

METAIRIE, LA
PM
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1982

Khabbar

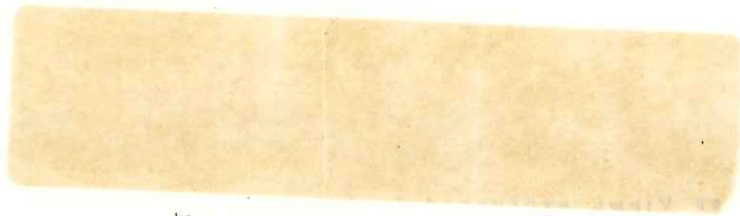
(KONKANI SABHA NEWSLETTER)

Vol. V, No. 1
Jan., Feb., Mar., 1982

The Editor
Khabbar
33 Quail Run
Long Valley, N.J. 07853

RETURN
TO
SENDER

Main Office
Metairie, LA. 70002
No Such Street



METAIRIE, LA



Quarterly Newsletter
for circulation to
Members of
KONKANI SABHA

Vol V No.1

Jan., Feb., Mar., 1982

**PRESIDENT'S
PAGE**

President

Mr.Damodar Baliga

Secretary

Mrs.Sheila Pai

Treasurer

Mr.Gopi Pai

Executive Committee

Mrs.Sharda Shenoy (Food)

Mrs.Sumathi Kamath (Food)

Mrs.Suman Nayak (Entertainment)

Mrs.Shanthi Pai (Sports)

FIA Member

Mr.Vinayak Kudva

Mailing Address

33 Quail Run
Long Valley NJ 07853
Tel: 201-852-8240

Dear Friends

As we look forward to another year of growth for our Sabha, I would like to thank all the members of the executive committee for their excellent cooperation and support given to me during this past year. I also thank all the members who took an active part in our various activities.

New office bearers will be taking over the helm very soon. They face many challenging tasks- to increase our membership, enhance member participation, consider the possibility of making Sabha a charitable organization, just to mention a few. The office bearers put in a lot of efforts in arranging a function. When members fail to show up at these, it is natural for them to get disheartened. While active participation by all members in the various activities is most welcome, we realize it may not be possible for all. But with a little effort most people would be able to atleast attend the various functions. And this is badly required.

With a little bit of cooperation from all, we could make this an eventful year. I hope to see you all soon, at our next meeting.

Damo Baliga

*** Views expressed in this
Newsletter do not necessarily reflect
the views of the Konkani Sabha.

Khabbar

PRABHAKER'S PHARMACY

Prabhaker and Meera Shenvy recently acquired FAMILY PHARMACY in Newark, N.J. Konkani Sabha wishes the Shenvys all the best. The Sabha members can always get special membership discounts on their prescription order or can call on the Shenvys for any medical supply needs.

RAGHU'S "RAY"

Dr. B.Raghvendra Kamath was recently promoted to the position of Vice President, Engineering, of ABC SUNRAY, an OERTLI Energy Co., one of the leading manufacturers of burners in this country. The Sabha congratulates and wishes Dr. Kamath all success.

PRESIDENT TO VICE PRESIDENT ! A PROMOTION !!

The President of Konkani Sabha, Mr. Damodar Ballga, was recently promoted to the position of Vice President, Finance and Administration, at ABC SUNRAY, an OERTLI Energy Co., one of the leading manufacturers of burners in this country. The Sabha congratulates and wishes Mr. Ballga all success.

RELOCATION

Kudva in Kentucky


The Kudvas, Vinayak and Radha, recently relocated to Kentucky. Their new address is 238, Central Ave., S.WILLIAMSON, KY 25661. Tel:606-237-4770

Shenvy in Stafford Springs

The Shenvys, Dattu and Jaya, recently relocated to Connecticut from Arizona. Their new address is 3, Gale Drive, STAFFORD SPRINGS, CT 06076. Tel:203-684-4387

Jnaneshwar in (San) Jose

The Nayaks, Jnaneshwar and Vidya, recently moved to their newly acquired home in San Jose, Calif. Their new address is 1162, Little Oak Circle, SAN JOSE, CA 95129. Tel:408-996-8747.

Woon


Khabbar (cont.)

MEMBERS MULTIPLY

Boy to the Shenoy's

SIDDARTH to Bhasker and Laxmi, Rochester, MI

Boy to the Prabhus

VINOD to Vitram and Chandri, Reston, VA

THANKS

The Konkani Sabha wishes to express its grateful thanks to Mrs. Chandrakala Nayak, for her generous donation of gift articles for the Sabha's Fund Raising.

THANKS TO THE DANCERS

On behalf of Special Olympics at the Monmouth College Danceathon, Mrs. Shanthi Pai expresses her special thanks to all those who danced with "High Spirits" in November 1981. That weekend was a huge success in terms of fund-raising.

CONGRATULATIONS

The Sabha congratulates Miss Vanita Kamath for making it to the Dean's List third time in a row. Vanita is presently at Rutgers University in New Brunswick, NJ.

The Sabha congratulates Mr. Arun Kamath for making it to the Dean's List. Arun is presently studying at Montclair College in Montclair, NJ.

Miss Vanita Kamath has reached the Finals in the Alliance Francaise Contest. The results are due in Late April and the winner would be eligible for a month's trip to Paris.

KHABBAR comes to Electronic Age

As you have already noticed, KHABBAR has entered the Computer age. The KHABBAR expresses thanks to Dr. Vasudev Nayak for all his time and efforts in helping with his microcomputer to bring KHABBAR to the computer age.

YATRA

A group of our members is organizing a weekend trip by bus/van in July/August '82 to Vrindavan in W. Virginia and the Hindu Temple in Pittsburgh. Those interested in joining, please call

Mrs. Poornima Bhat (201-852-8240) or
Mrs. Shoba Baiya (212-476-2359)

More the merrier !!

"EMERGENCY" DILEMMA: A VIEW POINT

by

DR. NARAYAN H. NAYAK, M.D.

It is a routine practice in our daily life to expect that most emergencies and mishaps that involve our bodily systems would be cared for immediately, by doctors when you arrive in a hospital. I think you are in for a surprise if you held that belief. In fact, the "emergency" that you thought you had, according to the "triage" in a hospital set up might turn out to be nothing other than a semi-urgent matter that could be seen in a clinic rather than an emergency room (E.R.). Take for instance the following example:

Mr. R, (40) had upper abdominal pains for 5 days. He was nauseous at times without vomiting ran no fever. He took antacids daily but did not improve. In the past, he did not have such symptoms and had no major illnesses of medical or surgical nature. He went to E.R. The triage nurse saw him on arrival and referred him to the clinic attached to the E.R., where semi-urgent problems are dealt with. Here, he had to wait for an hour for his turn to be seen.

Above illustration is a very simple example of what one faces if he anticipates an immediate attention in an ER because he felt it was an "emergency". At this point, you are faced with 2 questions!

1. What is "Triage"? 2. What is an "Emergency" that gets seen right away?

1. What is Triage! In simple words, it means sorting. The classifications of problems into a set of well defined categories with attention to details such as clinical presentation, the vital signs such as pulse, respiration, blood pressure and temperature. This triage system is set in accordance with requirements of the Joint Committee for Accreditation of Hospitals in most hospital emergency rooms across the country.

2. What is an "Emergency" that gets seen right away! The category of problem defined as being "life threatening" is seen immediately, without delay. The medical problem is attended to first and rest of the non-medical matters taken care of subsequently. Following is an illustration!

Mr. B (56) had sudden onset of chest pain on the left side on returning from office. He felt weak and was sweating. The pain was constant for over 30 mins. He had been undergoing treatment for blood pressure problem and diabetes. He presented to the ER triage nurse in a nearby hospital and was seen immediately by the attending physician in charge. He was admitted for suspected heart attack.

Chest pain is one of the common complaints that get attended soon. There are other problems such as in the next example:

Mr. M(29) was driving his car on a highway and skidded, his vehicle crashing into the divider. He was conscious and did well except for headache and neck pains that he felt were not very serious. He presented to the ER after he towed the car 4 hours later. The triage nurse admitted him to the ER right away and the attending physician examined him immediately. He was kept in the hospital for observation subsequently, and X-rays revealed fractured spine in the neck.

When the problems are serious or to be life threatening, the initial treatment such as helping the patient to breathe, either by giving oxygen through nose or through a tube placed in the windpipe is carried out besides giving intravenous fluids, and appropriate pain medication given as in the case of a heart attack or specific heart-medication given in the case of heart failure through the veins. Electrocardiogram, blood tests, X-rays and ultrasound scans are performed as indicated, without delay. Following definitive initial treatment, patient is usually admitted to the intensive care unit of the hospital. In the mean time, the patient is usually seen by appropriate specialist who is going to carry out further definitive care of the patient. In an average sized community hospital, the interval between arrival and admission to the intensive care may not exceed between 30 to 45 minutes at most.

The preceding two illustrations represent the kind of category described as life threatening and therefore command immediate attention from the physician in charge of the ER. One can include patients brought by ambulance (about whom the triage nurse is in communication with, over the radio, prior to the arrival) in the same category besides the following:

Persons involved in serious accidents especially with multiple-system injuries, victims of gun shot or knife wounds of serious nature, patients with heart failure and or difficulty to breathe, persons with seizure without previous history, children with high fever-vomitting-convulsions without similar occurrences in the past, young women with abdominal cramps with profuse bleeding following missed menstrual periods, young men with acid in the eye from a burst auto-battery, profusely bleeding wound from a nearly amputated finger due to chain saw injury. The list could go on and on.

The obvious next question could be what if there are several patients of the above mentioned problems simultaneously presenting in the ER. In fact the question is very relevant because that is happening in most ERs nowadays. With the growth of Emergency Medicine as a Specialty, the problems that are handled are becoming more specific and prioritized. Coughs and colds that used to be the most commonly seen problems in the past are replaced by more serious ones mentioned in the preceding paragraphs. Headaches and stomach aches don't get priority unless there are reasons to suspect a serious problem and may be ones to be seen after an hour or so after arrival. Following examples illustrate the point.

Mrs. B (37), housewife, had been experiencing severe headaches for the past 2 days prior to arrival in ER. She had been in good health and had been very careful about her weight etc. This was her first such severe headache and had been taking aspirin without any relief. She denied head injuries in the past. The triage nurse observed that her temperature was normal but the blood pressure was elevated and was averse to light and suspected stiffness of neck. The doctor saw her immediately and was admitted to the hospital for suspected bleeding under the brain.

Mr. B (36), a businessman was complaining severe pain in the lower abdomen for nearly 16 hours, associated with 2 bouts of vomiting, and fever. He had been in very good health in past and the history did not suggest surgery on abdomen. When he presented to the ER he was seen by the triage and physician in rapid succession. He was admitted and subsequently treated for acute appendicitis.

Whenever there are several patients with serious problems, all the same time, efforts are made by the ER physician to procure help from an available physician to assist him. Most of the hospitals have more than one physician working in the ER and some have upto 8 or 10 physicians during the rush hours of the day. With the development of residency training programs and specialty of Emergency Medicine, there are more physicians with appropriate skills to handle most emergencies. In fact, there are so called "free standing" ERs across the country, which are totally independent of hospitals physically, and cater to the same problems that hospital-ERs do. These "free standing" ERs are a result of newer breed of specialists in the field who practice independent of hospitals. Most of these physicians maintain professional relationship with their colleagues in all specialties and thus carry on with the practice of Emergency Medicine.

One yet unanswered question here is, about those not-too-serious injuries and medical problems such as cuts sustained in the kitchen, wrist injuries sustained while skating, allergic reaction with rashes following bee stings, etc. Certainly, they belong to the ER where they are taken care appropriately, unless the regular physician that you go to, is capable of seeing you the same day. Most of the time, physicians in busy practice are inundated and such do not find time to attend to those "emergencies". In fact, if you happen to call them prior to arrival in the ER, most of them keep in touch with the attending physician in the ER and thus help you out in being taken care of expeditiously under the circumstances prevailing in ER. Besides, most ERs have advise nurses that answer phone enquiries as to management of problems of medical nature. They have pre-determined guidelines for advice over the phone and usually quite accurate in what they say. However, when in doubt, it would certainly be very helpful to get in touch with your family physician and have his opinion. Many a times it helps you discuss the emergency matters with your doctors first and then approach an ER in your neighborhood hospital. That way, your doctor is well equipped to expect a call from the attending physician in ER.

should the problem be such as to need hospital stay. Moreover, the family physician could get in touch with the appropriate specialist in order to render treatment in ER, especially for those instances in which ER-physician is incapable of taking care of on account of time-constraints and so on. Following is an example:

Mr.K (29), a carpenter sustained a cut on his left thumb while working. He found that it was difficult to stretch his thumb and called his family physician, who suggested that he should go to the local hospital ER. The FP called the ER physician and found that an extensor tendon was injured, FP contacted his Orthopedic colleague and the latter fixed the tendon in the ER and Mr.K was discharged from ER in about an hour and a half from the time of arrival. The operation took 50 minutes.

In summary, the best approach in an emergency is to approach your FP if there is time. Or else, one could talk to the local hospital advice nurse over the phone prior to being in ER. In case neither could be done, present yourself at the ER of nearby hospital and then call your FP, when there is time. In instances where a person with known heart condition (such as heart attacks) has become unresponsive or an elderly person becomes unresponsive, it is best to start "Basic Life Support" immediately, as there is no time to call people over the phone. When help is available, get in touch with ambulance service, "Basic Life Support" courses are available at most American Heart Association offices and Red Cross branches and offered to public from time to time. Being prepared for the "emergency" is perhaps the less painful way to go through such an unfortunate event.

(The illustrations are mere examples to convey the point. It is not meant to suggest ways to diagnose or treat illnesses. Please note)

ABOUT THE AUTHOR

Dr.Narayan Nayak trained at T.N. Medical College, Bombay for his M.B.B.S. and M.S. in Surgery. In the USA, he did his residency training in Surgery and was certified by the American Board of Surgery. He practiced Emergency Medicine and was certified in Emergency Medicine in October 1981. His wife, Nirmala, is also a physician, specializing in Physical Medicine and is currently on the staff of University of California, Davis, as Asst. Professor. They have two sons, Mahesh(?) and Ajay(2). Narayan's hobbies are Photography and Painting.

^{Vote}Elections

EXECUTIVE COMMITTEE MEETING

An Executive Committee Meeting was held at the residence of Mr. and Mrs. Vasanth Bhat on Sunday March 21, 82. The following resolutions were adopted:

1. The annual membership dues would remain the same. The regular membership dues will be \$20.00 and Associate membership dues will be \$5.00.
2. Every effort will be made to make the Sabha a non-profitable organization.
3. An indoor meeting will be arranged in mid May or earlier.
4. The Khabbar will make every effort to reach as many people in North America as possible.
5. An election will be held during the next indoor function. The following nominations have been received and will be voted on during the function!

PRESIDENT: Mr. Gopi Pai

SECRETARY: Mrs. Shanthi Pai

TREASURER: Prof. Prabhaker Nayak

FIA REPRESENTATIVE: Mr. Damodar Baliga

YOUTH REPRESENTATIVE: Miss Vandana Nayak

KHABBAR EDITOR: Mr. Vasanth Bhat

EXECUTIVE COMMITTEE MEMBERS:

Food: Open

Food: Open

Entertainment: Open

Sports: Open

Vote

If you have any interest in joining the Sabha Activities please fill the following and mail it to the Editor, Khabbar, 33 Quail Run, LONG VALLEY, NJ 07853. TEL: 201-852-8240.

NOMINATION FORM

Name: _____

Address: _____

Phone: _____

POSITION INTERESTED IN: _____

1981-1982 INTERIM REPORT

Opening Balance	355.86
Membership Dues	
Full Members(37)	740.00
Associate Members(27)	195.00
Income through KHABBAR ads & greetings	190.00
Miscellaneous income	50.00
Earned interest(thru Feb'82)	31.94
	<hr/>
Sub Total income	1146.94
Aug 1981 picnic	(111.00)
Nov 1981 funfare	(208.84)
Purchase of hot plate	(17.00)
Khabbar publishing/mailling cost	(115.00)
	<hr/>
Sub total of expenses	(451.84)
Current Balance	1050.96

(Signed) Gopi Pal

Treasurer

Kids Korner

Hi kids! The Khabbar is really very happy about the response for the " KID'S KORNER ". Lots of kids have given items of interest to be published and here are some of them.

RIDDLES by Miss Shuba Kamath of Edison

1. What goes zzub, zzub, zzub ?
2. What always runs out of town ?
3. When is it all right for you to lie ?
4. What has 6 pockets and no coat ?
5. What goes around the world but doesn't move ?

RIDDLES by Miss Sangeeta Nayak of Livingston

6. What question can you never answer "Yes" to ?
7. Who can stay single, even if he marries many women ?
8. Why is a judge an Eskimo ?
9. What would you call a sleeping bull ?

Hey kids! Do you have any article of interest? Khabbar will be glad to publish them. Send them to The Editor, Khabbar, 33 Quail Run, Long Valley, NJ 07853.

ANSWERS

1. See flying backwards
2. Streets
3. When you're in bed
4. A Pool Table
5. the Equator
6. "Are you sleeping?"
7. A minister
8. they are both connected with just-ice.
9. A bull dozer.

Klassified

Advertise in the KHABBAR.

KHABBAR circulation rate is over 150 worldwide

MATRIMONIAL

Proposals are invited for well placed G.S.B. Engineer,(29), working in USA from intelligent and attractive G.S.B. woman. Please, respond with returnable photograph to The Editor, Khabbar (refIVA-1), 33 Quail Run, Long Valley, NJ 07853.