

Tips for fundraising



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1 Make the case for support

The key is to answer the question 'What difference will it make?' in terms that ordinary people (non-clinicians) can understand, and with which they can identify. Always relate your project or programme to people: what are their lives like now and how will your project improve things? How many people will benefit?

2 Decide who to ask

Start with people you know already: existing and past donors, patients, Ministry of Health, non-governmental organisations (NGOs). Follow up with your suppliers – i.e. drugs and equipment companies – they may support you financially or give gifts 'in kind'. Find out which are the active community groups in your area, e.g. Lions, Rotary, or churches. Find out who funds other projects in your area – annual reports of charities and universities often list donors. Ask around, network, and use the internet to find sources of funding.

3 How to ask for funding

- You would be surprised how many people you know who could intervene on your behalf. Who might be able to introduce you to a potential donor? Make your case to them and get them on your side so they can be an ambassador for you.
- When you make contact with a potential donor, invite them to meet you. Say something like: 'I have an exciting new project, I need your advice, would you come and see me?' If you were introduced by one of your 'ambassadors', make sure they can be there when the donor visits.
- 'Sell' the project to the donor before you ask them for money. Make the case for support. Once the donor is on your side, tell them what you need.
- Always ask face-to-face. Don't let someone go until you have asked them for precisely what you need – then wait for their reaction.

It will take time at first, but if you can get a handful of people 'on board', give them feedback, and keep them involved, you should be able to secure funding for a number of years.

How to check and record a patient's body temperature



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All patients must be assessed for fitness before they can undergo surgery. As part of this assessment it is important to check and record the patient's temperature.

There are two reasons for this:

- It provides an initial recording (a 'baseline'). If the temperature rises above this level after surgery, we are alerted to the fact that the patient may have an infection.
- It allows us to confirm that it is safe to operate on the patient. A high temperature may suggest an infection, which will have to be treated before the patient can undergo surgery.

Clinical glass thermometers

This article will cover checking the temperature using a clinical glass thermometer which contains mercury. This is the most accurate and most commonly used thermometer. Digital thermometers are available but they require batteries which may not be readily available.

WARNING: Mercury is toxic. If a thermometer breaks, put on gloves and use a tissue or a piece of cloth to dispose of the mercury carefully, e.g., into a sharps bin. Do not allow it to be handled or get into water supplies.

What is a normal body temperature?

The normal range for human body temperature is between 36°C and 38°C. However, it is usual to consider a reading above 37.2°C as suspicious. Repeat checks should be done.

A patient's temperature may be altered due to hormonal changes, exposure to heat or cold, exercise, and infection.

You will need

- A clinical glass thermometer
- Disinfectant or an alcohol wipe
- A watch or clock
- Tissue or dry swab
- Record chart /patient's notes
- Pen

Preparation

- 1 Wash and dry your hands – this will help to prevent cross-infection.
- 2 Explain to the patient what you are going to do. This will help the patient to understand and will make it easier for them to cooperate.
- 3 Disinfect the thermometer by wiping with an alcohol wipe, or use a swab moistened with the disinfectant. Dry with a tissue or swab.

Method

We recommend taking the temperature in the axilla (armpit) as this is the easiest and safest place.

- 1 Ask the patient to loosen any tight clothing or remove long-sleeved garments so it is possible to access the axilla.
- 2 Hold the thermometer at the upper end. Shake it to ensure all the mercury is at the bottom. Clinical glass thermometers have a constriction in the tube so that once the mercury is above the constriction it cannot go down again until shaken. If you do not shake the thermometer it will result in an inaccurate reading.
- 3 Place the thermometer in the axilla (armpit). Place the forearm across the chest and ensure the upper arm is resting against the patient's side.
- 4 Leave the thermometer in place for 5 minutes. This will ensure that the reading will be accurate.
- 5 Remove the thermometer, read, and immediately record the temperature on the record chart or in the patient's notes.
NOTE: The thermometer will cool down when exposed to the air, so read the temperature immediately to avoid a low and false recording.
- 6 Tell the patient the temperature and whether any further investigations are needed.
- 7 Disinfect the thermometer and wash and dry your hands again.
- 8 Report a raised temperature to the clinical person in charge.



Elmien Wolvaardt-Elison

Read the temperature immediately after removing it from the patient's axilla (armpit).



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Record the temperature on the record chart or in the patient's notes.