

Funding Status:

- Funded since
- To be funded from 05/01/2000

Annual review

April

Name of the project

Dhaka Medical College Burn Unit

Location

Dhaka Medical College
Dhaka
BANGLADESH

Rationale for this project

In the last few years, the number of acid-victim people in Bangladesh has increased enormously. There have been lots of articles published regarding this issue. There was an ABC 20/20 reporting on the acid victims of Bangladesh in November 1999. Annual number of these kind of inhumane incidents has grown recently. The true statistics are difficult to achieve, as most of the attacks in the remotely rural areas remain unreported.

Bangladesh has done little to prevent the jilted men from throwing acids. After being attacked, the victims don't get proper medicare or can hardly afford the cost of the treatment. The victims of acid attack or other burned cases are usually taken to the country's only burn unit at Dhaka Medical College Hospital (DMCH). The burn unit at DMCH is very insufficiently equipped. There are only 8 beds for the treatment of burn/acid victim patients in the whole country. Dhaka Medical College Hospital is a central referral hospital. Many patients come to this hospital from different parts of Bangladesh regardless of their financial background. Any effort to enrich the resources of the burn unit would definitely help a number of patients who are socioeconomically disadvantaged.

Objective

- Send financial assistance to the DMCH burn unit. The money should be utilized to provide financial support to the needy/poor victims/patients for the treatments.
- The doctors of the burn unit should inform the patients about the SpaandanB-DMCH program. If the doctors find patients unable to pay for their treatment, they will ask them or their surrogate decision maker to apply for the financial support which will be used only for the treatment purpose.
- Give acid victims priority but other burned cases should be supported as well in accordance with the degree of seriousness.
- Doctors in-charge should try to avoid too much bureaucratic approach and make the assistance available to the needy people as fast as possible.
- In case of emergency the fund should be used for a burned patient by the doctor-in-charge without going through the formal loop, however the doctor should justify his stand to the liaison body later on.

Name, address, telephone number, e-mail address (if available) of Bangladesh and USA liaison

Bangladesh Liason:

1. Dr. Samanta Lal Sen (Principal liaison)
Professor, Plastic Surgery Dept.
Dhaka Medical College Hospital Burn Unit
Tel:
Email: sendhaka@citechco.net
Fax:
2. Prof. Anowara Begum
Head of Gynae Dept. DMCH
Tel:
Email:
3. Dr. Asaduzzaman Misha
Dhaka Medical Dental College
Tel: 887878
Email: mas@ncll.com
Sapporo Dental Care
Road # 11, House # 17
Block-G, Banani
Dhaka-1213

4. Dr. Mohiuddin Ahmed
Dhaka Medical Dental College
Tel: 887878
Email: mas@ncll.com
Sapporo Dental Care
Road # 11, House # 17
Block-G, Banana
Dhaka-1213

USA Liaison:

1. Dr. Raquib Khan, Ph.D.
Senior Staff Scientist/Manager
Tribology, Advanced Concept, MDDC
Seagate Technology
Tel: 925-485-0807
Email: Raquib_U_Khan@notes.seagate.com
2. Samia Ismat Ara, Dora
Tel: 925-485-0807
Email: samia_ara@dot.ca.gov
3. Dr. Nasrin Z Lopa
Tel: 408-259-5707
Email: nasrin.lopa@worldnet.att.net
4. Dr. Jawaid Ahsan
Founding Member(SANDHANI)
Neurology Dept.
Howard University Hospital
Washington DC
Tel: (202)-865-1545 (O)
Email: ja123@dnamail.com
5. Abu Hena Mostafa Kamal, PhD
Founding member, SpaandanB
Tel: 408-617-0771
Email: shimakamal@aol.com

Tentative Financial Figure for 3 Years

About \$2000-\$3000 per year; approximate consumption/contribution- Taka 2000-2500 per week. This is a donor specific project; therefore, the continuation of the project largely depends on the proper utilization and allocation of the fund by the liaison body in Bangladesh.

The donation will be sent in two installment (every six months interval).

Burn Types and Treatment Methodology (write-up from Dr. Lopa)

Type of burns patients usually come with to the burn unit are:

1. Thermal (heat/fire)
2. Chemical (acid/alkali)
3. Electrical
4. Radiation (rare)

General approach to this problem can be outlined below but therapy must be individualized. Patients are usually managed in the following ways:

1. Saline Infusion, if the patient is in shock.
2. Airway control and ventilation.
3. Blood transfusion if needed (after grouping and cross-matching).
4. Oxygen inhalation if needed.
5. Relief of pain with sedative/analgesic. Should be confined to conservative use of narcotics (Morphine/Pathedine) in small, frequent doses.
6. To prevent infection, patient should be given systemic antibiotic and tetanus prophylaxis.
7. High protein diet.
8. In case of superficial burn (not infected), there is no need of dressing. Only local antiseptic cream, 1% Silver sulphadiazine, is used).
9. In case of deep burn and infected superficial burn, there is need of dressing with cotton gauze along with antiseptic (acriflavin/chlorhexidine/silver sulphadiazine).
10. Skin grafting for full thickness burn.
11. Physiotherapy to prevent contracture.
12. Reconstructive surgery (costly).

The SpaandanB-DMCH burn unit fund should initially be utilized for providing

1. dressing material,

2. suture materials, and
3. necessary medicine.

Material and method of correspondence for smooth and effective monitoring

- Name, address and particular of all patients should be sent to SpaandanB (USA) liaison, Dr. Raquib, for this project by the Bangladeshi liaison, Dr. Sen, preferably once in every six month.
- Bank transaction report should be sent to both USA liaison and SpaandanB EC once in every year.
- Each transaction should have at least two co-signee.
- Any information/document asked by SpaandanB EC should be furnished in two months from the day it is requested.

A group or joint bank account number and address of the bank

SpaandanB received above documents and maintains as confidential