PRACTICE OBSERVED

Dealing with Vietnamese refugees

Our plans

SIMON J PHILLIPS, RACHEL J PEARSON

The first instance that we had Vietnamese refugees were serving in Vietnam was given a public service announcement 20 October 1979. The public for this was for 9 January 2022 by guest. Protected by copyright. http://www.bmj.com/ Br Med J (Clin Res Ed): first published as 10.1136/bmj.282.6263.528 on 14 February 1981. Downloaded from

Practice Research

Preparation

We decided in consultation with our district community health centre that dealing with patients would be expected as entire sanctuary. In this it was probably the public sector which had the opportunity to follow up in Vietnam. One other number of staff where they would be able to be with the patients.

PREVENTION

We had made policy decisions in on site, basic refugee care, and general medical policy, al which were maintained closure.

Gastroenteritis

We did not systematically record the frequency of add of patients. This is because some patients continued to be seen and others who was seen by us were considered minor. These were not seen by others.

Provision were treatment of gastrointestinal

Our patients received all the necessary treatment for gastrointestinal problems. We were able to maintain a standard against all of the patients. In our patients we are able to maintain a standard of treatment for the patients.

Medication

Our patients were given all necessary medications. We were able to maintain a standard of treatment for the patients. In our patients we are able to maintain a standard of treatment for the patients.

Beyond the Surgery

Meditation in general practice

CHANDRA PATEL

The long coffee break general practice in 1980. Instead of helping the practice provided an impetus or motivation for the development of patients for the development of various treatments and techniques. It was necessary to do this to make sure that the patient was not only well but also well with their mental health.

Several patients received advice to adopt a healthy lifestyle. They were also advised to take their medication regularly and to make sure that they were well with their mental health.

The drug treatment of hypertension has been beneficial in preventing strokes. But, several patients were not able to get the benefit from the treatment. Those patients were not able to get the benefit from the treatment.

Questions

Please list those that made you feel very much.
EMERGENCIES IN THE HOME

Electrocution, drowning, and burns

A FRASER-DARLING

The three emergencies of drowning, burning, and electrocution that may occur in the home are all avoidable. It is unlikely that they will be present until after the infant has taken its first breath and has learned how to operate a switch or turn on a power socket. The three situations might be avoided by taking certain precautions to ensure the safety of electrical equipment, but there is little that can be done in the event of an emergency. The first situation, electrocution, involves a child or a pet getting electrocuted from touching an electrical outlet or wire. The second situation, drowning, involves a child or a pet falling into a body of water or getting trapped in a swimming pool. The third situation, burns, involves a child or a pet getting burned from touching a hot appliance or object. The three situations might be avoided by taking certain precautions to ensure the safety of electrical equipment, but there is little that can be done in the event of an emergency.

References


W A Y S A N D M E T H O D S

For the prevention of these emergencies the child or the pet must be taught to avoid contact with electrical outlets or wires, and to stay away from water. The pet should be taught not to touch hot objects or appliances. The pet should also be taught to avoid bicycles, tricycles, and other equipment that may be dangerous. The pet should also be taught to avoid wearing loose clothing or gloves that may be dangerous. The pet should also be taught to avoid wearing loose clothing or gloves that may be dangerous.

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Pitfalls in Practice

Finding a practice

IV: What a contract should include

JOHN OLDFORD

The article is based on a discussion presented at a meeting organized by the Family Practitioners' Association of Great Britain, 11th March 1981.

The contract should clearly state the terms and conditions of the agreement. It should be signed by both parties and should be witnessed by a third party. The contract should also include provisions for termination of the agreement and for the payment of compensation in the event of breach of the agreement. The contract should also include provisions for the provision of services to the patient and for the payment of fees for services rendered. The contract should also include provisions for the payment of fees for services rendered. The contract should also include provisions for the payment of fees for services rendered. The contract should also include provisions for the payment of fees for services rendered. The contract should also include provisions for the payment of fees for services rendered. The contract should also include provisions for the payment of fees for services rendered.