

iversity, a strong international out-look and ability to attract huge funding from industry. Sadly, the prowess of

...ing out on job offers. Most recently, I was astonished during conversations with my two daughters at Makerere University and UCU to realise that

...ment "we build for the future, the great Makerere".

Rt Rev Dr Fred Sheldon Mwesigwa

It's time to rethink quality emergency care

As more details emerge about the events surrounding Mowzey Radio's untimely death, one is reminded that if we do not learn from history, it is bound to repeat itself.

Mowzey sustained a serious traumatic brain injury, with some bystanders reporting, "I heard his head crack and saw his eyes in a coma". When this happens, the immediate concern is one's ability to breath. In the ideal world, a call would have been placed to a call centre which would notify an ambulance that would get to the patient within 10-15

minutes at the most. While that was happening, the call centre would be checking with nearby hospitals to ensure that they have available intensive care units to adequately take care of the critically ill patient.

They would have been called, with trained emergency responders that would be able to quickly assess whether Mowzey was breathing at that time. Within minutes, they would put a breathing tube into his throat, connect him to a heart monitor, check his vital signs and treat with medication as

needed. In the immediate aftermath there would likely have been some brain swelling, for which hypertonic saline would be indicated and has been shown to improve mortality. This would save the crucial time that was spent at the Emmanuel hospital in Entebbe.

In any event, any hospital should have emergency trained nursing personnel and clinical officers to assist the on-call physicians, who may be sleeping at home or in the hospital, when such cases happen.

Ivan Mugisha