**





**To reduce pain....**



## RIDURRE IL DOLORE NEI PRELIEVI E INIEZIONI ENDOVENOSE



**Dispositivo Buzzy (freddo + vibrazioni):** Buzzy è stato inventato da Amy Baxter, pediatra di emergenza e ricercatore di terapia del dolore, e consente di ridurre la sensazione di dolore senza utilizzo di farmaci e in pochi secondi. La combinazione brevettata di Buzzy di freddo e di vibrazioni controlla molte forme di dolore acuto. Applicato con successo per iniezioni e prelievi endovenosi, ghiaccio e vibrazioni insieme riducono o bloccano la sensazione acuta di dolore al braccio, desensibilizzando direttamente un'area situata qualche centimetro più in basso di dove viene collocato.



