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SCOTLAND – UNITED KINGDOM.

LOCATION : *Mortimer-Berkshire-England.*

DIVISION : *Medical.*

SEMINAR : *Nursing.*

LECTURER : *Prof. John Roy Robert Searl.*

STATUS : *Head of R&D human studies.*

In Searl fourth newsletter upon the subject of nursing back in 1968 was related to the needs of SWALLOW COMMAND AVIATION division, but in this re-print update he includes his overall picture of the problems relating to nursing and it is his views which may differ to yours.

Over the years he has been horrified at the way in which this animal termed human being treat this planet and its kind: there are murders of the highest order, mentally sick, which has now grown like a cancer in society and no real surgery has been taken as such to remove it for the benefit of humankind.

Searl questions WHY: don't nature murder enough people and other animals in the process of violent attacks, such as flash floods, earthquakes, volcanoes and high winds this is 2009 not 1009, surely we have intelligence to reduce the effects of these natural events. But in the case of evil this cancers needs to be removed permanent to protect that which is good from being destroyed.

A paradise upon this planet is possible, but this will never happen why you have no respect for the planet as a whole. Searl accepts that many think only of themselves to protect; some actually include their family, but this is narrow minded behaviour as in reality you have left your door wide open to be attacked if not by nature itself, but by those who call themselves terrorists; a highly mental defective murders whose job is to kill and injure as many as they can.

It is this insane behaviour to kill or injure as many as possible that exposes that there are still some humans left who give their life and effects to help those to survive that others tried to kill. While SWALLOW COMMAND MEDICAL intention in 1968 was related to their staffs needs of the whole company operations which including the research work in human problems.

Now the problems of health are getting so bad that SWALLOW COMMAND MEDICAL may have to include outside problems to assist with life support care, this is Searl answer to the world problems.

Searl understands from actual hands on experience that nothing prepares you for the pounding in your chest, the knot in your stomach, the smell of your own panic. From which you shift up a gear.

Searl accepts that it is not important that you are covered in blood and kneeling in urine; someone needs your help and you have to keep it together – react, take decisions, get you both through it. Searl has witness the evil man can bestow upon another for greed sake. And is shock that the world allows this to happen.

Fernando Morris can confirm from his month stay here that from my point I don't waste money; I try and do stuff with it, alas Morris was unable to stand such conditions not being so tough enough to stand such condition that I had to relax conditions for him so that he could survive, as he said no way could he survive such conditions. On Mars you would have too.

Of cause he will be back here on January 7th to assist me to get ready to go to America to see my new site to be, again I shall have to relax my standards so he can survive.

There is not some kind of scale of deserving poor: I know only too well what flashes into people's heads when you say the Congo or Darfur and Searl know what they are thinking, "how wonderful, they are helping the little people," and Searl understands that it is just not like that in reality.

The staffs that will be employed by **SWALLOW COMMAND MEDICAL DIVISION** will help in a similar manner are like your parents and your uncle; Searl understands appreciates that the staff would feel if they had to walk for 14 hours to get to a hospital, they would be outraged and it is outrage and unfairness that motivates me; I do not like people being unfair.

That is why Searl has and is giving much study to suitable high speed transportation system whereby emergencies can be reached quick and dealt with on the spot. But such transport is the subject of the **SEARL TECHNOLOGY LIMITED TRANSPORT SECTION**.

Do you ever hear your Mum inside your head; you know, when you put your feet on the table or something and you feel her saying "**get your bloody feet off there** ," behind you?

Well, being a **SWALLOW COMMAND MEDICAL** logistician is like that. You think of the money and you think about all the people who have donated, and you think, "Shit, I don't want to be the person who double ordered stuff that perishes." You don't waste money and Searl is one of them – that is correct Morris? Searl try and do stuff with it which clearly shows at his home, considered that he has been forced already to repeat four times from robberies and now repeating again for the fifth time.

The nursing staff to be of **SWALLOW COMMAND MEDICAL DIVISION** aren't starry eyed idealists because they wouldn't get very far if they were. Searl agrees that you need pragmatists. Nurses who will be employed by **SWALLOW COMMAND MEDICAL DIVISION** will be based upon they attitude to the duty they are required to meet; because they want results and we shall do things to achieve a very high standing in nursing.

Searl states that it is not all heroics and negotiations at the point of Kalashnikovs, but it is not all inventories either. It will be a job that is just a mixed job because that's why we shall be there; to do all of it.

SWALLOW COMMAND MEDICAL DIVISION is not going to be a common hospital system, but a complex structure to handle space exploration requirements; including all requirements which cover the whole company as such medical needs; including the training of staff. It will offer emergency services to outside the company operations as a goodwill gesture. At its centre has to be a research laboratory of a magnitude which has not been seen in the medical field that will in-house all top experts in and across the various sections of medical domain.

Impossible you think – then all I can say that it better not be so – otherwise life will continue to devaluate and the Homo sapiens will just be rubbish waste in just a few years time from now. All ready half the population has gene damage due to religions upbringing that one should marry into a different family.

Thus spreading the damage gene on to other families who never had that damage gene before, add to this damage that which has taken place and still does from pollution that we create, drugs, smoking and drinking alcohol all played they part in the damage I witness in the masses. Today it is hard to find a perfect body and this is one major issue I see for Homo sapiens going to Mars.

In the world of reality, there will be days when a car will bring in a woman who will need a caesarean section urgently and it will be the first time that you assisted on a c-section and it may be so hot summer day. You find that the baby just would not come out. Suddenly you think, "No! I'm going to faint...no you must keep your hands still, hold the tension on the instruments and put your head between your knees.

Two minutes later, swallowing your vomit, you give the baby's legs a final twist and pull, and the results will be the sweetest sound of your life to hear that baby cry, yes, Searl understand that you will laugh and cry and swore a bit actually, Searl understand the effects of stress, as you sew up; and Searl understand that will be a great day for you.

Searl understands that there are smells that will stay with you forever: the smell of neglect in a refugee camp; the smell of gangrene; the smell of sweat on a patient in hypovolaemic shock.

HYPOVOLEMIA (*oligaemia*) (*hy-poh-vō-lee-miä*) *n.*

A decrease in the volume of circulating blood.

Today, there will be times where you will find a man, woman or child who have holes throughout their body after a grenade had been thrown through their bedroom window and often get left in the hospital corridor by someone. Searl understand that you would automatic start intravenous fluids, call for the surgeon and padded the damage and Searl knows that within **SWALLOW COMMAND MEDICAL DIVISION** that within minutes the whole operating team will be working on that victim and with luck within just a few days later the patient neighbours will be taking that person home; as they would be on the mend.

Searl understands from hands on experience that when the adrenaline trickles away and you see the patient on the ward getting better, you never think of the panic you felt. **SWALLOW COMMAND MEDICAL DIVISION** shall be a unit of human beings that try to save lives not evil sick minds aimed to kill and destroy.

Searl ask so many times on his reflection are how on earth it is possible for people to suffer like this; as we claim to be educated, intelligent beings. The presence of death in people's lives is the big difference. Searl agrees that in Europe we are not used to seeing children dying, babies dying, people dying; not at the same rate that they do in some countries anyway.

SWALLOW COMMAND MEDICAL DIVISION will be paying more and more attention to people's psychological wounds, injured people, people who have been displaced, even within our staff to be there will be people who are refugees themselves. Searl appreciates that in some parts of the world there is not a single person who doesn't have a family member who has not been displaced or violated or had things happen to them.

If we call ourselves human then it is time to prove it, if we state that we are educated then it is time to prove that to be true; but from my seat I see only a very small number of people that meet this criteria based upon the world masses, to them we owe a lot of thanks more so to those who try to save lives are actually placing themselves at risk of being killed every day or being tortured by evil minds for their own pleasure, this is a serious form of cancer in society which needs urgent surgery.

Governments are failing the people they represent by not carrying out this urgent surgery before it is too late, if it is not already too late to stop. Terrorists should thank their so call god that I am not the prime minister of the UK or the President of America or they would soon see what I mean by surgery. True humans have been at the mercy of evil minds for a long time, in the west we try not to see this evil.

SPACE SHIP NURSES ARE PAID TO SEE THE UNIVERSE:

Searl understands that it is well known that a nursing qualification brings opportunities to work overseas. Many nurses use them to fund back packing trips, while others take longer contracts in single overseas destinations. Searl however is aware that fewer people realise that experienced nurses can work on the high seas, providing healthcare to passengers and crew aboard cruise ships.

Searl agrees that this is a real opportunity to be paid to see the world and Searl agrees that it also enables nurses to develop skills that will stand them in good stead in many other areas of nursing practice such as future space missions and their base stations.

Searl states that being a nurse on a cruise ship is an opportunity to meet new people and see new places and Searl understands that these cruise ships normally have multicultural crew such as people from the Philippines, Colombia, Nicaragua, Thailand, South Africa and the UK, and often lots of other countries, which Searl accepts as being great.

STAR SHIP EXPLORER will have four nurses and two doctors and one medical secretary for each of the three shifts. Together they will run daily clinics and provide 24 hour cover for the crew and work force. Agree mission nurses do not get a day off a week thus on return from missions they will have the missing time off as a break which shall relate to a day off for each week that was worked on that mission.

For base nurses they will take a day off each week in rotation, all nursing staff in ***SWALLOW COMMAND MEDICAL DIVISION*** does not pay tax on their wages. All base nurses on their days off can go anywhere; mission's nurses only have this privilege on the finish of their mission. Searl understands that the mission healthcare team work closely together which they will appreciate, everyone on missions must fit in well and support each other.

Searl confirms that a large proportion of the healthcare provided on cruise ships is similar to that offered in a GP practice; this will be similar of flight missions the crew and work force visit the clinic for problems such as coughs, colds and abdominal pains. The nurses in ***SWALLOW COMMAND MEDICAL DIVISION*** shall take on a similar role to practice nurses, assessing patients, undertaking procedures or assisting doctors in doing so, dispensing medication and educating the crew and workforce.

However, Searl expects that flight mission teams will also sooner or later sees some emergencies, from accidental injuries to heart attacks, therefore the nursing staff in ***SWALLOW COMMAND MEDICAL DIVISION*** especial flight crew need to be able to deal with any situation they encounter; and they also need to have a cool head in a crisis.

For this reason, Searl requires within ***SWALLOW COMMAND MEDICAL DIVISION*** its healthcare team to have a minimum of five years experience in areas such as A&E and critical care, or experience of working in remote areas; added to this Searl says is the need for basic and advanced life support qualifications and other skills and the ability to apply plaster casts.

Searl makes it clear that you can be the first on the scene of an emergency, and he points out that you never quite know what you'll see, so it is vital that you have that experience. Searl understands that you really get to develop your skills being actually in a flight crew situation will make you realise that you can think on your feet.

Searl states that in a major emergency, if the ship is close enough to land, seriously ill patients may be evacuated by helicopter, but this is not always possible. Likewise on space missions there are no way that seriously ill patients could be evacuated by helicopter. Let say that you were in the middle of the Atlantic, just as an example, we can't get the patients off the ship, so we have to stabilise them until we can get them ashore.

Searl points out that on Planet Mars or on route to Mars there are no way we can get them off.

SWALLOW COMMAND MEDICAL DIVISION NURSES in reference to **STAR SHIP EXPLORER** will have a range of equipment such as ventilators and defibrillators, and a stock of medications you would find in the UK or US, so they can stabilise quite seriously ill people, such as after a heart attack or an accident.

This ship: **STAR SHIP EXPLORER** will also has a laboratory where blood and other samples can be analysed, X-ray facilities and cardiac monitoring equipment, Thus Cosmonaut nurses will perform X-rays, do ECGs and insert intravenous cannulas.

While **SWALLOW COMMAND MEDICAL NURSING** gives the nurse the opportunity of space travel and get paid to see the universe as it is; could be the major factor in your decision to work on a space ship as it must be team oriented project.

Searl states that before you can apply for a post on **STAR SHIP EXPLORER** you have much to learn and understand; there is no better time than now to start to learn.

PROMPT AND AGGRESSIVE MANAGEMENT OF SEPSIS GIVES PATIENTS THE BEST CHANCE OF SURVIVAL:

Poor knowledge can result in a missed or delayed diagnosis of septic shock or severe sepsis, as well as inappropriate or delayed patient management:

LEARNING OUTCOMES:

- 1 Understand and differentiate between sepsis, severe sepsis and septic shock.***
- 2 Identify the initial treatment required in managing septic patients.***

SEPSIS (sep-sis) n.

The putrefactive destruction of tissues: by disease causing bacteria or their toxins.

Searl is aware that the management of patients has become more complex in general as they are becoming older, sicker and more dependent. Searl appreciate that this places an increase pressure on healthcare staff. From where Searl sits, evidence suggests that nurse's knowledge about the signs of acute illness and their response to these signs are poor.

SWALLOW COMMAND MEDICAL NURSING understand that gaps in knowledge can result in a missed or delayed diagnosis of septic shock or severe sepsis and lead to inappropriate or delayed management; prompt treatment is crucial to survival. Searl understand that there is evidence that up to 50% of patients admitted to intensive care units received suboptimal care before referral because of a failure to identify signs of deterioration and lack of skills in responding to acute deterioration.

Searl has to admit that doctors also appear to have poor knowledge upon interviewed 1,058 doctors and found that only 17% agreed on a definition of sepsis, but 83% agreed it was frequently missed. Searl is concern about the lack of clarity about the definition of sepsis may contribute to delays in diagnosis and early treatment and increase the risk of patient deterioration and mortality.

From Searl understanding, that it is estimated that patients with sepsis take up 45% of intensive care bed days and 33% of hospital bed days in the UK and forty per cent of intensive care budgets are spent managing sepsis and the average cost of treating a patient admitted to hospital is £10,000.

Searl states that in **SWALLOW COMMAND MEDICAL DIVISION** nurses will have a key role in identifying patients with sepsis or septic shock and providing appropriate treatment. As such, they need to be knowledgeable about sepsis and nursing guidelines that provide a format for systematic assessment and management. The problem about Mars is the time mission factor that will be involved, it is completely different to going to the Moon and therefore presents a health problem relation to time duration of mission.

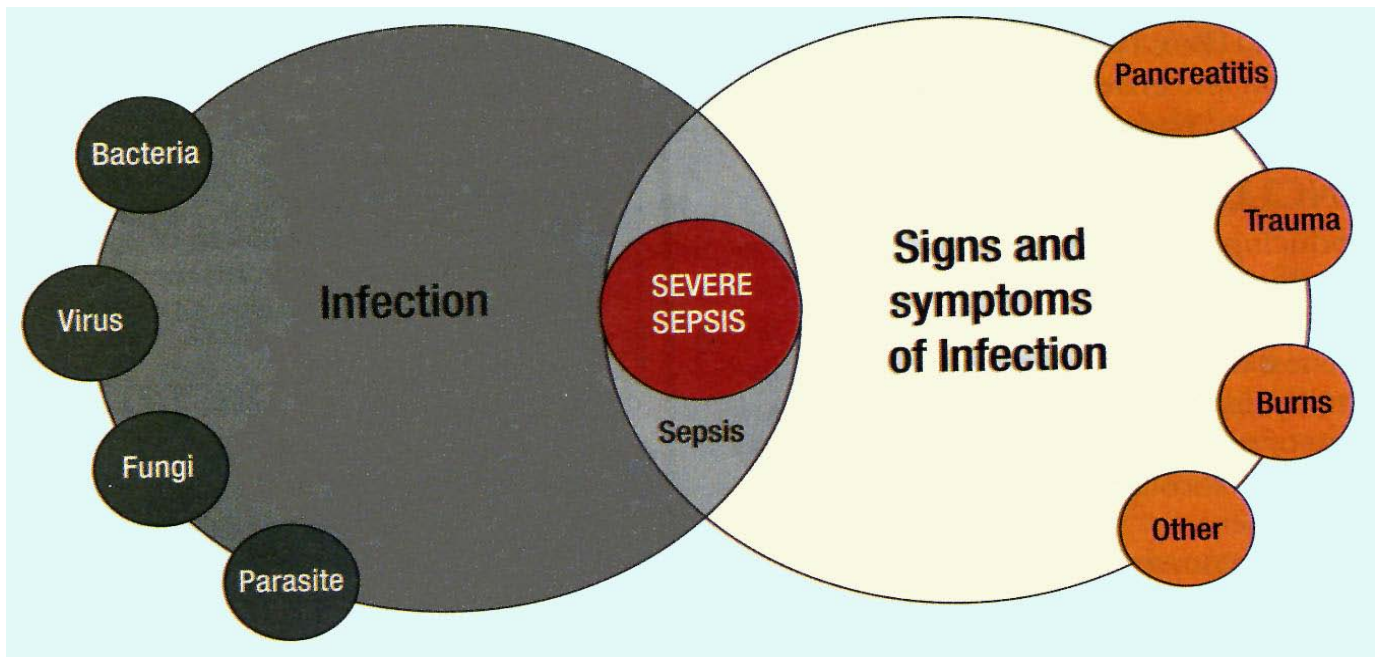


Figure 4.1 The relationship between systemic inflammatory response syndrome, sepsis and severe sepsis.

SURVIVING SEPSIS:

Worldwide, sepsis kills more people than lung cancer, and more people than bowel and breast cancer combined. Searl is aware that its incidence is rising at a rate of 1.5% per year. Searl knew that concern about these figures led to the launch of Surviving Sepsis in 2004, Searl agrees that is now some time ago that an international campaign to improve survival.

Although now officially concluded, the campaign demonstrated that it was possible to change clinical practice and improve patient outcomes using evidence based guidelines; **that is what SWALLOW COMMAND MEDICAL DIVISION is all about.**

The campaign’s main aims were to improve the management, diagnosis and treatment of sepsis. These aims were met by:

- 1 Increasing awareness, understanding and knowledge;
- 2 Changing perceptions and behaviour;
- 3 Influencing public policy;
- 4 Defining standards of care.

The campaign concluded that the greatest improvement to patient outcome had been made through education and changing the process of care for patients with sepsis.

DEFINING SEPSIS:

Sepsis as Searl understands it typically starts with systemic inflammatory response syndrome (SIRS). This is the cascade of inflammatory events that are part of the body’s response to an insult in an attempt to maintain homeostasis.

SIRS is defined by the presence of two or more of the following symptoms:

Searl will deal with them on the next page to avoid breaking up the list.

- 1 *Temperature >38⁰C or <36⁰C;*
- 2 *Heart rate >90 beats per minute;*
- 3 *Respiratory rate >20 breaths per minute;*
- 4 *White blood count >12,000 or <4,000 per ml.*



Sepsis is defined as a known or suspected infection accompanied by evidence of two or more of the SIRS criteria. It is a continuum from a simple uncomplicated infection to severe sepsis Figure 1, page 4.6. Searl accepts changes in patient’s condition can be subtle and early indicators of sepsis can be missed, therefore, careful and frequent assessment is the key to spotting deterioration. Searl accepts that respiratory rate can be considered to be one of the most sensitive indicator of critical illness and Searl understands that it is a vital sign that is often neglected.

SEVERE SEPSIS: *Severe sepsis is the presence of sepsis with organ dysfunction, hypotension or poor perfusion, and Searl understands that all organs, including the cardiovascular system, lungs, liver, kidneys and brain, can be affected.*

Signs include:

1 HYPOTENSION:

A systolic blood pressure of <90mmHg or a mean arterial pressure of <60mmHg: Changes in blood pressure may be a late indicator of deterioration as the body has compensatory mechanisms to maintain it. Fluid resuscitation must be given with the aim of improving blood pressure and cardiac output.

2 ALTERED MENTAL STATE:

Searl understands that the AVPU system:

A = alert;

V = responsive to voice;

P = responsive to pain;

U = unresponsive or the Glasgow Coma Scale (GCS) can be used to assess patient’s neurological status rapidly.

Consciousness levels may be decreased due to hypoxaemia, hypoglycaemia or cerebral hypoperfusion due to shock or medications such as sedatives or analgesics.

SEDATIVE (sed-ă-tiv) n.

A drug that has a calming effect, relieving anxiety and tension.

ANALGESIC (an-ăl-jee-sik) n.

A drug that relieves pain.

Aspirin and paracetamol are mild analgesics.

Morphine and pethidine are more potent.



SWALLOW COMMAND MEDICAL requires a standard which others can use as a yardstick and all its staff stand tall and be proud to be a member of outstanding achievements created by working as a team, together we shall find solutions to many of today’s problems and implement such solutions in our daily cycle of duty showing that we care for you and this planet and **SWALLOW COMMAND** shall be a name of faith and love to all humankind regardless.

HYPERGLYCAEMIA IN THE ABSENCE OF DIABETES:

This results from the metabolic and hormonal changes that are part of the stress response. Searl understand that it occurs in critically ill patients and insulin treatment may be required to maintain normoglycaemia.

HYPOXAEMIA:

Oxygen saturations <93% or PaO₂ <9kPa on an arterial blood gas analysis: Pulse oximetry must only be used as a guide as the saturation recording may not be a true reflection of gaseous activity. Searl understands that guidelines recommend that arterial blood gases should be checked in all critically ill patients.

ACUTE OLIGURIA:

Urine output of <0.5ml/kg/hr.

Poor urine output is an early sign that a patient's condition may be deteriorating.

Urine output is a sensitive measure of blood flow to the kidneys and other organs.

It is essential that patients have an adequate circulating blood volume; the presence of hypotension, tachycardia and cool peripheries may indicate that extra fluid is required.



TACHYCARDIA (tak-i-kar-diä) n.

An increase in the heart rate above normal.

SINUS TACHYCARDIA.

Tachycardia that may occur normally with exercise or excitement.

It may also be due to illness, such as fever.



COAGULOPATHY:

International normalised ratio (INR) >1.5 or platelets <100.

The combination of hypotension, slow blood flow, hypoxaemia and metabolic acidosis will interfere with normal clotting mechanisms.

METABOLISM (mi-tab-öl-izm) n. METABOLIC (met-ä-bol-ik) adj.

- 1. The sum of all the chemical and physical changes that take place within the body and enable its continued growth and functioning.*

Metabolism involves the breakdown of complex organic constituents of the body and building up of complex substances from simple ones.

- 2. The sum of the biochemical changes undergone by a particular constituent of the body,*

Microthrombi form in small vessels, interfering with the blood flow to the tissues and the organs, which combined with hypotension and hypovolaemia, can cause organ failure.

Clearly from Searl fourth newsletter upon this subject, he was trying to instruct readers on what he expects from selected personnel, who join the team effort, but the company clearly cannot carry dead wood now or ever and this is teamwork of the highest order. One thing is certain Searl is sincere and determined to win regardless of evil minded idiots efforts to stop it.

RAISED SERUM LACTATE:

>2MMOI/L.

Raised lactate is a sign of severe sepsis and indicates that tissues are not receiving enough oxygen and have to rely on anaerobic metabolism, producing lactic acid.

LACTIC ACID (lak-tik) n.

A compound that forms in the cells as the end product of glucose metabolism in the absence of oxygen; lactic acid owing to its low pH is an important preservative.

SEPTIC SHOCK:

Septic shock is defined as severe sepsis with hypotension that does not respond to intravenous fluid resuscitation of 500 – 2,000 ml given rapid.

Searl states that hypotension is not always a reliable indicator of shock, as some patients may maintain a systolic blood pressure above 90mmHg, so further signs and symptoms need to be considered before a diagnosis of septic can be made.

These include:

- 1. A positive fluid balance;*
- 2. An unexplained metabolic acidosis;*
- 3. Decreased capillary refill time: >2 seconds, this indicates poor perfusion.*

EARLY IDENTIFICATION OF SIGNS AND SYMPTOMS:

Early identification and treatment within the golden hour is the key to reducing mortality.

The first six hours after diagnosis present a small window of opportunity in which to reverse tissue hypoxia and prevent established organ failure.

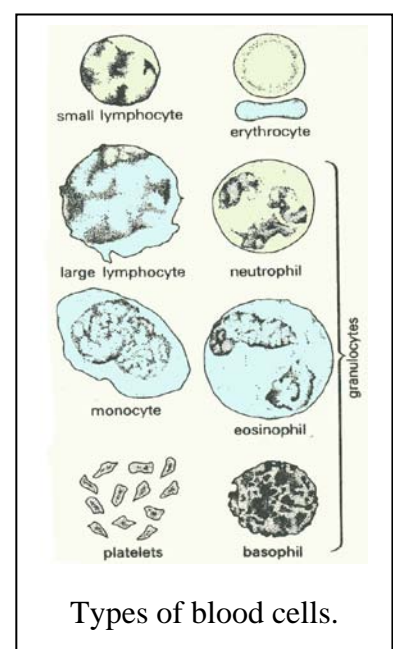
The Surviving Sepsis campaign produced a six hour resuscitation bundle; aspects of patient care that can be carried out at ward level are known as the sepsis six:

SEPSIS SIX:

- 1. Give high flow oxygen;*
- 2. Take blood cultures;*
- 3. Give intravenous antibiotics;*
- 4. Give intravenous fluid;*
- 5. Measure lactate and haemoglobin;*
- 6. Insert urinary catheter and monitor urine output hourly.*

NURSES ROLE IN SWALLOW COMMAND MEDICAL DIVISION:

I will continue this statement on the next page to save splitting it up.



By increasing their own knowledge and awareness of sepsis, **SWALLOW COMMAND MEDICAL DIVISION** nurses are in an ideal position to ensure patients are reviewed, thereby preventing deterioration into severe sepsis or septic shock.

Searl agrees that for every hour's delay on beginning treatment, a patient's risk of death increases by 7.6% and Searl states that the process of increasing awareness of sepsis needs a proactive, multidisciplinary approach.

Searl has always stated that educational programmes have the potential to increase awareness as well as identify advocates, such as link nurses, to champion sepsis awareness; Searl states that the major issue of SWALLOW COMMAND MEDICAL DIVISION is the critical care outreach team has a pivotal role in supporting nurses to identify and manage sepsis, and in facilitating escalation of care.

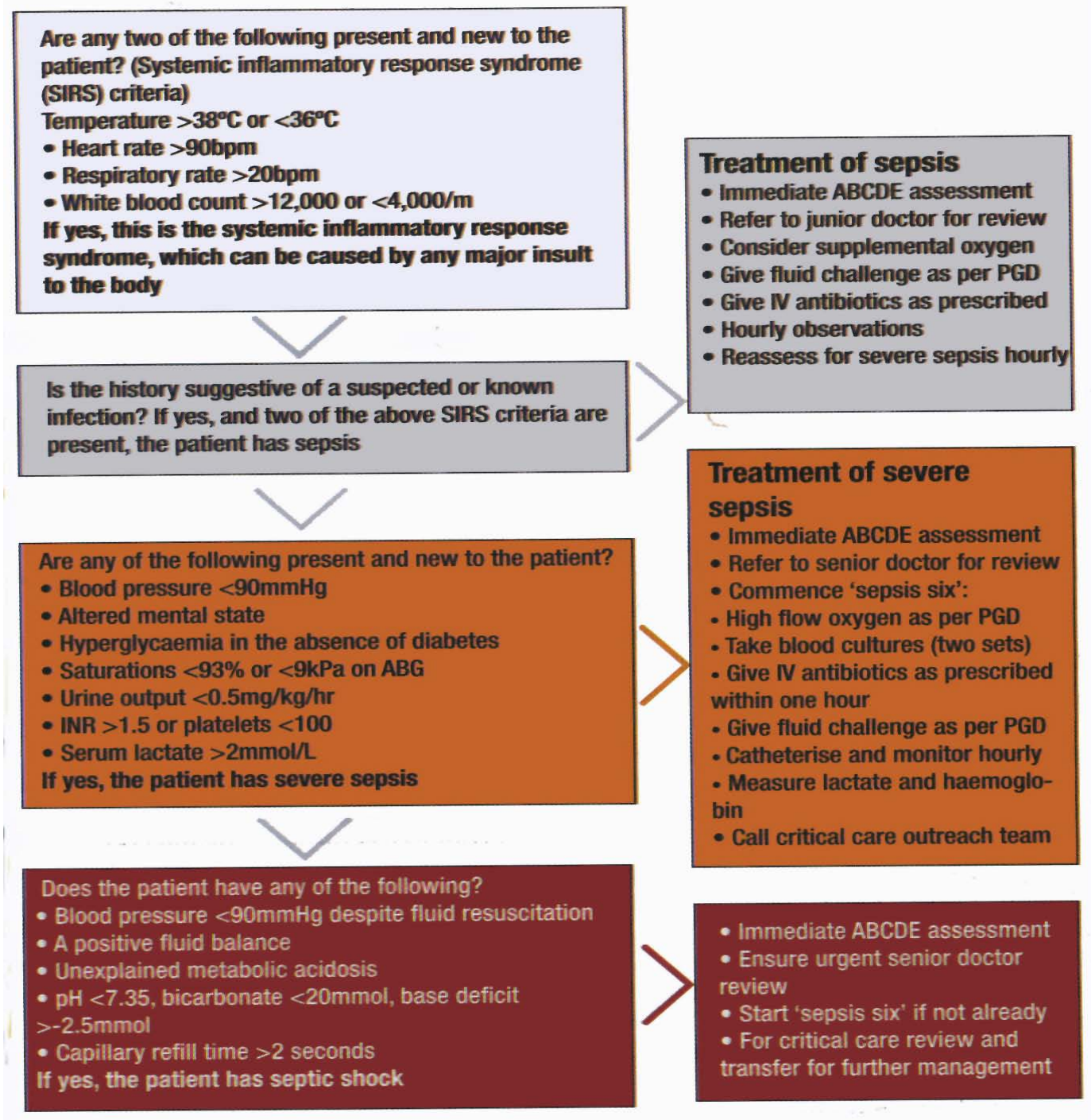


FIGURE 4.2. NURSING MANAGEMENT OF SEPTIC PATIENTS.

Searl says that by developing and using a sepsis screening tool as in figure 4.2. Nurses employed by **SWALLOW COMMAND MEDICAL DIVISION** can use patient observations to identify whether patients have sepsis, severe sepsis or septic shock. Using the sepsis six on page 4.9 will empower nurses to take action and ensure patients are promptly reviewed and management is initiated.

CONCLUSION:

SWALLOW COMMAND MEDICAL DIVISION *introducing the concepts of sepsis path physiology and treatment using an evidence based approach increases awareness of sepsis, leading to reductions in mortality, length of stay and cost. It creates a sense of responsibility so that the problem is addressed through early identification.*

Increasing **SWALLOW COMMAND MEDICAL DIVISION** nurse's knowledge and awareness of sepsis will help to improve recognition and prompt aggressive management, ensuring that patients are given the best possible chance of survival.

The human body is a massive complex robotic machine, which calls for specialists who are trained in precise section and functions of its structure, no one man or woman could cope with all its problems, Searl accept that it is mainly easy for a man and woman making you and, sure is hard to repair you; from time to time, but we sure try to do our best at all times.

All Searl can say: is that he hopes your joints will last you all your life span and that your sight will never let you down and if this is true for you; then you are one of the lucky few that exists.

This document released by authority of:



Prof. John Roy Robert Searl head of research and Development manned Flight.

SWALLOW COMMAND MEDICAL DIVISION of SWALLOW COMMAND AVIATION DIVISION.

We seek technology that will give all creatures great and small a better life - health wise so the standards of our health improves hopefully, which in turn will save the country millions of £ \$ in treatment. Many others are likewise trying to do the same the results in the end will be success.

Yours in the work: to create a better world for all humankind regardless and a hell for bacteria and viruses.