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Well, I finally decided to stop complaining about the Nutritional Unit at the University Teaching Hospital and go down there and try and help. One of the nighttime doctors who works at Corpmed (Dr. Tom Kapakala) is a pediatrician and he makes rounds there on Saturday mornings and agreed to take me, saying that he felt ashamed that I was going to see the unit which was in disrepair. That was the only warning he gave me, and honestly, there is nothing he could have said that would have adequately prepared me anyway.



It is a large and crowded room and we are in the hot season here so it was about 100F outside and a little bit warmer inside. The room is divided into three sections, the first is for “seriously malnourished” babies and after they have begun to tolerate a certain high calorie formula they are moved to the next section and then just before discharge, to the final section. There were 60 babies in the three wards and one nurse so she had time only to push a medicine into a vein or squirt something down a naso-gastric tube before moving onto the next baby. It was about 6:00 am when I arrived and she had been working all night alone for 7 nights in a row and wouldn't get off until 07:30 that morning; and she looked tired, but had a smile for me anyway. Apparently there are three sisters on during the weekdays but they only have one at night and on weekends.

All of the babies in the intensive unit were critically ill, skeletal in appearance and dehydrated. To the credit of the staff and Dr. Kapakala, most had feeding tubes in place and IV lines, but they do not give IV fluids in these units because there is not enough nursing support to tend to the drips. There were three babies in each cot and at the end of the room was a single oxygen outlet so the sickest of the babies were receiving O₂, although only 4 can receive O₂ at any one time, two from each source.

We were there for two hours, until about 07:30 am. During that time, two of the babies died, one while I was attempting to draw blood for a potential transfusion and the other shortly after that. This freed up two oxygen sources, so babies were quickly shuffled to take advantage of that. The mothers wailed and cried briefly in Zambian tradition but there was not the outpouring of grief that one might have expected. Perhaps they were

already well aware that the child would not make it. The dead babies are then sent to wait by the door of the unit and twice a day the staff from the morgue make rounds in the hospital and collect the bodies that have died that day. Tom told me that often the mothers do not even wait for this collection of the body because they have their other children, either in the hospital or at home, needing as much care.

Other pediatric units in the hospital have found sponsors and are being fixed up, such as the Pediatric Oncology Unit and the Burn Unit. With reasonably small grants these units were rebuilt and the staff augmented. How wonderful it would be if similar sponsors could be found for the nutritional unit, which serves the very poorest and sickest of Zambian children.

Dr. Tim Meade