

## ORAL ABSTRACTS

### Pseudomembranous colitis after ileostomy reversal: a case study and literature review

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**Background/Aims:** Pseudomembranous colitis due to *Clostridium difficile* (C.diff) infection is a rare, yet serious, complication following ileostomy reversal. Few published studies have been reported on this topic. We identified seven studies; however none were undertaken in Australia. Previous research indicates a twenty-fold increase in C.diff colitis after ileostomy reversal. Advanced age and proton pump inhibitors (PPIs) have been identified as risk factors. **Methods:** We present the case of an older male who developed pseudomembranous colitis after ileostomy reversal at The Townsville Hospital. He underwent an unremarkable reversal and was given intraoperative single doses of metronidazole and cephazolin, but no other perioperative antibiotics. Recovery was complicated by pseudomembranous colitis, presenting as worsening diarrhoea and abdominal distension. Abdominal x-ray and computed tomography identified dilated bowel and a transition point in the descending colon which led to a diagnostic colonoscopy. Treatment with oral vancomycin expedited recovery. **Conclusion:** Pseudomembranous colitis is a real and concerning complication after ileostomy reversal. Timely colonoscopy is recommended if there are concerns post-operatively. It is imperative to vigilantly monitor elderly patients who have worsening diarrhoea after ileostomy reversal, particularly if they are on long term PPIs.

### A little bit of help goes such a long way: experiences of a student research intern initiative

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**Background/Aims:** Imagine having a nursing student intern for six weeks to progress a stalled research project. What would the benefits be to the research team, research unit, clinical unit, and student? How could the research unit provide the necessary guidance and instruction? What were reasonable expectations for such an initiative, and could you plan the experience to exceed everyone's expectations? This presentation addresses those questions. **Methods:** Nursing and midwifery students at a northern Australian university were invited to apply for one of two inaugural summer scholarships. Our nursing research unit, located in the local hospital, proposed that a student could contribute to a clinical research project for which data had already been collected. We received an enthusiastic student who was methodical, willing to ask questions and willing to learn about undertaking nursing research in a busy clinical environment. The unit had previously mentored novice nurse researchers, but never a nursing student who had just completed her first undergraduate year. We structured the six weeks in order to maximize the benefits to all. **Results:** The student successfully learnt how to use a statistical computer package, enter the data, liaise with the clinical nurses when checking the data, establish a bibliographic database, update the literature review and draft the manuscript ready for publication. **Conclusion:** We were able to provide additional writing experiences and the student participated in committee meetings and other educational experiences. Owing to the success of this initiative, we will have another project 'in the pipeline' should the scholarships be offered again next summer.

### Stroke thrombolysis at The Townsville Hospital

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**Background/Aims:** The aim of this study was to determine adherence to local thrombolysis case selection criteria, incidence of missed thrombolysis opportunities, sources of delay to thrombolysis and analyse disability outcomes data for both populations. **Methods:** A retrospective audit was conducted on stroke patients at The Townsville Hospital from 1 April - 30 June 2013 and all thrombolysed stroke patients until September 2013. **Results:** All thrombolysed patients met inclusion criteria. Two of these patients had relative contraindications (MI within 3 months), but no absolute contraindications or missed thrombolysis opportunities were found. For thrombolysed patients, triage-to-CT time of 24 minutes is consistent with international targets. However, the CT-to-thrombolysis time of 77 minutes is outside the sub-60 minute target. Pre-hospital delays account for the difference between inpatient (2 hours 8 min) and outpatient (2 hours 41 mins) stroke onset to thrombolysis intervals. Onset-to-CT time for inpatient strokes (54 mins) compares favourably with outpatients (1 hour 24 mins). Modified Rankin Scale scores were not different between the 3-month and thrombolysed cohorts at onset or discharge. Twenty-four hour post-thrombolysis National Institutes of Health Stroke Scale scores were completed in only 50%, precluding analysis. There were no thrombolysis-related deaths. **Conclusions:** Improve documentation of NIHSS scores 24 hours post-thrombolysis and identify factors pertinent to delays between CT and thrombolysis time.

### Goal setting in an interprofessional community rehabilitation centre in northern Queensland

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**Background/Aims:** Person-centred goal setting in rehabilitation is recognised to promote enhanced outcomes. Curiously, such goal setting is minimally adopted in practice due to various barriers. Identifying what matters to a person is recognised as the crucial first step in formulating a rehabilitation plan that encourages participant hope, motivation and confidence. Community Rehab nQ is an interprofessional centre for neurological rehabilitation. The aim of this project was to provide clinicians with structured support to develop goal setting practices that ensure participant goals are at the centre of their rehabilitation. **Methods:** A goal planning and review program was developed and trialled with a sample of participants. Participants identified what was important to them in an initial individual assessment and then joined a 5-week group program. The program components include: exploring participant values, goal clarification, goal planning, identifying barriers and facilitators, implementation of goal plan, and review in group discussion. Ongoing goal progression was fostered by translation of rehabilitation activities to the home setting to promote sustainable change. **Results:** The program was trialled with 20 participants and was found to promote participant ownership of goals, reduce clinician-driven decision-making, increase participants' understanding of how rehabilitation activities relate to personal goals and home life, and encouraged peer-support with sharing of strategies, fears and successes. **Conclusion:** The demonstrated benefit of this program supports future application for all participants attending Community Rehab nQ. This program provides a structured person-centred goal setting model that could be adopted by other rehabilitation services to achieve enhanced participant outcomes.