

A day in the life of a Mozambique Paramedico Advancado

By

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Case 1: RTI

The week began at 00h01 on Monday for me as I said good night to two very concerned but slightly less stressed parents. I was called out about an hour earlier to have a look at their four year old daughter. The family had had my contact number for some time, and after several hours of an intermittent “croup like cough” from their daughter they decided to ask me to come round.

The Rapid Response Vehicle (RRV) is a SUV type vehicle in permanent 4x4, which is very useful in the developing suburbs of Matola (A sister city to Maputo just outside Maputo) Speed is seldom an issue, just getting to your patient is the big event. There are no signs, no house numbers, direction is via landmarks and by stopping and getting directions. The massive urban slums that now surround Maputo are extensive and are home to more than two million people living on less than a US dollar a day. At night personal safety is always an issue but I believe that a comparative risk assessment would indicate several areas in South Africa far more dangerous to EMS at night.

An early stage viral upper respiratory tract infection, currently under medical control, was I believe, the problem. So after a nebulisation and some rapid testing and advice to the parents I was off home. Rapid tests are a potentially useful diagnostic tool in an African paramedics kit bag. C - reactive protein or CRP will help pre-hospital health care providers understand what type of infection they are dealing with by confirming or eliminating the presents of a bacterial infection. The CPR rapid tests also give an indication of the severity of the infection. An ICT malaria rapid test kit will also indicate with great sensitivity across all the malaria parasites, if a malaria infection is present. Rapid testing of course never really replaces good clinical judgment but it sure helps build the case.



RRV and Ambulances at the new hospital in Maputo,

Case two: Ménière's Disease

At 07h00 I was in the shower and my wife was on my phone busy with an intense conversation in Portuguese about a person who was not getting out of bed. After ten years as a Response Car Paramedic in Johannesburg, my experience tells me this may indeed be problematic? Portuguese is the national language of Mozambique, English is spoken by less than one percent of the population. If you cannot speak to your patient it may become difficult to treat them. However after an additional ten years in Mozambique my Portuguese was sharp enough to realize I would be in the RRV again on the way to my next call within minutes.

My next patient was a 50 year old male immobilized in bed. Haemo - dynamically stable and surprising pleasant, however he could not move a muscle without an incapacitating wave of vertigo and nausea assailing him. The patient had been trying for some time to achieve a definitive diagnosis and treatment via the Mozambique private health care system without success. A limited level of comfort was achieved via drug interventions and the patient was transferred via ambulance to Nelspruit for specialist assessment.

So back home to brush my teeth and get some kit, then off to work at the new Hospital in Maputo.

Case three: Head injury

At about 09h30 I received a call from a local company to investigate a case about 170 km's north of Maputo. A worker had fallen from height and was injured. The local ambulance from the business concerned was transporting the patient to the nearest Government health post. The only communication was relied from the work site, there was no clear information on the patient or his current condition. We would have to launch this mission almost blind.

Fortunately the new hospital ambulances were top of the range, brand new fully equipped (overly equipped?) Mobile Intensive Care Units (MICU). We had spent considerable time configuring them for long distance (400km's one way) MICU operations. Sufficient oxygen, on board charging for all monitors and pumps, comfortable and safe seating for all attendants are all critical items for long distance ground ambulance work in isolated areas.

On arrival at the Government health post we found our patient, tied prone to an old hospital bed, semi conscious, combative, his head in a pool of blood and vomit. The depressed fracture in his right side parietal lobe has splintered with visible bone fragments entering the brain tissues. Rapid Sequence Induction (RSI) is a relatively new skill for South African paramedics which relies intensively on equipment and skills acquisition but it is truly worthwhile in these circumstances like these. Within 35 minutes the patient condition has vastly improved and we were all off back to Maputo. After three months in ICU, the patient returned to work.



Long distance MICU ambulance configuration

Case Four: Bay rescue

16h45 and I was on my way home. It was a lovely spring afternoon, the drive home took me along the road the follows the bay. I was just passing the boat club when my phone rang again. It was the skipper from the rescue boat service. A fishing boat had overturned in the bay and assistance was required. I was pulling into the club a few minutes later and after a quick change we were once again on our way to sort out a problem.

The hospital rescue boat was a 10 meter RIB (Rigid Inflatable Boat) specifically configured for near costal rescue. The boat was powered by two, two hundred horse power outboard, two stroke motors. The boat was capable of a top speed under load of about 90 k/p/h. A Category B operator's license is required by the skipper and paramedic crew.

The Maputo bay is an estuary and shallow bay area that receives water from five major river systems. It is large, at its widest it is approximately fifty kilometers across. Inhaca island on the seaward side is a World Heritage Site of outstanding beauty.

We found unfortunate fishing boat capsized in a debris field in the middle of the bay. One crew man was sitting on the up turned hull. The boat had been out there, upside down, all night. One of the fishermen had died from exposure and the surviving fisherman had put on his friends his clothing for more warmth and then tied his friend on to a line and left him in the water.

The rescue of the survivor and recovery of his co-worker was routine and uneventful. The small fishing boat was righted and towed back to shore. Of interest was how important dispatch speed is in water rescue operations, it took us just fifteen minutes to reach the boat under speed yet one hour and thirty minutes to return to shore with the fishing boat under tow.



High speed ambulance rescue boat.

It had been a very long day indeed and I was looking forward to a nice dinner and bed. Which I must definitely did have!
