

Caring for the Sick with Internal Diseases

2-year students of the International Medical Faculty

Subject 1: General and special care for sick with internal diseases. Morally-ethical and deontological principles. Professional duties of a junior staff. Functions of an admitting department. Admission and registration, sanitary-hygienic treatment of patients, filling in medical documents. Anthropometry. Transportation of patients. Structure and functions of a therapeutic department. Sanitary-hygienic norms and regulations of the department. Rules of preparation and application of disinfectants.

Caring for the sick is a necessary and important part of a treatment. By caring they understand a complex of medical, preventive, hygienic and sanitary – epidemiological measures aimed at easing patient’s sufferings, a quick recovery and prevention of illness complications. Physical activity of patients and their ability to take care of themselves are often restricted to a certain degree during different diseases. Some sick people can’t wash themselves, take food and even move without somebody’s help.

Taking care of the skin, the mouth cavity, helping seriously ill people at urination and defecation, proper feeding, providing dietary and drinking regimen routine, timely change of linen and other hygienic measures – all these are included in the notion “caring for the sick”.

Observing changes in the state of a sick person and giving him before-doctor medical aid in case of fever, pains in the heart, dyspnoea, asphyxia and other serious cases – are also caring for the sick.

Caring also includes a number of sanitary – epidemiological measures, regular cleansing of rooms, sanitary treatment of the sick, his clothes, linen, toiletries, measures of disinfection.

A very important component of caring for the sick is creating a maximum physical and psychological peace. Silence in the room where sick people are, quiet, friendly attitude to them of the medical staff, removing of all harmful factors that hurt the sick person’s psyche – are principles of medico-protective regimen. Finally, carrying out all medical prescriptions by the medical staff of a clinic, such as: giving out medicines, injecting, preparing patients for diagnostic examinations and participating in some of them belongs to caring for the sick.

Caring for sick is divided into:

1) General – measures, necessary for any patient (sick person), not depending on the character of an illness;

2) Special – to which belong only those measures which are for sick people of definite groups: gynecological (syringing), therapeutical (a puncture of pleural/abdominal cavity, proving), surgical (bandages).

The mains measures of general caring are:

- 1) creating and providing a medico-protective regimen;
- 2) providing a sanitary – hygienic regimen;
- 3) carrying out medical prescriptions;
- 4) giving help to seriously ill people at keeping them and their surroundings in hygienic conditions, taking food and performing physiological functions;
- 5) carrying out a sanitary – hygienic treatment (of bedsores, a shower, a bath, sponging down, etc);
- 6) giving first aid (before - doctor medical aid at fever, vomiting, dyspnoea, asphyxia, pains in the heart).

Caring for the sick is a direct responsibility of a nurse and only some particular procedures of general caring may be fulfilled by supported medical staff under the supervision of a nurse (cleaning, shavers, giving a bed-pan), but even in these cases a nurse is fully responsible for the proper fulfillment of measures.

Deontology. Medical ethics.

Deontology is a Greek origin derivated from words : deon – obligation and logos – science. The science of the duties and rights of the doctor and medical staff in relation to his patient is called deontology. Deontology may also be defined as the set of rules and principles of medical ethics. Deontological ethics – its theories that place special emphasis on the relationship between duty and the morality of human actions. In deontological ethics an action is considered morally good because of some characteristic of the action itself not because the product of the action is good. Deontological ethics holds that at least some acts are morally obligatory regardless of their consequences for human welfare.

The concepts of morals and professional duties of practitioners have changed during centuries, depending on the social, economic and class relationships, the political structure of the state, the level of civilization, national culture, religious traditions, and many other factors.

The Greek medical schools greatly contributed to the development of the deontology. Hyppocrates is Greek physician of antiquity who is traditionally regarded as the father of medicine. Oath is the ethical code attributed to the ancient physician Hyppocrates, adopted as a guide to conduct by the medical profession throughout the ages and still used in the graduation ceremonies of many medical schools. The core of medicine and so the of the Hyppocratic ethic reflects in the paragraph of the Oath, that states:

I will apply dietetic measures

for the benefit of the sick

according to my ability and judgment

I will keep them from harm and in judgment

«For the benefit of the sick» - with these six words the overall meaning and end of medical practice as a healing relationship is disclosed; this is what medicine is for:

the benefit of the sick. Good of benefiting the sick is the core of the Hippocratic ethic.

An indispensable part of medical ethics is which enlarges upon the behavior of a medical staff in some particular situations (both at work and outside the clinic).

The effectiveness of a treatment and caring for the sick is determined not only by the level of professional knowledge and skills. Moral qualities of medical personnel are very important in their work.

Any illness, especially a chronic one, a critical state of a patient's health may cause a serious psychological trauma which leads not only to a worse physical state but also to severe disorders in psychoemotional state. All patient's thoughts are concentrated on the process of receiving an effective help as soon as possible. To gain a patient's confidence is a great progress on his way to the quickest recovery. That's why a medical worker should possess not only such quality as a high professionalism but also be decent, kind and responsive "Love and care – are the best medicine" – wrote Paratsels. Successful therapy greatly depends on the authority of the doctor. This authority is won not only by own labour but also by profound knowledge, because an authoritative physician is always a competent physician.

Doctor must gain the patient's confidence, show his sympathy for the patient,

Ask the patient about his complaints, about the beginning and development of the disease so that patient might feel confidence in his doctor and tell him not only his main complaints but intimate details that must be important for making diagnosis and administering treatment correctly. Doctor must be able to improve patient's spirit by giving him hope for recovery.

However, having established confiding relations with a patient never demonstrate your confusion or helplessness. On the contrary, you should be able to reject strictly and firmly patient's unnecessary demands (to persuade him in inexpediency of these demands).

Appearance of medical staff is also of great importance and it is only natural that a dirty gown, hands, nails, careless clothes and hairdo are unacceptable to medics.

Speech also has an important part in the process of a patient's treatment – a wrong word addressed to the sick with psychic disorders may do a lot of harm. This is the reason why no discussions of illness progress unfavorable complications or examination results are acceptable in the patient's presence. One shouldn't express regret about the fact that the sick consulted a doctor too late, that illness was neglected and is difficult to cure at the present or "comfort" by saying that the present state of medicine doesn't have enough possibilities to treat him in the way he needs. Don't tell the patient's relatives about an unfavorable outcome of his illness beside his bed even if he is unconscious. You should take into consideration that there are other patient's in the same ward with the same diagnoses who may be very receptive to negative information. It is necessary to realize that ill (especially seriously ill) people "catch" every medic's word, that's why have a talk in a calm and restrained way and see that unfavorable results of

examinations and case reports with diagnoses of serious (sometimes fatal) diseases were not seen by patient's, don't discuss the possible outcomes of illnesses in other wards.

In clinic a doctor and a nurse spend most of their time with patients. Patients confide their secrets to them. It is written in the Hypocrite's oath: "Whatever I see, whatever I hear while communicating with patients I'll Keep quiet about it that shouldn't be divulged considering silence my duty", "Keeping secrets" – is a medic's professional duty. All the physician knows about his patient should be kept secret, otherwise the patient will suffer moral and sometimes material loss.

This however does not hold for cases where keeping a secret may do harm to other people. For example, if the disease is infectious, the patient should be hospitalized because his isolation arrest the spreading of the disease and provides better conditions for treatment. People close to the patient should sometimes be informed of the disease so that they must strictly follow sanitary rules and that any new cases, if any, must be treated in due time. The diseases caused by negative interrelation of the medical staff and patient are called iatrogenic one.

Duties of medical staff.

Duties of the nursing personnel of the hospital.

Ward nurse is supposed to:

1. check the sanitary treatment quality of a patient admitted; show a patient his ward and bed; give help at moving a patient from a stretcher to a bed if it is necessary.
2. introduce a patient to the rulers of the department routine, control its maintenance
3. take care of the sanitary state of wards, cleanness of the ward, air them regularly (at 7-8 a.m., 2-3 p.m.) maintaining the temperature not less than 18-20⁰C
4. control how patients carry out hygienic measures; be responsible for a change of clothes and the bedclothes
5. take patients temperature and register the data in the temperature chart; check the pulse and respiratory rate, measure twenty- four-hour diuresis, sputum secretion, carry out an anthropometry of a patient
6. take part in a doctor's round, inform a doctor about patients state of health and maintenance of the hospital routine.
7. write all doctor's prescriptions down in the treatment sheet and fulfill them strictly (give out medicine, inject the sick; apply cupping – glasses, mustard plasters).
8. collect the biological for taking it to the laboratory (urine, faeces, sputum).
9. prepare the sick for different examinations and transport them to diagnostic rooms.
10. take care of the proper medical feeding of the sick (dietetic therapy), check the food quality.
11. see to the working order of medical equipment and furniture.
12. draw the medical documentation up:

- compile a ration demand
 - carry out a selection of medical prescriptions
 - draw up a demand for drugs
 - compile a summary of patient's state, fill in a temperature chart
 - fill in a registration form of bed accounting (register of admitted and discharged patients)
 - keep a record of drugs from lists A and B in a register (drugs from lists A- narcotic medical remedies, atropinum; drugs from lists B- sleeping tablets, platyphillinum)
 - to sign treatment sheet after caring out doctor's prescription
13. provide before - doctor first medical aid in urgent cases
14. carry out a sanitary-informative work among patients

Duties of the support personnel

Support personnel is supposed to:

- 1) change bedclothes for newly-admitted patients and provide them with individual glasses and spoons.
- 2) change patient's clothes and bedding regularly (not less than once a week) – for the sick with a general routine and change the beds daily if patients are seriously ill; the bedding should also be changed at any time if it becomes dirty.
- 3) provide the sick confined to bed with bed-pans and wash, sponge down or bathe seriously ill patients under the supervision of a post nurse, take care of their skin, hair, nails.
- 5) clean a bathroom, a toilet, a corridor and a landing of the department every day.
- 6) deliver the biological material to the laboratory.

Structure and functions of admitting department.

Drawing up documents, work of a nurse in a admitting department.

The sick is admitted either according to the planned order (planned hospitalization - after out - patient department) or brought to hospital by an ambulance (urgent hospitalization).

A sick person is admitted to hospital through the admitting department where admittance, registration, examination, sanitary treatment and transportation of patients are performed.

A nurse carries out a registration of the sick:

- 1) fills in the title page of a case report (according to the form); records of the patient's intolerance to particular medications are to be made on the title page of the case record;
- 2) puts the information about the sick down in the hospital admission register;
- 3) puts the information about the sick down in the alphabetical register (surname, first name and patronymic, year of birth, date of admission, department).

If the sick was unconscious while being admitted to hospital the information about him is received from his relatives or people accompanying him.

At the lack of documents the information about the unconscious sick is registered with the description of his appearance and this information is sent to the police immediately.

If the sick is in a serious state a complete emergency medical aid is provided in a treatment procedures room of the admitting office .

In the case of admitting the sick under 18 without any people accompanying him (a casualty) a nurse has to inform his relatives.

After registration the sick is referred to medical examination room where a doctor examines him and identifies illness. If there are some difficulties in identifying illness the patient is isolated and consultations with specialists are held. If the sick has a referral to be hospitalized (according to the planned procedure after out - patient department) the diagnosis of his illness identified by the doctor referring him is put down on the title page.

If no symptoms of an illness are identified the sick is let home. This fact is written down in the register of hospitalization rejection. In some cases (if they suspect an infectious disease) according to the doctor's prescription a nurse takes a smear from the pharynx or nose.

To take a smear from the pharynx a nurse prepares a test-tube with a sterile tampon and a spatula, then asks a patient to open his mouth and, pressing the root of the tongue with a spatula slightly wipes the fauces and the tonsils with a swab without touching the mucous membrane of the mouth cavity. Carefully, without touching the walls, the swab is put into the test-tube.

To take a smear from the nose a nurse throws the patient's head slightly backward and, a bit raising the tip of the nose with her left hand, puts the swab

(or cotton wool dressed stick) in with her right hand and takes a smear with a light rotating movement from one, then the other side of the nose. The swab is put carefully into the test-tube afterwards. In both cases the test-tube are taken to the laboratory.

An illness being identified a patient undergoes a sanitary treatment.

Sanitary treatment includes inspection of the body and a hair part of the head, nails and hair cutting, shaving, having a shower or a bath.

The problem of the sanitary treatment necessity and level of sanitary treatment is solved by a doctor on duty of a casualty ward.

Seriously ill patients are taken to the department without a sanitary treatment.

Patients in a satisfactory state are prescribed a shower or a bath. In this case a bathtub is disinfected (3% solution of lysol or 0.5% solution of chlorine lime, 1.5% solution of chloramine). After that the disinfectant is washed off and a bathtub is filled with 37°-40°C water at 2/3 of its volume. A nurse helps a patient to have a wash for 15-30 min. There should be a new clean sponge for every patient (two jars with signs "clean" ("new"), "dirty" ("used")). A nursing aide helps a patient to wash his hair body, armpits, toes and between them and other parts of the body paying a special attention to the most sweating ones. After that a shower is preferable.

A bath or a shower are prohibited to seriously ill patients – they are sponged down with water having an oilcloth plastic sheet underneath. This procedure is

carried out in the following order: 1) face; 2) neck; 3) chest; 4) arms and hands; 5) body. Next, a patient is dried with a warm towel avoiding over-cooling.

A note about a sanitary treatment is put down on the title page. Helping a patient to get dressed and undressed they thoroughly inspect a hair part of his head, pubis, clothes. It is necessary for identifying pediculosis which should also be noted down in the patient's case report.

If pediculosis is found the hair must be treated (25% nytifor – 0.5% solution of permetin water – emulsion solution of dicresyl; 0.5% solution of methylacetaphosus in equal proportions with acetic acid; soap-powder emulsion).

Afterwards, the hair is covered with a scarf for 20 minutes, then rinsed with water and, next, with 6% vinegar. Then the hair is combed with a fine-tooth comb.

A note about identifying pediculosis and in the patient's case report, the corresponding information is sent to the patient's local health service, the clothes are disinfected. If patients are seriously ill their hair is completely shaven off and burnt.

Anthropometry

Anthropometry (Gk anthropos human being and metron measure) is the method of examination based on the comparative measurements of morphological and functional signs of man. Anthropometric measures are taken in the department: The following height, weight, girth of a chest and girth of a belly.

Height of man is measured by a wooden or metal graduated plank fixed in a floor-mounted base. A horizontal plank slides freely along the vertical plank to read the height. A special collapsible seat is provided to measure the sitting height (the length of the trunk). Another graduated scale begins reading at the level of the seat. In order to measure the height of a man, he is asked to stand barefoot on the floor plate and to assume an erect attitude so that his back is pressed against the vertical plank; the head should be in a position where the upper edge of the external auditory meatus is level with the outer angle of the eye. The sliding horizontal plank is then lowered to come in contact with the patient's head and fixed in this position. The patient is asked to step out from the height meter. The lower edge of the sliding plank reads the height. The sitting height is measured in the same way except that the patient is asked to sit.

Weight is measured on a special medical balance. Weighing should be done in the morning, on a fasting stomach, after defecation and urination. Whenever possible, the patient should be with no clothing or he should wear a light garment. In order to follow changes in the patient's weight during treatment (e.g. in treatment of asthenia or obesity, treatment of oedema, etc.) repeated weighings should be done in the same conditions (with the patient either undressed or with the same clothes on) in order to rule out the error.

Girth of a chest is measured with a fine centimeter tape so that it stretches under the lower angles of the shoulder blades at the back and at the level of the 4th rib at the front (during on exhalation.)

Girth of a belly is measured at the level of the 3rd lumbar vertebra at the back and the navel at the front. The sick with ascites is measured every morning on an empty stomach.

Transportation of the sick

Transportation of the sick is a process of wheeling or carrying the sick to the place of providing them with medical help or treatment. The way of transportation is determined by a doctor.

All patients are divided into 2 groups:

1) The patients that can be transported (carriageable patients) – they are able to endure transportation in a sitting or lying position.

2) The patients that can't be transported (uncarriageable patients) – in this case any transportation may threaten patient's lives; such patients are given help on the spot (admitting office) and taken to intensive care unit as quickly as possible.

The sick in a satisfactory state go to the department themselves accompanied by nurses or supported medical staff.

Seriously ill patients, as a rule, are transported on stretcher in a lying position, sometimes a wheelchair or a wheel litter can be used.

A patient is moved from a couch to a stretcher (wheel litter). To do this a stretcher is placed perpendicular to do this a stretcher is placed perpendicular to a couch so that its head part is close to the foot part of the couch. After that one support personnel raises a patient's head and shoulder (blades), another – his pelvis, and the upper part of thighs, the third one – the middle part of thighs and shins – in this way a patient is lifted and, at the same time, nursing auxiliaries turn at 90° in the direction of the stretcher and put a patient onto it. If a patient is not very heavy one person can move him: a patient is taken in arms, he puts his arms round the nursing auxiliary's neck. At a transportation on a stretcher a person going in front holds stretcher's handles with his arms lowered while the one going at back holds a stretcher on his shoulders if they go upstairs.

If they go downstairs they act vice versa a patient is carried with his head while being moved upstairs, downstairs – with his feet ahead.

How to move a patient from a stretcher to a couch: the head part of a stretcher is placed close to the foot part of a couch or perpendicular to a couch. Then a patient is lifted and put onto a bed, as well as in the preceding stage.

Features of transportation depend on disease and patient's condition.

1) The sick with cerebral hemorrhage is put in a lying position (to lay the patient flat on his/her back) and transported on a stretcher or a wheel litter; if there is vomiting the patient's head is turned to one side.

2) The patient with myocardial infarction is transported in a lying position on a stretcher (wheel litter).

2) The sick with cardiac failure (left ventricular failure) is transported in a sitting or semi-recumbent position on a wheelchair because of an obvious breathlessness.

3) The sick with respiratory failure is transported in a sitting position on a wheelchair because of an obvious breathlessness.

4) The sick with an acute circulatory insufficiency (low blood pressure, collapse, shock) is put so that the head is lower than the feet (with legs raised by bolster, pillow).

5) The unconscious patient is transported in a lying position on a stretcher, without pillow, head is turned to prevent the tongue blocking the airway and prevent patient inhaling his own vomit.

Treatment and prophylactic institutions. Structure of therapeutical department.

There are 2 groups of medical establishments (institutions):

1) Outpatient (ambulatory)

out-patient department (polyclinic), ambulance service, medico-sanitary establishment, dispensary, gynecological and antenatal clinic.

2) In patient (stationary)

hospitals, clinics, health center (sanatorium), army hospitals

These are medical establishments for the sick who need a constant treatment and care.

Out-patient department (polyclinic) - to be on home treatment and come to polyclinic for examination and prescription of the treatment.

Out-patient department (polyclinic) has:

- different specialists (therapeutist, neuropathologist, otorhinolaryngologist, urologist, endocrinologist, surgeon)

- diagnostic and laboratory rooms

- rooms for physical therapy

- day hospital

- doctor in charge of a sector in a city area (district doctor)- doctor has own sector, he examines and treats people in this sector. When patient he can't go to out-patient department call in doctor to home.

Ambulance service

Such as policlinic but it does not have diagnostic rooms.

Medico-sanitary establishment

Like as policlinic, it is in big undertaking.

Dispensary

This institution has reception of certain patients (rheumatologic dispensary, dermatovenerologic dispensary, oncologic dispensary)

Hospital

This medical institution for the sick who need a constant treatment and care.

Clinic

Big hospital where is base of medical university, research-and-development center.

Health centre (sanatorium)

This medical institution for rehabilitation of patients use natural factors (air, climate, mineral water, fangotherapy)

According to the character of the hospital:

1) to the type: a) one-type (psychiatric, infectious...) b) multi-type (therapeutical, surgical, gynecological...)

2) to the goals: a) district; b) city; c) regional

3) to the capacity – depending on a number – of beds.

Structural units of a hospital are:

- 1) admitting office (department);
 - 2) permanent department;
 - 3) subsidiary departments (pathology anatomy, laboratory and others);
- administrative and other offices.

Therapeutical department

There are general therapeutical department and specialized therapeutical departments (cardiologic, gastroenterologic, nephrological, rheumatologic departments)

Structure of the therapeutical department:

- 1) wards (general, for seriously ill patients, intensive care unit)
- 2) nurse post- in the 25-30 bedded department (place or separated room where nurse receives admitted patients, fills in medical documentation, also this is place for nurse on duty. There are safe for keeping medicines, medicine storage containers, medical instruments, different medical documentation, couch for patients)
- 3) room for medical procedures (injections, intubations, punctures)
- 4) doctor's room
- 5) head of department room
- 6) dining room (buffet)

Drawing up medical documentation

Medical documentation includes case record, sick-list (medical certificate), treatment sheet (doctor writes prescription down in it and nurse signs it after carrying out doctor's prescription), temperature chart, journal of turn over duties, register's sick (daily quantity of admitted and discharged patients), register's narcotic medical remedies.

The nurse on duty is not allowed to leave her post in any case without delegating her duties to next nurse on duty. Nurse on duty must turn over duty to another nurse on duty. Nurse who changes previous nurse and nurse who finished her duty check sanitary condition of the department. Nurse who turns over her duty reports about patient's conditions, doctor's prescriptions which she performed and about those prescriptions which need perform, quantity of admitted and discharged patients.

Case records are keeping in nurse's post or doctor's room; case records are not allowed to give the patients and tell them about data of the examinations.

Sanitary regimen in a department

Sanitary regimen includes certain demands to location of hospital, interior finish of rooms and furniture, illumination, daylight, heating, ventilation, sanitary conditions of hospital area and hospital rooms.

It must be 7 m² for person in ward, 1 meter between beds.

Normal temperature in ward is 18-22°.

It is necessary to clean and air wards regularly. Nurse checks it.

Tiding up the room of department is carried out twice a day with disinfectant solutions (chloric lime, chloramine solutions).

Preparations of disinfectant solutions:

Light 10 % chloric lime solution:

1 kilogram chloric lime adds to 10 liter water, mix and leave it for 24 hours. Then pour this solution into dark vessel. It is allowed to use it for 5-7 days. This solution is used for preparation of chloric lime solutions of different concentration.

0, 2 % chloric lime solution:

200 ml 10 % chloric lime solution adds to 10 liter water and mix it.

0, 2 % chloric lime solution is used for tidying up of room (rubbing the bedside - tables, beds, window-sills, plafonds, furniture, central heating-radiators)

Humid disinfection of ward is carried out every day (floor, furniture, radiators)

Walls are rubbed in every 3 days. Ceiling, plafonds, windows, doors are rubbed twice a month.

Revision Tests

Q1. Which type of transportation is acceptable for the patients with respiratory failure?

- A. On the stretcher.
- B. On the trolley bed
- C. By walking with assistance
- D. On the wheelchair
- E. On a stretcher- wheel litter

Q2. Records of the patient's intolerance to particular medications are to be made:

- A. On the title page of the case record
- B. In the temperature chart
- C. On the treatment sheet
- D. On the hospital's discharged patient list.
- E. On the sheet of the emergency notification

Q3. A 60-year old patient F with the acute cerebral impairment is in a hospital. Which treatment regimen does he have to follow?

- A. Bed regimen
- B. Semi-strict bed regimen
- C. Strict bed regimen
- D. Common regimen
- E. Ward regimen

Q4. What aren't referred to anthropometric measurements?

- A. Width of shoulders
- B. Weight of a body
- C. A girth of a chest
- D. Height
- E. A girth of a abdomen

Q5. The diseases caused by negative interrelation of medical staff and patients are called:

- A. Somatogenic
- B. Psychogenic
- C. Professional
- D. Iatrogenic.
- E. Social

Q6. The nurse does not have right to come off duty without:

- A. Permission of the doctor on duty
- B. To turn over one's duties
- C. Agreement of the head department doctor

- D. After agreement with the nurse who is next on duty by phone
- E. Handing in keys from the safe

Q7. The first necessary step of activity of sanitary treatment is:

- A. Inspection for pediculosis
- B. Clipping hair and nails
- C. Have a bath
- D. Rubbing with ethyl alcohol
- E. Wiping down skin with disinfecting solution

Q8. Where are keys from safe with medicines of the list A kept on duty ?

- A. Doctor on duty
- B. Ward nurse
- C. Nurse of the intensive care unit
- D. Nurse in charge of injection
- E. Junior nurse

Q9. The nurse gives out drugs to the patient according to:

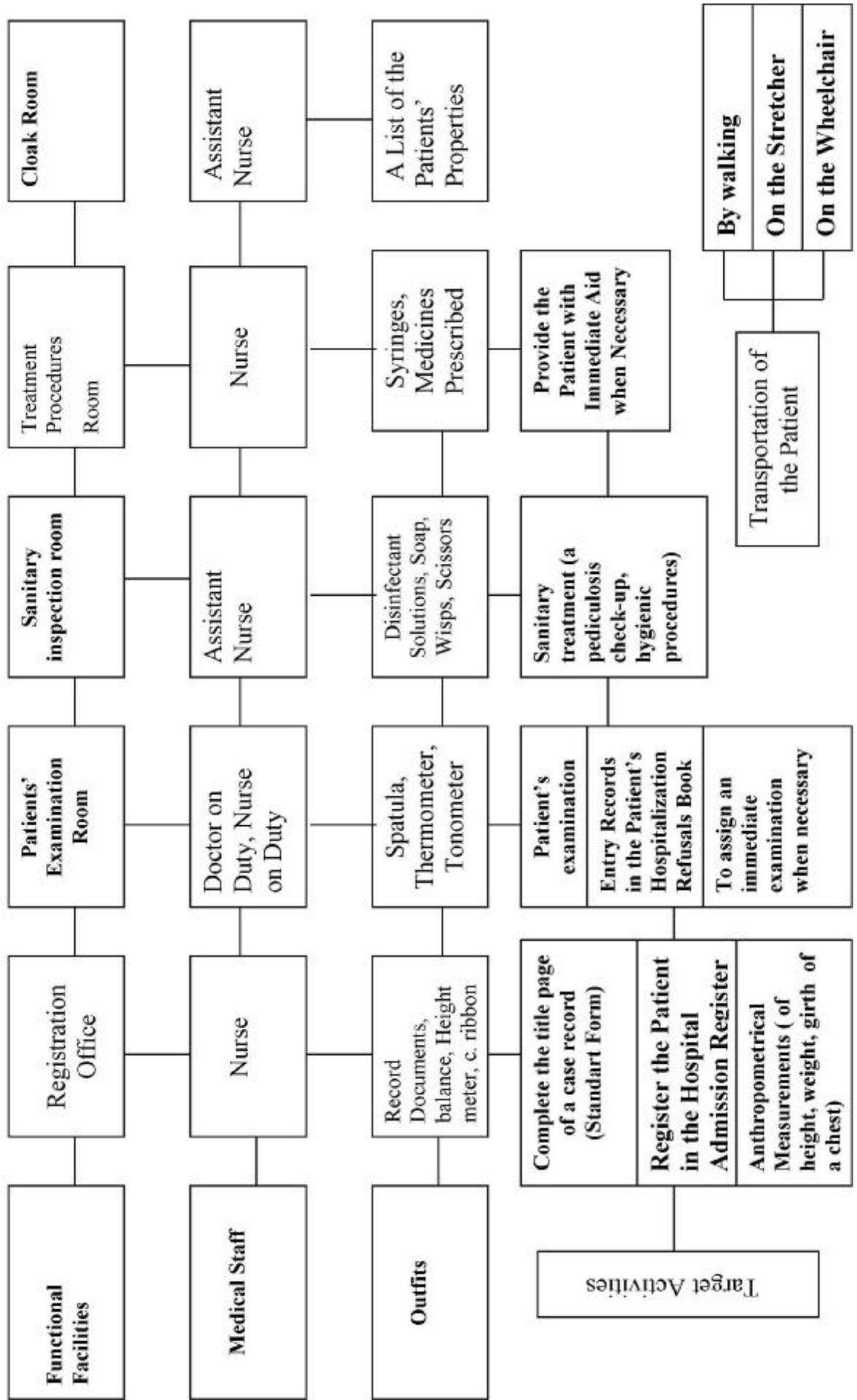
- A. The order doctor on duty
- B. The order of the head sister
- C. Treatment sheet
- D. The order of the head doctor.
- E. The request of the patient

Q10. What kind of transportation is acceptable for the patient with cardiac failure?

- A. On a stretcher
- B. On a stretcher- wheel litter
- C. On a wheel litter
- D. On a wheelchair
- E. By walking with assistance

Key answers: Q1- D; Q 2 - A; Q3 - C; Q4- A; Q 5 - D; Q6 -B; Q7- A; Q 8 - A;
Q9- C; Q 10 - D.

**A model of the subject matter
Structure of and Functional Activities at the Admitting Office**



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