JIPMER NURSES NEWSLETTER

JNNL - 8th Edition January - April 2025

INSIDE

UPCOMING EVENTS

Induction Training Programme
3-7 Feb and 3-7 Mar 2025

ECG Workshop February 8,2025

Leadership in Infection Control ToT Programme - Feb 2025

Development of Nursing Services Ministry Sponsored Programme March 2025

BLS Skill Training - Every month 2nd & 4th Saturday

Nurses Day Celebrations April - May 2025

MESSAGE FROM CHIEF EDITOR, JNNL

Dear Nurses,

As we step into this new year with renewed hope and aspirations, I extend my heartfelt New Year wishes to each one of you. May this year bring you joy, good health, and professional growth in abundance.

I take this opportunity to express my deepest gratitude and appreciation for your unwavering dedication and commitment. Your relentless efforts and teamwork were instrumental in the successful organization and execution of the National Conference on Emergency and Trauma Nursing. The conference not only showcased the exemplary skills and knowledge of our nursing personnel but also highlighted the spirit of collaboration and excellence that defines our profession.

Let us continue to strive for excellence and uphold the highest standards of patient care, education, and research in the year ahead. Together, we will achieve greater milestones and make a meaningful difference in healthcare.

Thank you once again for your outstanding contributions. Wishing you and your families a year filled with happiness and success.

I am also grateful for the continuous efforts taken by the editorial board in bringing out the eighth edition of Nurses Newsletter successfully. I encourage nurses with technical skills to be a part of editorial committee by writing your willingness to jipmernursesnewsletter@gmail.com

Mrs Sankareswari A,
CNO, Chief Editor, JNNL


Department of Nursing Services
proudly announces
NURSES DAY
CELEBRATIONS
2025
Theme: Our Nurses.. Our Future..Caring for Nurses strengthens economies
Venue : Dr APJ Abdul Kalam Auditorium
Date : 10th May 2025
Talent competitions and Sports competitions will be held in the month of April and May 2025
All are invited

DEPARTMENT EVENTS

NATIONAL CONFERENCE ON EMERGENCY AND TRAUMA NURSING NCETN 2024

The Department of Nursing Services, JIPMER, organized a two-day National Level Conference on **"Emergency and Trauma Nursing"** on October 17–18, 2024, at the Dr. APJ Abdul Kalam Auditorium, JIPMER. A pre-conference workshop was conducted on October 16, 2024, featuring three specialized workshops: **Disaster Management** at the College of Nursing Multipurpose Hall, **Advanced Trauma Triage Simulation** at the JISPH Multipurpose Hall, and **Basic Life Support Skill** Training Program at the SSB Conference Hall. Each workshop had nearly 50 delegates in attendance.

The conference brought together 230 delegates from JIPMER and 200 delegates from various colleges and hospitals in Puducherry, Tamil Nadu, and other parts of India. Notable institutions such as PGI Chandigarh, AIIMS New Delhi, AIIMS Patna, AIIMS Bilaspur, AIIMS Gorakhpur, CMC Vellore, CSI Karakonam, and NEIGRIHMS Shillong were represented.

The conference was inaugurated by **Dr. Rakesh Aggarwal, Director, JIPMER, in the presence of Dr. L. N. Dorairajan, Medical Superintendent, and Dr. Amit Gupta, Professor of Trauma Surgery and Critical Care, AIIMS New Delhi, as the Guest of Honor**. Mrs. Sankareswari A., Chief Nursing Officer, welcomed the gathering, followed by a felicitation speech by Dr. L. N. Dorairajan. Dr. Amit Gupta emphasized the need for greater involvement of nurses in trauma and emergency care as specialized roles. The event concluded with a vote of thanks delivered by Mrs. Santhi Shanmugam, Nursing Superintendent.

Experts from the nursing and medical fields shared their insights on quality and safety through engaging lectures. Distinguished speakers included Dr. M. C. Misra, ATLS India Chair, Dr. Deepak Aggarwal, AIIMS Delhi, Dr. Danasu, Principal, CON AIIMS Mangalagiri, Mrs. Chitra Chandran, Head, EMT Simulation Centre, Kerala, Dr. Gopichandran, NIMHANS, Mr. Arun Varghese, Assistant Professor, AIIMS Gorakhpur, Prof. Samuel Ravikumar, and Mr. Dineshkumar, Assistant Professors, CMC Vellore.

The conference featured scientific paper and poster competitions, with winners recognized during the valedictory session. The **"Battle of the Brains" Trauma Quiz** was conducted for both staff and student categories, with cash prizes and certificates awarded to the winners. Delegates provided overwhelmingly positive feedback about the conference, which concluded with the National Anthem.

The Tamil Nadu Nurses and Midwives Council (TNNMC) awarded **13 credit hours** for the conference, while each pre-conference workshop was accredited with **5 credit hours.**


Ambu
3M
Rotary


NCETN 2024 JIPMER
Congratulations
Prize
Métier


RESILI WALK 2024
CHAMPIONING TRAUMA RESILIENCE
JIPMER


NCETN 2024

NCETN 2024 GROUP PHOTO

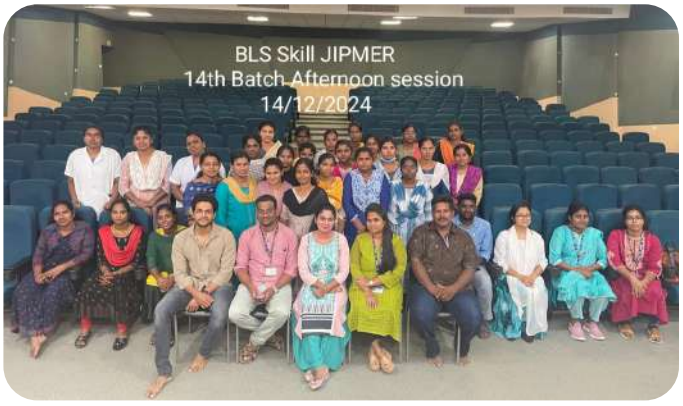
ORGANIZING COMMITTEE

RESILIWALK 2024

DEPARTMENT EVENTS

BASIC LIFE SUPPORT (BLS) SKILL WORKSHOP

The Department of Nursing Services at JIPMER, in collaboration with the Department of Emergency Medicine and Trauma Services, has successfully conducted a specialized Basic Life Support (BLS) skill training program for nursing personnel in Pondicherry. The program adheres to the standards set by the Tamil Nadu Nurses and Midwives Council (TNNMC). JIPMER organizes this skill course twice a month, and the workshop has been accredited with ten credit hours by TNNMC. To date, we have trained nearly 900 nurses across 14 batches in two daily sessions—morning and evening.



DEPARTMENT EVENTS

DAKSHATA TRAINING PROGRAMME AND OBSTETRIC DRILL

The Department of Nursing Services at JIPMER, RMC Nursing team, in collaboration with the Department of Obstetric and Gynaecology Services, has successfully conducted one day Dakshata Training Program and Obstetric drill for Nursing personnel working in WCH on 20.11.2024. This workshop is conducted with the financial support from JIPMER. Planning to conduct for one more batch in the month of Janurary 2025. During this programme , the labour room team and OT team were recognised as RMC Champions and felicitated with a certificate and memento.

WEEKLY INSERVICE NURSING EDUCATION PROGRAMMES

Apart from Inhouse workshops and conferences, Our department conducted Inservice education programme on various topics every week Thursdays at SSB Conference hall, JIPMER from 11am -12N. Following topics were covered so far..

26.09.2024 - High Flow Nasal Cannula by Mrs Anbu, Nursing Officer, CCU

03.10.2024 - Diagnostic and therapeutic procedures in Uro minor OT by Mrs Priyadharshini, NO,SSB MOT

10.10.2024 – Safe preparation and Admininistration of Chemotherapy drugs and biosafety handling by Ms.Pavithra S, NO, Surg Onco Ward

28.11.2024 - Depressive disorder by Mr Senthilkumat S, Nsg Officer, 18 ward

12.12.2024 – Snake bite by Mr Aruljothy S, NO, EMSD

02.01.2025 –Advancements in critical care Nursing by Mr Nagaraj B K, CCU

RESEARCH CORNER

ENDOSCOPIC CYANOACRYLATE GLUE INJECTION FOR GASTRIC VARICES

Mrs Mala N, Senior Nursing Officer, Endoscopy Room

INTRODUCTION

Gastric varices are abnormally dilated veins in the stomach, often resulting from portal hypertension due to liver cirrhosis, non-cirrhotic portal fibrosis, and extrahepatic portal venous obstruction. These varices are a significant source of gastrointestinal (GI) bleeding, which can be life-threatening and require prompt medical intervention. Traditional treatments for gastric varices include pharmacological management, endoscopic therapy, and surgical procedures. However, over the past few years, endoscopic cyanoacrylate glue injection (ECGI) has emerged as a promising and effective treatment for controlling bleeding from gastric varices. Various societies recommend ECGI as the first-line treatment modality, leaving radiological procedures and surgery as rescue therapy.

UNDERSTANDING GASTRIC VARICES

Gastric varices typically arise due to increased pressure in the portal venous system, leading to the formation of collateral veins in the stomach. The risk of bleeding from gastric varices is high, especially in patients with cirrhosis, and can present as hematemesis (vomiting blood), melena (black, tarry stools), or even shock in severe cases. The primary objectives in managing gastric variceal bleeding include controlling the haemorrhage, preventing rebleeding, and improving the patient's overall prognosis. Traditional methods for controlling gastric varices bleeding include:

1.Endoscopic therapy
2.Pharmacological agents:
3.Transjugular intrahepatic portosystemic shunt (TIPS)
4.Surgical intervention

WHAT IS ECGI?

The endoscopic cyanoacrylate injection (a fast-drying adhesive) seals bleeding varices. Cyanoacrylate is a tissue adhesive that polymerizes rapidly when exposed to moisture, allowing it to form a solid mass that blocks the bleeding vessels. The use of glue for gastric varices was initially explored in the 1990s and has since become a widely adopted treatment due to its effectiveness in controlling acute bleeding.

MECHANISM OF ACTION OF GLUE:

When injected into the varix (dilated vein), cyanoacrylate undergoes polymerization upon contact with the blood, forming a firm clot that occludes the vessel. This prevents further blood flow into the varix, thereby stopping the bleeding. The body eventually reabsorbs the injected glue over time, and the varices may shrink as the blood flow is redirected through healthier veins.

INDICATIONS FOR ECGI :

Glue therapy is primarily used to manage gastroesophageal variceal haemorrhage, particularly in cases where endoscopic band ligation (EBL) or sclerotherapy has been ineffective. It is often the treatment of choice for gastric varices located in the fundus of the stomach, which are difficult to treat with conventional methods.

The key indications for glue therapy include:

- Active bleeding from gastric varices
- Recurrent bleeding despite other therapies
- High-risk patients with poor response to traditional intervention
- Large varices, particularly those located in the gastric fundus.

SARINS CLASSIFICATION FOR GASTRIC VARICES

The gastric varices are classified as isolated gastric varices (IGV1, IGV2) and gastroesophageal varices (GOV1 and GOV2) based on the Sarin classification.(Fig-1).

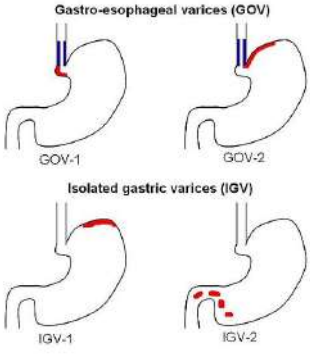


Fig 1

THE PROCEDURE OF ECGI :

The procedure for glue therapy is typically done via an upper endoscopy or endoscopic ultrasound (EUS), where a catheter is guided into the varix (Fig-2). The steps include:

1. Sedation: The patient is sedated to ensure comfort during the procedure.
2. Endoscopic visualization: The varices are identified through the endoscope and the target varices are selected for glue injection.
3. Injection of glue: A catheter injects N-butyl cyano acrylate into the varix. The glue polymerizes rapidly, sealing the varices.

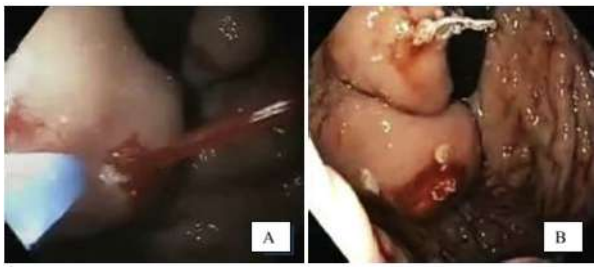


Fig 2

4. Post-injection monitoring: The patient is monitored for signs of complications such as reflux, embolization, or systemic effects. Sometimes, the procedure may require repeated sessions to ensure complete obliteration of the varices.

BENEFITS OF ECGI:

1.Effective Hemostasis: Glue therapy can control bleeding from gastric varices by occluding the affected veins and promoting rapid hemostasis.
2.Minimally Invasive: The procedure is typically performed endoscopically, which reduces the need for more invasive surgical interventions and minimizes recovery time.
3.Quick Procedure: The glue application is usually quick, allowing for rapid intervention in emergencies where patients are experiencing bleeding.
4.Decreased Rebleeding Rates: Studies have shown that glue therapy can be associated with lower rebleeding rates than other methods, such as band ligation, especially in patients with larger varices.
5.Lower Complication Rates: Glue therapy generally has a lower complication rate than more invasive surgical procedures.
6.Can Be Repeated: Glue can be reapplied during subsequent sessions if varices reappear or new ones develop, making it a flexible treatment option.
7.Less Painful: Since glue therapy is performed endoscopically, patients may experience less postoperative pain and discomfort compared to surgical interventions.
8.Outpatient Procedure: Many patients may not require prolonged hospitalization after glue therapy, allowing quicker discharge and recovery.
9.Preservation of Liver Function: For patients with liver disease, glue therapy is less likely to exacerbate liver function than more invasive surgeries.

RISKS AND COMPLICATIONS:

While glue therapy is generally well tolerated, it does come with some risks. These include: ● Embolism, Tissue necrosis and Infection

CONCLUSION:

Glue therapy is a valuable option in managing gastric varices, particularly in cases of bleeding where traditional methods may not be applicable. The procedure's effectiveness and minimally invasive nature make it an essential tool in gastroenterological intervention for portal hypertension complications. With continued research and clinical experience, glue therapy is expected to become even more refined, offering a promising approach to controlling variceal bleeding and improving patient outcomes.

Our medical gastroenterology department performs this procedure regularly and has had high technical success. Our prospective study on ECGI conducted from 2019 to 2023 has helped us to decide upon the volume of cyanoacrylate glue and the number of sessions required for gastric variceal bleeding. Following this study, we laid down our department protocol for gastric variceal bleeding and streamlined patient management.

REFERENCES:

1)*Daneti D, SenthamizhSelvan K, Chandra MRV, Mohan P, Kate V. Clinical Outcomes and Their Determinants in Patients with Gastric Variceal Bleed Undergoing Endoscopic Cyanoacrylate Injection: An Observational Study. J ClinExpHepatol. 2024;14(3):101315.*
2)Garcia-Tsao G, Sanyal AJ, Grace ND, Carey W. Practice guidelines committee of the American association for the study of liver diseases, practice parameters committee of the American College of gastroenterology. Prevention and management of gastroesophageal varices and variceal hemorrhage in cirrhosis. Hepatology. 2007;46:922–938.
3)de Franchis R. Expanding consensus in portal hypertension. J Hepatol. 2015;63:743–752.
Sarin SK, Lahoti D, Saxena SP, Murthy NS, Makwana UK. Prevalence, classification and natural history of gastric varices: a long term follow-up study in 568 portal hypertension patients. Hepatology. 1992;16:1343–1349.

LEARNERS CORNER

Nurse led ward rounds – A Valuable Contribution to Neurological Patients

Mrs Amirthavalli Athimulam SNO.21 CCU

Ward round has been a historical clinical method of inter-professional collaboration to support inpatient care by exchanging information and discussing plan of care, treatment goals, and discharge plans for the patient.

Although traditional ward rounds offer the opportunity for doctors to spend quality time with patients, reports indicate the experience to be brief for patients, with little opportunity to ask questions, etc. For example, nurses generally spend more time at the bedside of patients and their families, and therefore observe behaviors that doctors do not see at first hand during their brief rounds. Therefore, we believe that improvements in the conduct of ward rounds may lead to better patient-centered care. Hence, the inclusion of nurses in ward rounds can align professional priorities and facilitate a shared understanding of the patient's needs.

Nurses have a crucial role on ward rounds, not only sharing key information between the patient and the healthcare team, but also supporting patients in articulating their views and preferences. Absence of a nurse at the bedside has clear consequences for communications, ward-round efficiency and patient safety.

Reshma et al conducted an ethnographic prospective observational study comparing nurse-led and physician-led rounds in General Medicine ward at the National University Hospital in Singapore. The study was conducted among 57 patients. The objective of the study was to determine the average time spend with patients at the bedside for a nurse-led rounds and physician-led rounds. The result suggested that quality time spent with patients at the bedside during morning rounds may be improved by nurse-led rounds when compared to physician led ward rounds.

The neurological patients are at risk to develop complications, because their sensory and motor reflexes are diminished. The common problems faced by them are unable to mobilize independently, loss of control over bowel and bladder, Poor oral hygiene linked with the development of aspiration pneumonia due to bacterial colonization, Dry mouth, oral ulcers and stomatitis may be caused by medication following a stroke. Falls are also most common among these patients and hence they require continuous and meticulous care and observation5 .

Care of the Neurological Patient focuses on practical care in a non-specialist setting, using the '12 Activities of Living' model of nursing. The initial care starts with the assessment and prioritization of care needs and subsequent care focus on specific patient needs in each of the twelve areas the specific areas included are swallowing and elimination problems, sensory and perceptual problems, chronic pain fatigue, depression, cognitive and communication problems, mobility problems and spasticity.

Table 2. Nurse Led Ward Rounds Proforma

ESSENTIAL STROKE CARE	
1	**Review of skin integrity** Any skin breakdown: Yes ☐ No ☐ Type of wound:…… Location: …… Current treatment:…… On pressure relieving mattress:…… Nursing plan:……
2	**Review Of Continence** a. Bladder continent : Yes ☐ No ☐ with catheter: Yes ☐ No ☐ NA ☐ does patient need a catheter Yes ☐ No ☐ consider a "trial without catheter" b. Bowel Last bowel movements documented:…… Bowel not open in the past 2 days …… type Any laxative Yes ☐ No ☐ Any care plan Yes ☐ No ☐
3	**Oral care** Is patient mouth moist? Yes ☐ No ☐ Any signs chart re of oral candidiasis? Yes ☐ No ☐ Any treatment? Yes ☐ No ☐
4	**Review of medications** Need drugs chart rewritten Yes ☐ No ☐ Any issues on prescribing? Yes ☐ No ☐
5	**Stroke outcome measures** Current Barthel index(ADL) …… Current mood assessment score …… Current modified ranking score …… Current weight …… Previous weight ……
6	**Others** Peripheral illness site checked: Yes ☐ No ☐ NA ☐ Nasogastric tube / PEG checked: Yes ☐ No ☐ NA ☐ Venflon checked: Yes ☐ No ☐ NA ☐ Any signs of infection in the sites Yes ☐ No ☐ NA ☐ Venous thrombo embolism(VTE) checked Yes ☐ No ☐ NA ☐ Wrist band checked Yes ☐ No ☐

Conclusion:

A nurse-led ward round has addressed nursing issues in a timely proactive fashion. The initiative has successful in improving communication between nurses and patient involvement in their care planning. It has enabled the nurses to make decisions within their professional arena, and its contribution has had an impact on patient care and safety through early detection and prevention of stroke complications.

Reference:

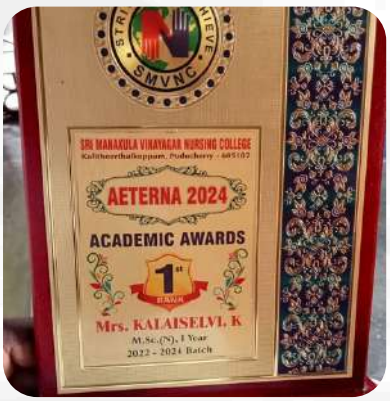
1. *Stickrath C, Noble M, Prochazka A, Anderson M, Griffiths M, Manhein J, Sillau S, Aagaard E. Attending rounds in the current era: what is and is not happening. JAMA Intern Med. 2013;173:1084-1989*
2. *Weber H, Stockli M, Nubling M, Langewitz WA. Communication during ward rounds in Internal Medicine: an analysis of patient-nurse-physician interactions using RIAS. Patient Educ Couns. 2007;67:343-348.*
3. *Cohn A. Restore the prominence of the medical ward round. BMJ. 2013;347:f6451*

AWARDS AND ACCOLADES

Dr Ramamurthy G, Nursing officer published a review article on **Whistle blowing** in the **International Journal Of Nursing Education and Research (IJNER)** Oct - Dec 2024 Edition

SNO Mrs Santhi G, SNO Mr Dhinakaran S , SNO Mrs Jasmine Nursing Officers Dr Ramamoorthy G, Mr Santhoshkumar M, Mr Rabeeshkumar P, Mr Naiju, Mr Dheneeshbabu, Mr Anandaperumal , Mrs Gomathi, Mr Dinesh, Mr Aruljothy S and Mr Krishnakumar successfully completed the National Emergency Life support ToT Course conducted by AIIMS Delhi & MOHFW under central sector scheme at JIPMER, from 21-23 Nov 2024

SNO Kalaiselvi successfully completed MSc OBG Nursing by securing **First Rank** at Sri Manakula Vinayagar Nursing College, Puducherry for the year 2022-2024



AWARDS AND ACCOLADES

Our nursing personnel excelled during the **Vigilance Awareness Week celebrations 2024, o**rganized by the Office of the Chief Vigilance Officer. Their dedication, talent, and hard work were recognized with numerous prizes and accolades.

Tamil Essay : I Prize: Mrs Vijayalakshmi R, ANS, II Prize: Mrs Rajeswari R, NO
III Prize: Mrs Vimala P,Nursing Officer

English Essay: III Prize: Mr Dhinakaran S, Senior Nursing Officer

Hindi Essay: I Prize: Mrs Reena Oommen, Nursing Officer

Poster : II Prize: Ms Arthi R, Nursing Officer III Prize: Ms Aruna C,Nursing Officer

Quiz : I Prize: Mrs Manju K &Mr Abhilash Chandran, Nursing Officer
III Prize: Mrs Shyamala V & Mrs Govindammal, Nursing Officer

Awards received by our Nursing Officers at SINNCON 2024 held at ITC Royal West Bengal from 19-12 Dec 2024

Mr. Santhoshkumar.M, Nursing Officer, Neuro Trauma OT won **First prize in Elocution and E Poster competition.** Awarded with certificates and cash Rs.4000.

Mr. Periyannan.S , Nursing Officer, SSB Neuro Surgery OT won **First prize in Essay competition and Second prize in Model Exhibit.** Awarded with certificates and cash prize of Rs.3500.

Mr. Saravanan S, Nursing Officer, SSB OT has won **Second prize in Elocution.** Awarded with certificate and cash prize of Rs.1500.

CREATIVE CORNER

PHOTO FRAME

Mr Jayaraj
Senior Nursing Officer
SSB

Mr Vijay
Nursing Officer
145 A, SSB

CREATIVE CORNER

Jallikattu : Tamil Nadu's thrilling tradition

ஜல்லிக்கட்டு : தமிழகத்தின் சிலிர்ப்பான பாரம்பரியம்

சூரியனின் நன்றியை மட்டுமில்லாமல்
தமிழர்களின் பாரம்பரியத்தை பறைசாற்றும்
இதமாக உள்ள ஜல்லிக்கட்டு
பற்றிய சில வரிகள்....
உறவினர்களை எதிர்பார்க்கும் வீட்டுவாசல்களை போல
காளைகளை எதிர்பார்க்கும் வாடிவாசல்களும் அதிகம்
ஒவ்வொரு தமிழ் திருநாளன்றும்....
வீரமிக்க ஜல்லிக்கட்டுக்காக...!
ஆண்டுக்கு எதிர்பார்ப்பு ஒருபுறம்
அதுவே ஜல்லிக்கட்டுக்காக காத்திருக்கும்
எங்கள் அவனியாபுரம்...
அழகின் நல்லூர் அதுவே எங்கள்
ஜல்லிக்கட்டின் முதன்மை வாய்ந்த
அலங்காநல்லூர்....
சாலையில் பாலமேடு, ஆனால்
ஜல்லிக்கட்டில் பெருமை வாய்ந்தது
எங்கள் பாலமேடு....
உடனே நடப்பது அல்ல ஜல்லிக்கட்டு
பல மாதங்கள் காளையை பயிற்சியாலும்
வீரர்களின் முயற்சியாலும்
நடக்கும் ஓர் அற்புத விளையாட்டு!
மண்ணை கொம்பால் குத்தி சீறுவான்
கூட்டத்தில் நடையமைய சீறுவான்
வரிசையில் வந்து பழக சீறுவான்
ஏன் பலநாள் பயிற்சியின் உழைப்பை
ஓர்நாளில் வெளிப்படுத்தும்
அற்புத விளையாட்டே ஜல்லிக்கட்டு...
பல விளையாட்டுகள் வந்தாலும்
என் வீரமிக்க ஜல்லிக்கட்டுக்கு ஈடாகுமா?
இத்தகைய தமிழ் திருநாட்டில்...
குழந்தை போல பார்த்து கொண்ட தன் உரிமையாளரை
வென்றெடுக்கும் நோக்கத்தில்
சீறிபாயும் காளைகள் ஒருபுறம்
அதை தன் வீரத்தால் அடக்க முயலும்
வீரர்கள் மறுபுறம்,
ஒவ்வொரு ஜல்லிக்கட்டிலும்,
'என்னை தொட்டு பார்', 'என்னை துரத்தி பார்'
என்ற தோற்றத்துடன் நிமிர்ந்து வரும்
என் வீரமிக்க காளைகள் ஒவ்வொரு ஜல்லிக்கட்டின் சந்திலும்,
காயங்கள் பல பட்டாலும்
கலங்காமல் கட்டி அணைப்பான்
காளையின் 'திமிலை', தன் வீரத்தின் அடையாளமாக
ஒவ்வொரு வீரனும் களத்தில்...
இத்தகைய பண்புகளை கொண்டது
என் வீரமிக்க ஜல்லிக்கட்டு
தடைகள் பல வந்த போதிலும், அதை
தகர்த்தெறிந்து வென்ற என் வீரமிக்க ஜல்லிக்கட்டு
பல்லாண்டு காலம் தொன்று தொட்டு
வளர வேண்டுகிறேன்....

Poetry dedicated to
all bull tamers by
Mrs Rajalakshmi S
Nursing Officer,
CTVS ICU, SSB

CREATIVE CORNER

Planter from bottle and craft from coconut shell

Mrs Santhi Venugopal
SNO,
PMRC POW

Spectacular artwork and painting

Ms Ranjana
Goankar
Nursing Officer
EMSD 1st floor

SUPERANNUATIONS OCT 2024

Ms. Jaculine Manuel Raj
Asst. Nursing Superintendent

ANNOUNCEMENT

Now you can access JIPMER Nurses Newsletter through JIPMER Website. Go to JIPMER Website. www.jipmer.edu.in Hospital Services ›› Nursing Department ›› Nurses Newsletter

Dear Nurses,

We invite recent articles and reports cognate to academics, research and clinical areas. In addition to this, we welcome innovations made by you or your team at your clinical areas. This newsletter also accommodates your achievements, awards and accolades. Further, Information about attending conferences, paper and poster presentations are also welcome.

Exceptional aptitudes of our nurses like paintings, photography, creative essays, editorials, poetry are additionally invited in English,Tamil and Hindi.

Mail your content to jipmernursesnewsletter@gmail.com.or watsapp to Dhinakaran.S, SNO, 9994592533 & Ratheesh Thampi, NO, 9578196665

-Editorial Committee