Basic Life Support (BLS)

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Cardiocare Hospital, Abuja.

Limi Children's Hospital

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What MAY have been done better?
ILLUSTRATION PURPOSES ONLY

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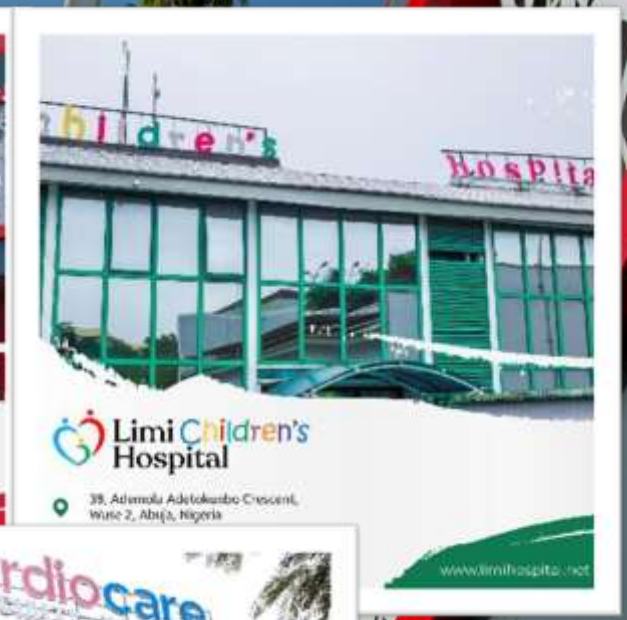
Why is it important to learn?

- Each 10% improvement in adherence to standards results in a ~30% increase in return of spontaneous circulation (ROSC).
- Cardiopulmonary resuscitation circulates blood that contains oxygen to the vital organs of a patient in cardiac arrest when the heart and breathing have stopped.
  - It includes chest compressions and
  - ventilations as well as
  - the use of an automated external defibrillator (AED).
- It saves lives literally and can be quite successful if done right, on time and early

FOUNDED SINCE 198



TO SUPPORT & SERVE

What is Basic Life Support?

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- Basic Life Support (BLS) refers to the **care healthcare providers and public safety professionals provide to patients who are experiencing respiratory arrest, cardiac arrest or airway obstruction**.

- BLS includes psychomotor skills for:
  1. performing high-quality cardiopulmonary resuscitation (CPR),
  2. using an automated external defibrillator (AED) and
  3. relieving an obstructed airway for patients of all ages

When is CPR typically Needed In-Hospital?

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1. RESPIRATORY ARREST

- If the patient is not breathing but has a definitive pulse, the patient is in respiratory arrest.
- To care for a patient experiencing respiratory arrest, ventilations must be given.

2. CARDIAC ARREST

- If there is no breathing, no pulse and the patient is unresponsive, the patient is in **cardiac arrest**.
- Cardiac arrest is a life-threatening situation in which the electrical and/or mechanical system of the heart malfunctions
- complete cessation of the heart's ability to function and circulate blood efficiently

Cardiac Arrest VS Similar Terms

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HEART FAILURE	HEART ATTACK	CARDIAC ARREST
• Pump problem	• Pipe Problem	• Electrical Problem
• Not pumping enough blood for the body typically over a long period	• Blood flow to the heart muscle is blocked or severely reduced	• Heart stops or is beating too fast or slow to have meaningful action
• May lead to Cardiac Arrest	• May lead to Heart failure or Cardiac Arrest	• Sudden and immediately fatal

Founded since 1982 to Support and Serve

How to Institute Basic Life Support (BLS)

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Chain of survival: Adult

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Adult IHCA Chain of Survival

Adult OHCA Chain of Survival

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Chain of Survival: Paediatric

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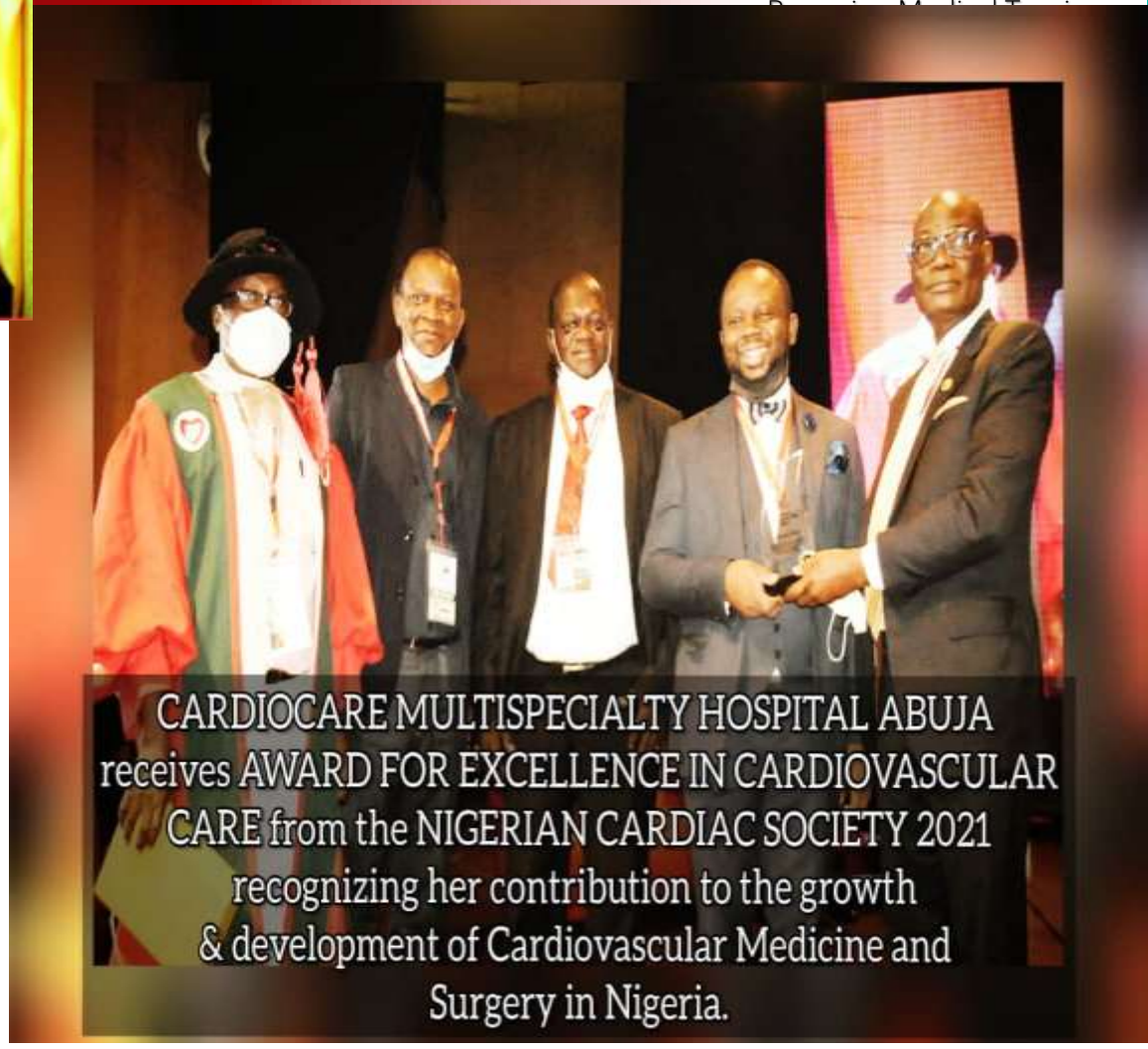
Who is Cardiocare Multispecialty Hospital?



Northern Nigeria's **pioneer standalone Institution** wholly dedicated to comprehensive **Cardiovascular and Internal Medicine**.

Received Multiple **Awards for Excellence in Service.**

We are a **Support Hospital** for your practice in Nigeria through our **specialized services, training, and research in collaboration with you**.

CARDIOCARE BLS ALGORITHM-6C

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1. CHECKLIST OF HOSPITAL & HIGH-RISK PTS

2. CHECK SAFETY & RESPONSIVENESS

3. CALL FOR HELP & AED

4. CONFIRM ARREST - *RESPONSIVENESS, PULSE & BREATHING*

IF NORMAL PULSE & NORMAL BREATHING → MONITOR TILL HELP ARRIVES

PULSE FELT BUT NO BREATHING → RESCUE BREATH 1 EVERY 6 SECONDS CHECK PULSE EVERY 2 MINUES

NO BREATHING, GASPING, NO PULSE

5. CPR

NON-SHOCKABLE RHYTHM → CONTINUE CPR CHECK RHYTHM EVERY 2 MINUTES ADRENALINE EVERY 2MINS

SHOCKABLE RHYTHM → GIVE 1 SHOCK, RESUME CPR IMMEDIATELY. REPEAT EVERY 2 MINUTES

AED ARRIVES

6. CARDIAC LIFE SUPPORT-ADVANCED (CARDIOCARE)

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CARDIOCARE IN-HOSPITAL BLS ALGORITHM- THE 6Cs

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1. CHECKLIST OF HOSPITAL & PATIENTS

- Crash cart
- AED
- Close monitoring of high risk
- Prevent Arrest

2. CHECK SAFETY & RESPONSIVE NESS

- Environment
- People
- Cameras

3. CALL FOR HELP

- AED
- People
- Crash Cart
- ACLS TEAM

4. CONFIRM ARREST? - *RESPONSIVE, PULSE & BREATHING*?

- **PULSE FELT BUT NO NORMAL BREATHING**
  - RESCUE BREATHS 1 EVERY 6 SECS
- **IF NORMAL PULSE & NORMAL BREATHING**
  - MONITOR

5. CPR

- Compressions
- Airway & Breathing
- Defibrillation ASAP if shockable rhythm
- Adrenaline every 2-3mins

6. CARDIAC LIFE SUPPORT- ADVANCED

- 5Hs and Ts
- Medications
- Advanced Airway
- Specialists
- ECG Monitoring
- Post Arrest Care

What are the Cardiocare Multispecialty Hospital's services?

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We provide **24/7 world-class healthcare solutions** for patients, hospitals, and their doctors in:

- ✓ Interventional Cardiology (Cathlab)
- ✓ Endocrinology, Diabetology & Metabolic Medicine
- ✓ Cardiology
- ✓ Nephrology, Transplant & Dialysis
- ✓ Neurology
- ✓ Rheumatology
- ✓ Pulmonology
- ✓ Critical Care
- ✓ Cardiothoracic Surgery
- ✓ General Internal Medicine
- ✓ Comprehensive Medical Checkups

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1.CHECKLIST OF HOSPITAL & PATIENTS

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- Identify patients at risk in-hospital
- Institute appropriate level of therapy/response to prevent arrest (OR REFER!!!)
- Close monitoring of those at risk in ICU (preferably)
- Treat underlying critical conditions appropriately and in a timely fashion
- **Ensure that AED and other resuscitation materials are always ready.**
  - Twice Daily Checklist

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1.1 MEWS — Modified Early Warning Score

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- a clinical tool used in hospitals to identify patients at risk of deterioration
- enables early clinical intervention and prevent adverse outcomes such as cardiac arrest
- MEWS helps clinicians to:
  1. Detect **early physiological deterioration**
  2. Prevent **cardiac arrest**
  3. Trigger **rapid response / medical review**
  4. Decide on **ICU or HDU escalation**
  5. Improve **patient safety and survival**

1.1 MEWS — Modified Early Warning Score

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Parameter	3	2	1	0	1	2	3
Respiratory Rate (/min)	≤8		9–14	15–20	21–29	≥30	
Heart Rate (bpm)	≤40		41–50	51–100	101–110	111–129	≥130
Systolic BP (mmHg)	≤70	71–80	81–100	101–199	≥200		
Temperature (°C)	≤35		35.1–36	36.1–38	38.1–38.5	≥38.6	
Level of Consciousness (AVPU)				Alert = 0	Voice = 1	Pain = 2	Unresponsive = 3

✅ **Total MEWS = Sum of all pts**

MEWS Score	Clinical Meaning	Action Required
0–2	Stable	Routine monitoring
3	Early deterioration	Inform Senior nurse-in-charge
4–5	High risk	Urgent doctor review
≥6	Critical	Emergency response / ICU

How to refer patients to Consider Cardiocare Multispecialty Hospital?

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1. Give a standard referral letter & preferably attach any available results
2. **Call:** 0908-331-7777, 0817 444 0888
3. **WhatsApp**: 0908-331-7777, 0806-530-1797
4. **Email**: frontdesk@cardiocare.ng
5. **Visit**: 5, Giza Close Area 11, Garki (off Dunukofia Str- near FCDA) Abuja-FCT.
6. Kindly indicate Doctor's name, & email/phone number especially if you wish to receive a medical report afterwards.

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Case 1

- Pulse- 120/min
- Blood Pressure- 94/68
- Temp- 38.2
- RR = 24
- Drowsy but Responds to Painful stimuli

- What is her MEWS Score?
  - A. 2
  - B. 4
  - C. 5
  - D. 7
  - E. 10

Case 1

- Pulse- 120/min = **2**
- Blood Pressure- 94/68 = **1**
- Temp- 38.2 = **1**
- RR = 24 = **1**
- Drowsy but Responds to Painful stimuli = **2**

TOTAL MEWS = **7**

- What is her MEWS Score?

A. 2

B. 4

C. 5

D. 7 = CRITICAL!!!

E. 10

CARDIOCARE IN-HOSPITAL BLS ALGORITHM- THE 6Cs

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- Environment
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- Cameras

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•Clinical & Interventional Cardiology •Endocrinology & Diabetology •Neurology •Nephrology and Dialysis •Hepatology •Critical and Intensive Care •Internal Medicine

5 Giza Close, Area 11 Garki, Abuja-Nigeria.

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frontdesk@cardiocare.ng

2. Check Safety & Responsiveness

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- Check for safety of the environment for you and the patient
- Move from position of danger:
  - pool of water
  - open wires, or sharps
  - Blood and Body fluids

- May need relatives to be away
  - Disruptive/Threatening
  - Panic
  - Videos

2. Check Safety & Responsiveness

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- Check for Responsiveness
  a. Tap shoulder vigorously
  b. Call out patients name

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3. Call For Help

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- Don’t leave the Patient/Guest (outside- go look for help)
- Call for help/Activate Emergency Medical System/Call a Code
  1. More people to assist
  2. Senior people to assist
  3. AED to be retrieved immediately
  4. Begin preparation for ACLS-
     - Monitors, Advanced Airways, Medications, Oxygen
- Commence CPR while waiting for help

3. Call For Help (2)

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- HELP Means:
  1. **AED**
  2. Doctor and/or Consultant (Code Blue Team if available)
  3. Emergency ACLS-ready trolley close to scene
  4. Invite Team members skilled with advanced airways (eg. Anesthesiologists) and others to commence ACLS

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- **PULSE FELT BUT NO NORMAL BREATHING**
  - RESCUE BREATHS 1 EVERY 6 SECS
- **IF NORMAL PULSE & NORMAL BREATHING**
  - MONITOR

OUR FOCUS

❖ We aim to provide the best possible care with respect to

❑ SAFETY

❑ EFFECTIVENESS

❑ PATIENT CENTEREDNESS

❑ INTERNATIONAL STANDARDS

4. CONFIRM ARREST
Initial Assessment (1)

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a. Assess breathing

- Check for movement of chest wall
- Listen for breath
- Simultaneous with next step

- **All assessments must be completed in 5-10secs maximum.**

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4. CONFIRM ARREST
Initial Assessment (2)

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b. Assess pulse

- Check carotid pulse on the side of the neck
- Locate the trachea on the side closest to you
- Slide two fingers into the groove between the tracheal and the muscles at the side of the neck

4. CONFIRM ARREST
Initial Assessment (3)

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- Assess Responsiveness, Breathing and Pulse simultaneously in **5 secs but not more than 10 secs**

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Our Offered Services

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We provide advanced solution to all aspect of Cardiovascular Medicine and Surgeries.

- ✓ **Cardiology**
- ✓ **Interventional Cardiology (Cathlab)**
- ✓ **Endocrinology, Diabetology &**
- ✓ **Nephrology, Transplant & Dialysis**
- ✓ **Neurology**
- ✓ **Rheumatology**
- ✓ **Pulmonology**
- ✓ **Critical Care**
- ✓ **Cardiothoracic Surgery**
- ✓ **General Internal Medicine**
- ✓ **Comprehensive Medical Checkups**

4. CONFIRM ARREST
Initial Assessment (4)

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1. **Respiratory arrest**: If the guest is not breathing but has a definitive pulse.- **ventilate only** with "Rescue breaths"
   - ***GASPING (agonal breathing)*** *should be regarded the same as not-breathing*

2. **Cardiac arrest:** If there is no breathing, no pulse and the guest is unresponsive.

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  - MONITOR

5. CPR

- Compressions
- Airway & Breathing
- Defibrillation ASAP if shockable rhythm
- Adrenaline every 2-3mins

5. START CPR

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- The vast majority of cardiac arrests occur in adults,
- The highest survival rates from cardiac arrest are reported among patients of all ages who have:
  - **a witnessed arrest** and
  - **an initial rhythm of VF or pulseless VT.**
- In these patients, the critical initial elements of BLS are:
  - **chest compressions** and
  - **early defibrillation**.

5. START CPR (2)

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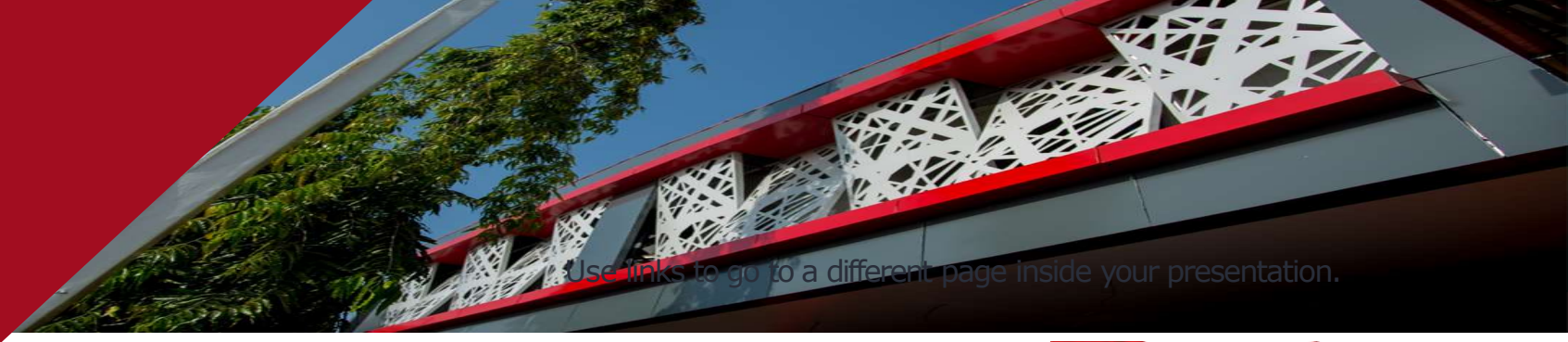
- High quality CPR with the actions most closely related to good resuscitation outcomes:
  1. Adequate compressions
  2. Minimal interruptions and
  3. Early defibrillation

ADVANCED CARE



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1. **CORONARY ANGIOGRAPHY & INTERVENTIONS-** For patients presenting with chest pains, acute coronary syndrome
2. **PERIPHERAL ANGIOGRAPHY & INTERVENTIONS-** For patients presenting with Peripheral vascular diseases causing tissue loss or gangrene
3. **CARDIAC DEVICE IMPLANTATION & PROGRAMMING** such as Pacemakers, ICDs,CRTs for patients presenting with heart failure & Cardiac rhythm abnormalities
4. **STRUCTURAL HEART INTERVENTIONS –** for patients presenting with ASD, VSD, PDA etc.
5. **THROMBOEMBOLIC THERAPIES such as IVC Filters,** for VTE (Venous Thrombo-embolic) treatment and management
6. **CARDIAC SURGERY –** Open Heart Surgery
7. **KIDNEY TRANSPLANT & DIALYSIS**
8. **CRITICAL CARE**
9. **ADVANCED CARDIAC INVESTIGATIONS**

Cardiopulmonary Resuscitation (CPR)

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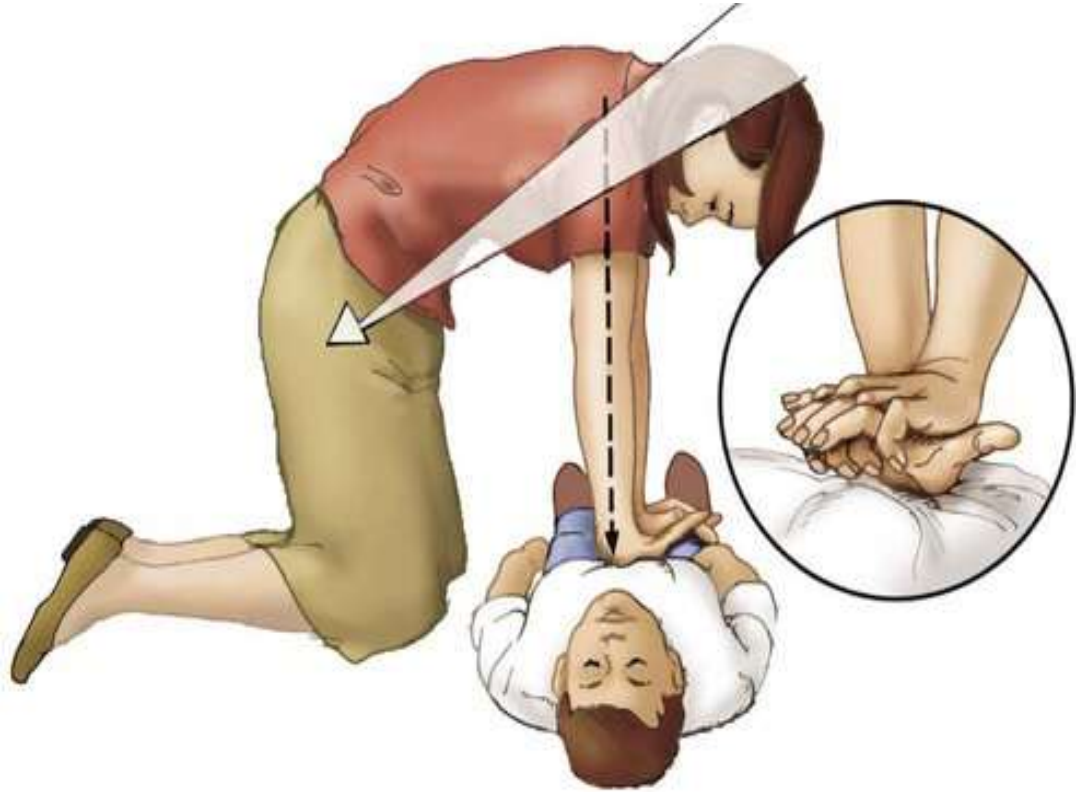
- Cardiopulmonary resuscitation circulates blood that contains oxygen to the vital organs of a patient in cardiac arrest when the heart and breathing have stopped.
- It includes:
  - Chest compressions
  - Ventilations
  - Automated External Defibrillator (AED) Use

a. Chest Compressions (1)

- Place patient on a firm surface
  - Backboard under mattress
  - Deflation of air mattress
- Hand in the middle of the chest
- Arms straight as possible, lock elbows



a. Chest Compressions (2)

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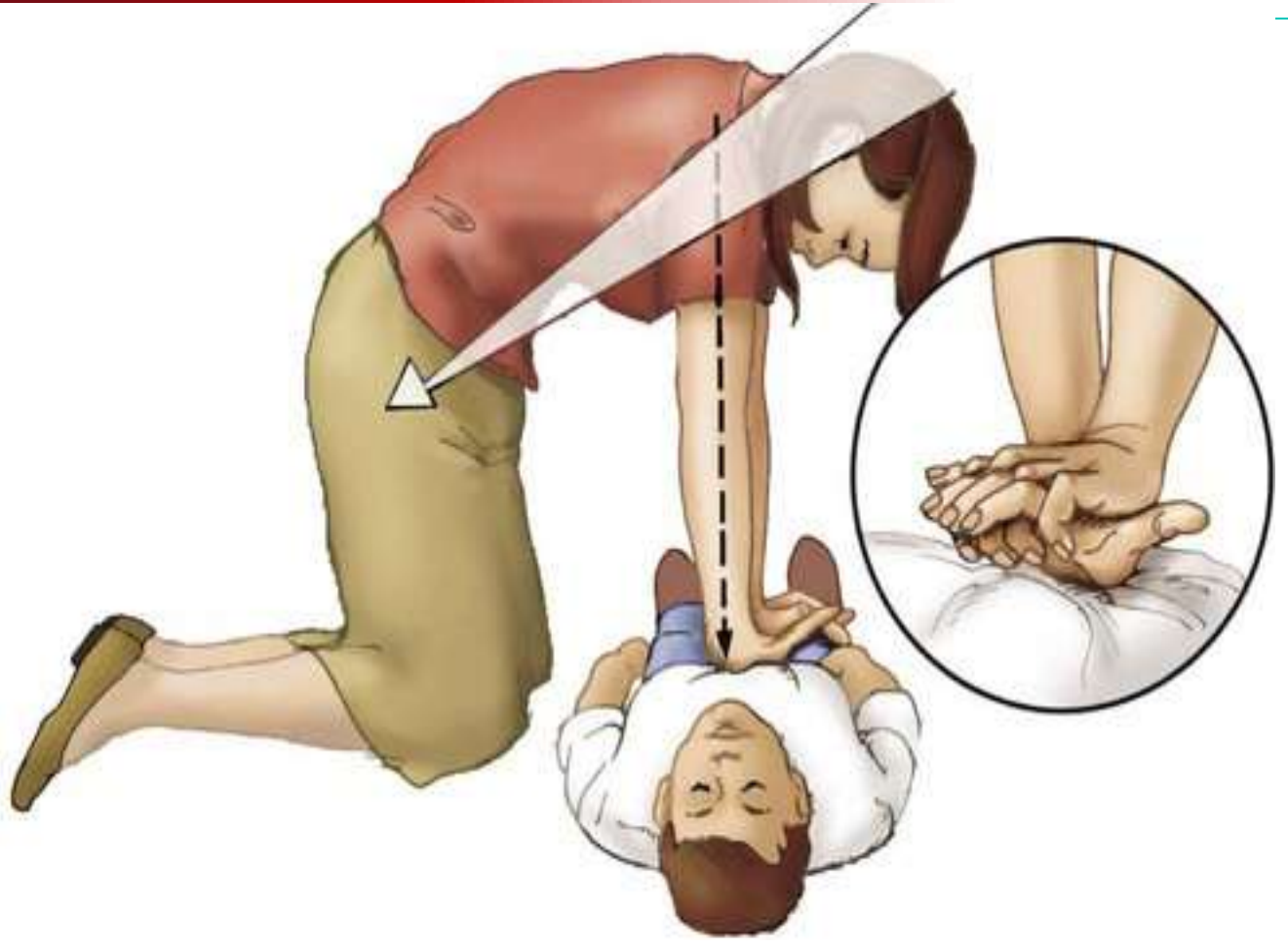
- to promote effective compressions
- Arms are as straight as possible, with
- the shoulders directly over the hands



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Our Non-Invasive Assessment services

- ❑ HOTLERS
- ❑ SPIROMETRY
- ❑ STRESS
- ❑ EEG
- ❑ ECG

4. Chest Compressions (3)

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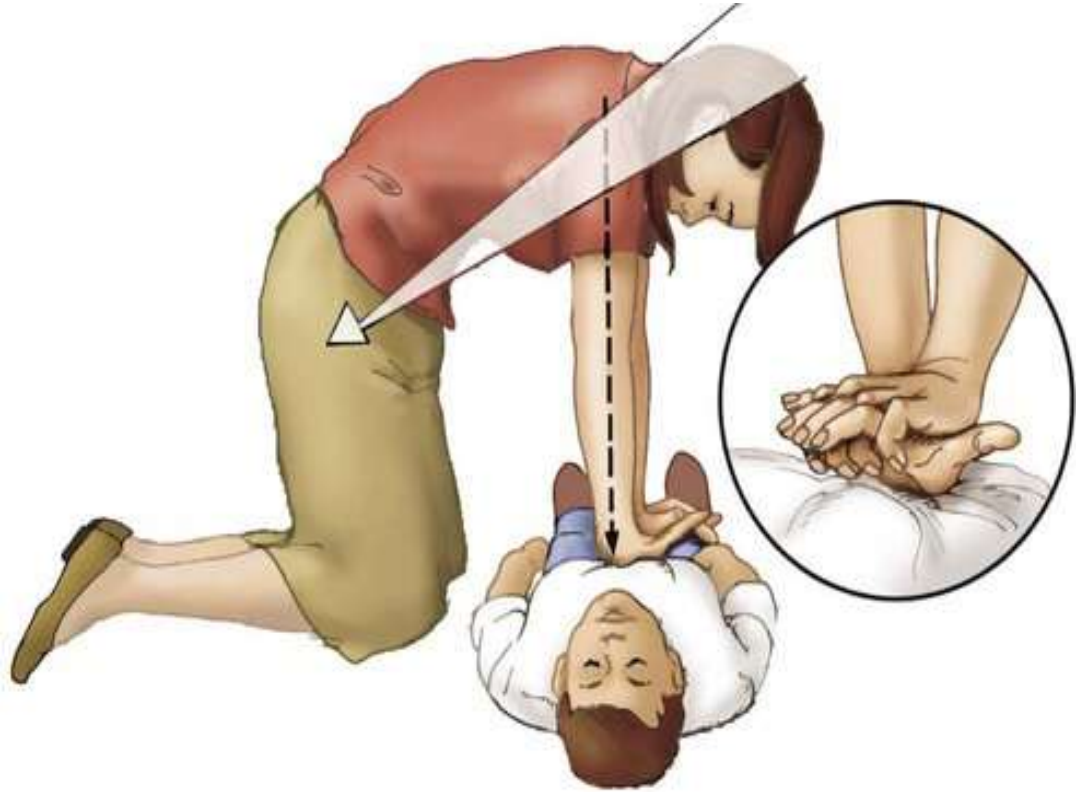
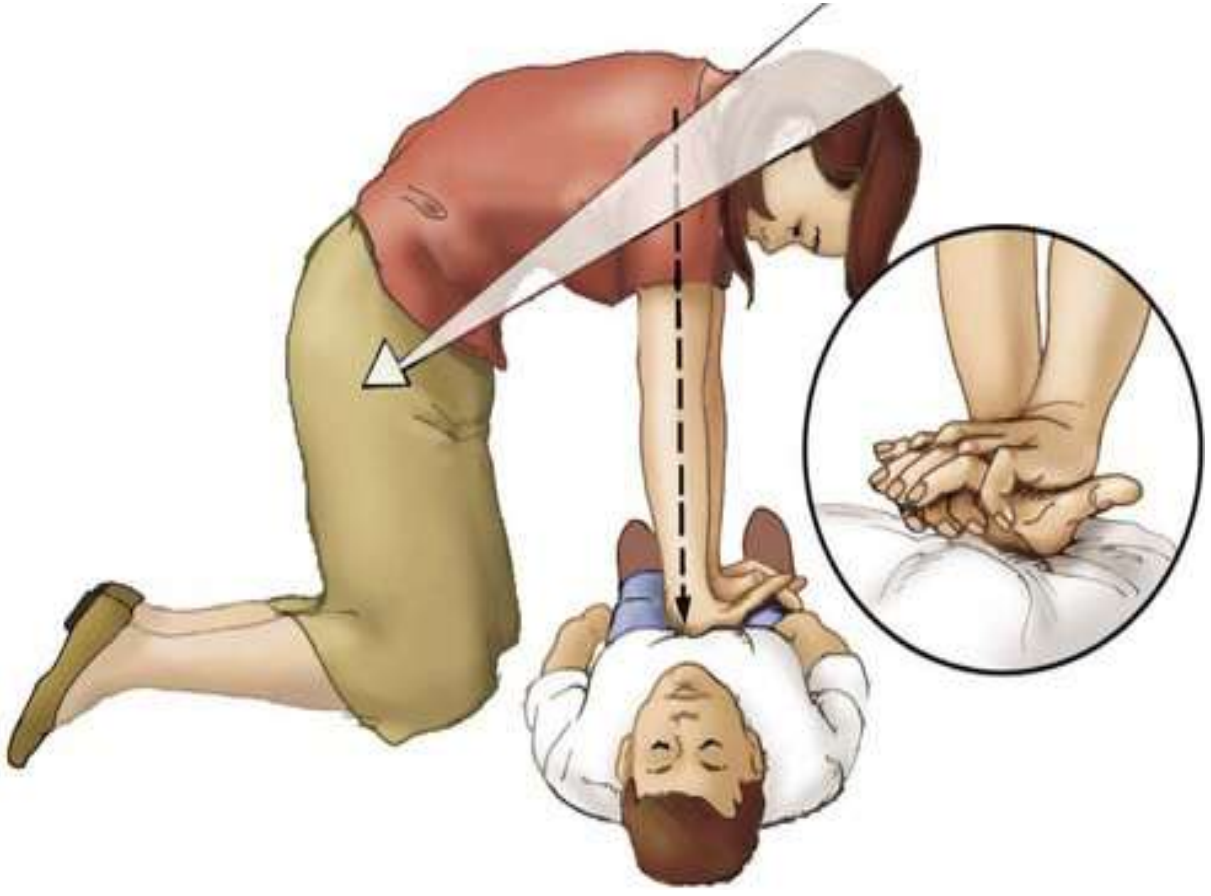
- Locking elbows will help maintain straight arms.
- Minimize interruption in CPR
- 5 cm (2”) of depression
- Rate 100-120 cpm



a. Chest Compressions (4)

- Allow complete recoil- Allow as much time relaxing as compressing
- For adult patients, CPR consists of 30 chest compressions followed by 2 ventilations.
  (Children same except if two rescuers then 15:2)
  - Count out loud so other members of the team can follow



CHARACTERISTICS OF GOOD COMPRESSIONs

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1. "**PUSH Hard & Fast**". Push at a rate of **100-120 min**.
2. Compression depth- **at least 2 inches(5cm)** not more than 2.5 inches
3. **Release completely** to allow the chest to fully recoil.
   - Do **not bounce** your hands up and down on the victim's chest.
4. A **compression-ventilation ratio of 30:2** .
5. Push from Shoulder to the **heel of your hand.**
   - Not from Elbows and do not use palms of your hand
6. **Minimize Interruptions in Compressions**

OUR FACILITIES

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24

BED SPACE

VIP SUITES,

PRIVATE SUITES,

GENERAL SUITES etc

2

INTENSIVE CARE UNIT

HDU&ICU

3

THEATERS

ULTRAMORDEN CATHLAB, CARDIAC OPERATION THEATER

1

DIALYSIS SUITE

PHYSIOLOGY LAB

RADIOLOGY SIUTE

5b. Ventilations cont'd

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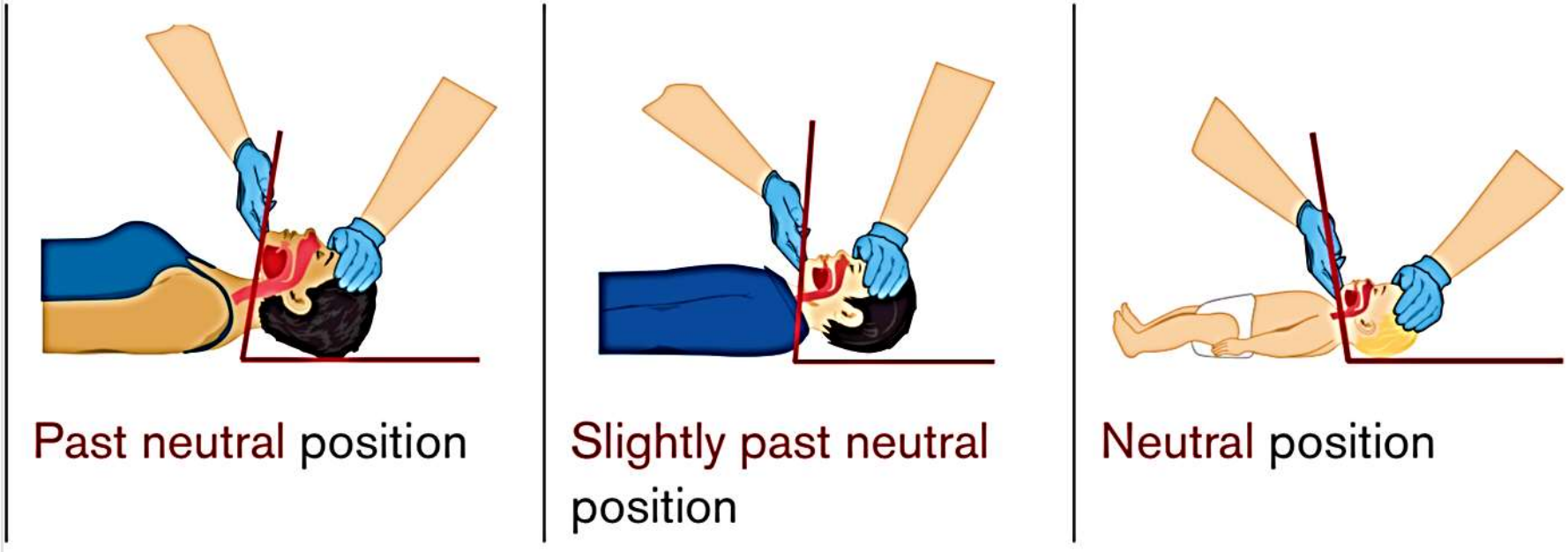
- Ventilations supply oxygen to a patient who is not breathing.
- They may be given via several methods including:
  - Mouth-to-mouth.
  - Pocket mask.
  - **Bag-valve-mask (BVM) resuscitator (Ambu-bag)**
- During adult CPR, you give 2 ventilations that last approximately 1 second each and make the chest rise.

5. Ventilations: Airway

- Head-tilt/chin-lift **slightly past a neutral position**



5. Ventilations: Airway

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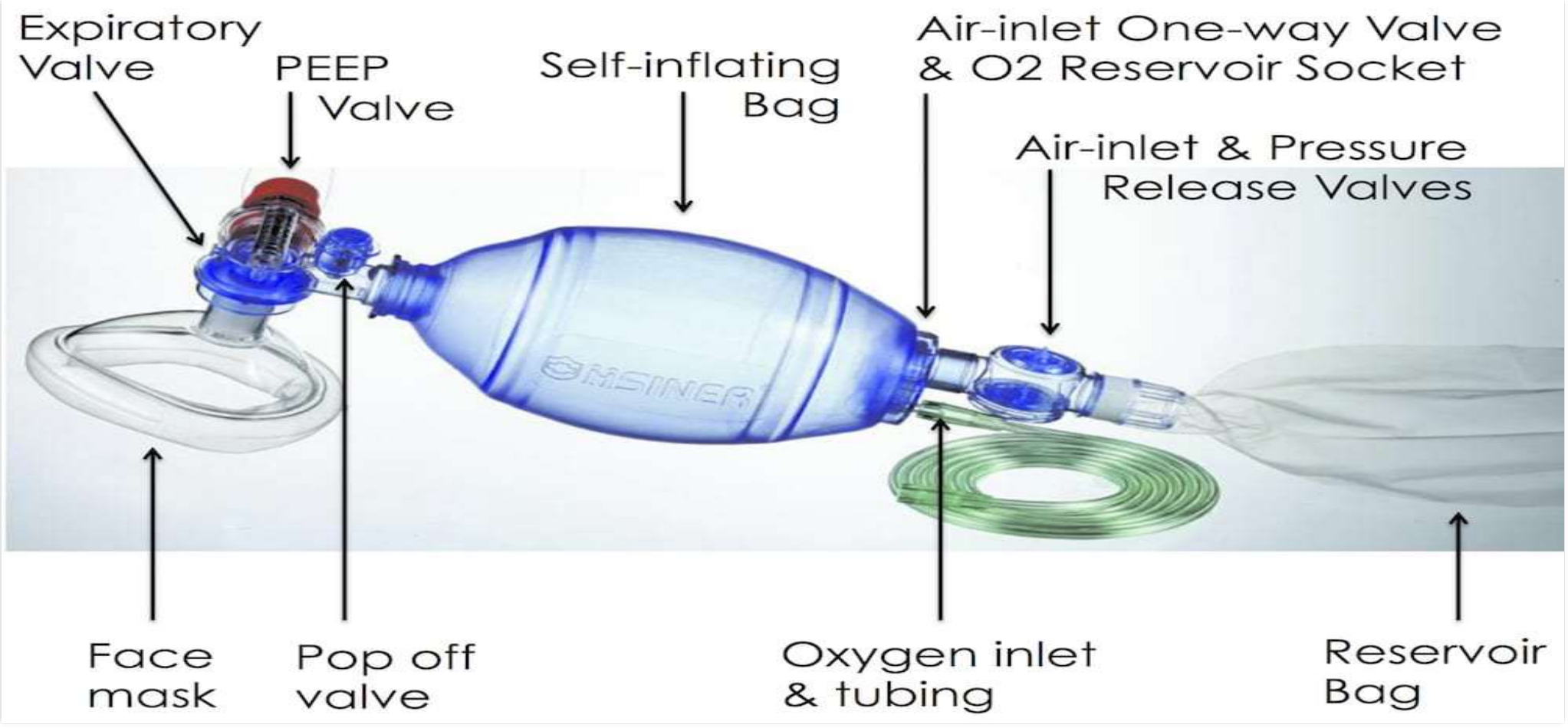

Our Milestones

OVER 600 CATHLAB PROCEDURES

CARDIOCARE HAS PERFORMED OVER 500 CARDIAC PROCEDURES FOR NIGERIANS AND FOREIGN NATIONALS SUCCESSFULLY AND RELIABLY OVER THE YEARS

AWARDS & RECORGNITION

WE ARE HAPPY TO HAVE RECEIVED AWARD OF EXCELLENCE IN CARDIOVASCULAR CARE FROM THE NIGERIAN CARDIAC SOCIETY

RESEARCH & COLLABOTRATIONS

CARDIOCARE HAS PROVIDED AVENUES FOR LOCAL RESEARCH & TRAINING.
COLLABORATED WITH FOREGN AND LOCAL ORGANIZATIONS TO HOST CARDIAC OUTREACHES THAT OFFERED LIFE SAVING INTERVENTIONAL PROCEDURES TO INDIGENT NIGERIANS

TRAINING & SYMPOSIUM

TRAINING OVER 600 HEALTHCARE PROFESSIONALS VIA MONTHLY WEBINARS AND ANNUAL CARDIOVASCULAR SYMPOSIUM NOW IN ITS 8TH EDITION.
PG RESIDENCY ROTATION TRAINING MOUS WITH (UPTH, OAUTH)

5c. Ventilations: Airway

- Clear Airway
- Head-tilt/chin-lift slightly past a neutral position
- 1 second in duration for each ventilation
- Delivered- **Watch for visible chest rise**
- once every 6 seconds (once every 3 seconds in children) in Respiratory Arrest or
- Delivered twice every 30 compressions in Cardiac Arrest (30:2)- both adult and children

5b. Ventilations: Airway

- When giving ventilations, if the chest does not rise after the first breath:
  - Reopen the airway
  - Check for visible obstruction and remove if seen
  - NEVER **perform a blind finger sweep**
  - You may recommence compressions while rechecking the airways
- Open the airway past neutral position while positioned at the top of the patient's head (cephalic position).

5b. Ventilations: Bag-Valve-Mask Resuscitator (Ambu)

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- Use an E-C hand position (first rescuer):
  - Place hand around the mask, forming a C with the thumb and index finger around both sides of the mask. And other three fingers under mandible in form of an E
  - Seal the mask completely around the patient's mouth and nose by lifting the jaw into the mask while maintaining an open airway.

LETS SUPPORT YOUR PATIENTS WITH WORLD CLASS CARDIAC SOLUTIONS

5. Ventilations: Bag-Valve-Mask Resuscitator (Ambu)- 2

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- Provide ventilations (second rescuer): -
  - Depress the bag about halfway to deliver between 400 to 700 mls of volume to make the chest rise.
  - Give smooth and effortless ventilations that last about 1 second.
- NEVER completely deflate Ambu Bag- it can hold up to 1000mls

5b. Ventilations: Bag-Valve-Mask Resuscitator (Ambu)- 3

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5c. Automated External Defibrillators (AED)

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- Portable electronic devices that
  - automatically analyze the patient's heart rhythm and
  - can provide defibrillation- an electrical shock that may help the heart re-establish a perfusing rhythm.
- An AED should be applied as soon as one is readily available.

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5c. Automated External Defibrillators (AED)

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- AEDs deliver defibrillation(s) to patients in cardiac arrest with two specific dysrhythmias:
  - ventricular fibrillation (V-fib) and
  - ventricular tachycardia (V-tach).
- By using an AED early, the patient's chances of survival are greatly increased.
- **For each minute CPR and defibrillation are delayed, a patient's chance for survival is reduced by 7 to 10 percent.**

5c. Automated External Defibrillators (AED) cont'd

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- 3 steps
  1. Apply pads and connect to AED
  2. Turn it on
  3. Follow the commands
- Continue CPR while attaching the AED
- Don't touch the patient when it's analyzing or about to shock the patient.
- Recommence CPR after shock

Using an AED Effectively - 1

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- Turn it on first.
- Make sure the patient's chest is clearly exposed and dry.
- Remove any medication patches with a gloved hand.
- If necessary, remove or cut any undergarments that may be in the way.
- The pads need to be adhered to the skin for the shock to be delivered to the heart

Our Milestones

OVER 600 CATHLAB PROCEDURES

CARDIOCARE HAS PERFORMED OVER 500 CARDIAC PROCEDURES FOR NIGERIANS AND FOREIGN NATIONALS SUCCESSFULLY AND RELIABLY OVER THE YEARS

AWARDS & RECORGNITION

WE ARE HAPPY TO HAVE RECEIVED AWARD OF EXCELLENCE IN CARDIOVASCULAR CARE FROM THE NIGERIAN CARDIAC SOCIETY

RESEARCH & COLLABOTRATIONS

CARDIOCARE HAS PROVIDED AVENUES FOR LOCAL RESEARCH & TRAINING.
COLLABORATED WITH FOREGN AND LOCAL ORGANIZATIONS TO HOST CARDIAC OUTREACHES THAT OFFERED LIFE SAVING INTERVENTIONAL PROCEDURES TO INDIGENT NIGERIANS

TRAINING & SYMPOSIUM

TRAINING OVER 600 HEALTHCARE PROFESSIONALS VIA MONTHLY WEBINARS AND ANNUAL CARDIOVASCULAR SYMPOSIUM NOW IN ITS 8TH EDITION.
PG RESIDENCY ROTATION TRAINING MOUS WITH (UPTH, OAUTH)

Using an AED Effectively - 2

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- Apply the appropriate-sized pads for the patient's age in the proper location on the bare chest. –
- Use adult pads for adults and children over the age of 8 years or over 55 pounds.
- Place one pad on the upper right chest below the right clavicle to the right of the sternum
- Place the other pad on the left side of the chest on the mid-axillary line a few inches below the left armpit.
- Plug in the connector, and push the analyze button, if necessary.

Using an AED Effectively - 3

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- Tell everyone to “clear” while the AED is analyzing to ensure accurate analysis.
- Ensure no one is touching the patient during the analysis or shock.
- When “clear” is announced,
  - stop compressions , but
  - remain in position to resume compressions immediately after a shock is delivered or the AED advises that a shock is not indicated.
  - Continue CPR while AED is charging
- Observe the AED analysis and prepare for a shock to be delivered if advised.
- Ensure that everyone is clear of the patient before the shock is delivered.

OUR FACILITIES

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MULTISPECIALTY HOSPITAL

24

BED SPACE

VIP SUITES,

PRIVATE SUITES,

GENERAL SUITES etc

2

INTENSIVE CARE UNIT

HDU&ICU

3

THEATERS

ULTRAMORDEN CATHLAB, CARDIAC OPERATION THEATER

1

DIALYSIS SUITE

PHYSIOLOGY LAB

RADIOLOGY SIUTE

Using an AED Effectively - 3

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Reversing Medical Tourism

- Ensure that everyone is clear of the patient before the shock is delivered.

Using an AED Effectively - 4

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- Deliver the shock by pressing the shock button, if indicated.
- After the shock is delivered,
  - immediately start compressions and
  - perform about 2 minutes of CPR (about 5 cycles of 30:2) until:
    - the AED prompts that it is reanalyzing,
    - the patient shows signs of return of spontaneous circulation (ROSC), or
    - you are instructed by the team leader or more advanced personnel to stop.
- Do not wait for the AED to prompt to begin CPR after a shock or no shock advised message.

Do's for AED USE

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- Before shocking a patient with an AED, do make sure that no one is touching or is in contact with the patient or any resuscitation equipment.
- Do use an AED if a patient is experiencing cardiac arrest as a result of traumatic injuries.
- Do use an AED for a patient who is pregnant.
  - Defibrillation shocks transfer no significant electrical current to the fetus.
  - The mother's survival is paramount to the infant's survival.
  - Follow local protocols and medical direction.

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Our Non-Invasive Assessment services

- ❑ HOTLERS
- ❑ SPIROMETRY
- ❑ STRESS
- ❑ EEG
- ❑ ECG

Don’ts for AED USE

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- Do not use alcohol/spirit to wipe the patient’s chest dry.
  - Alcohol/Spirit is flammable.
- Do not touch the patient while the AED is analyzing.
  - Touching or moving the patient may affect analysis.
- Do not touch the patient while the device is defibrillating.
  - You or someone else could be shocked.
- Do not defibrillate someone when around flammable or combustible materials, such as gasoline or free-flowing oxygen.

What to do if?

- In the absence of pediatric pads or a pediatric setting on the AED, you may use adult pads for the child.
  - But be sure that the pads do not touch each other
- Respiratory Arrest:
  - Give only rescue breaths 1 every 5-6secs
- Patient has an advanced airway:
  - Rescue breaths as above and continuous compression

Stopping CPR

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- Once started, continue CPR with 30 compressions followed by 2 ventilations (1 cycle = 30:2) until:
  1. Signs of return of spontaneous circulation (ROSC) such as patient movement or breathing.
  2. An AED is ready to analyze the patient's heart rhythm.
  3. Other trained rescuers take over and relieve you from compression or ventilation responsibilities.
  4. You are presented with a valid do not resuscitate (DNR) order.
  5. You are alone and too exhausted to continue.
  6. The scene becomes unsafe.

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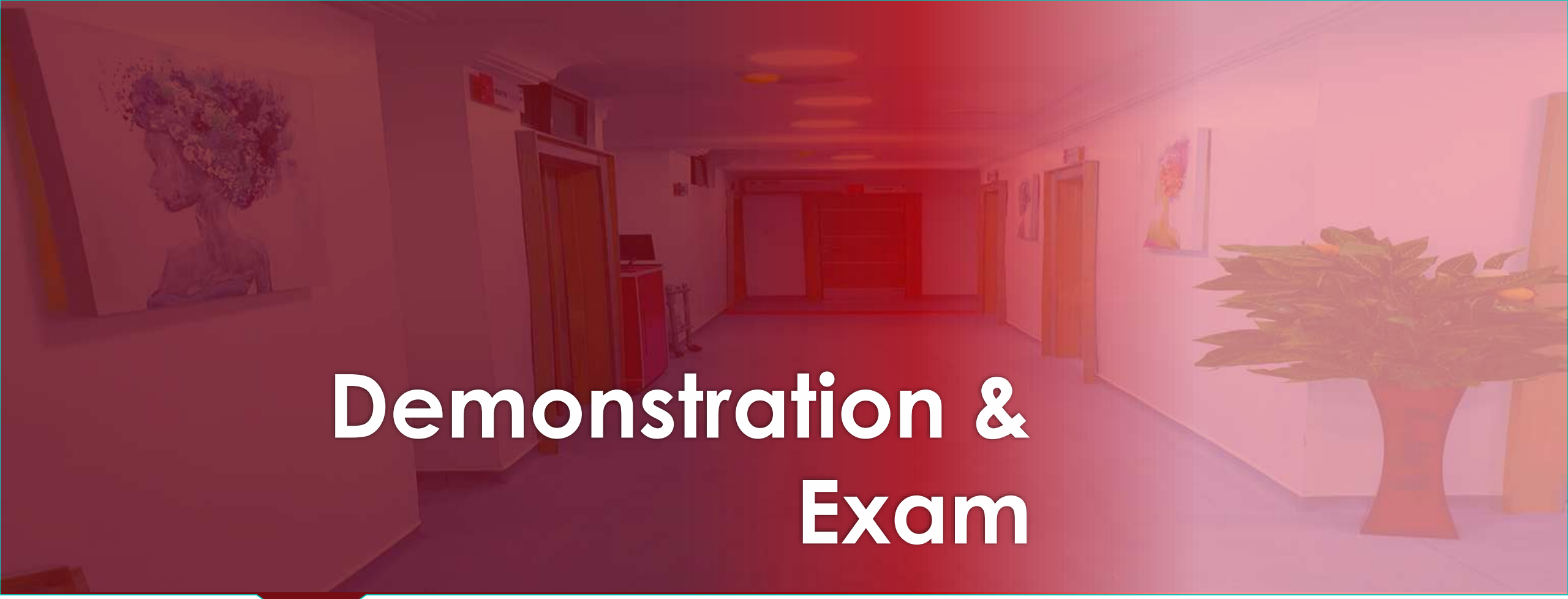
RADIOLOGY SIUTE

Resuscitation Council (UK)
www.resus.org.uk



Demonstration & Exam

Limi Children's Hospital

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What could have been done better?

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THANK YOU

Our vision to curb medical tourism
Is incomplete without your collaborations

Lets do it together!

Lets support your practice for better patients outcomes.

Lets partner with you…

Cardiocare Hospital Abuja appreciates you & the opportunity to be here!

Limi Children's Hospital