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Orientation Guide for Anaesthetic Locums South Tarawa Main Hospital, Kiribati

Authors

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Introduction

This guide was created to help Anaesthetists who are coming to locum at Kiribati (pronounced Kiribas) at South Tarawa Kiribati, particularly those providing cover for local anaesthetists attending the PSA (Pacific Society of Anaesthetists) annual conference.

Summary

Locums are always needed during the Pacific Island Anaesthetic Conference that takes place every year. Without locums from overseas it is often impossible for the local anaesthetists and anaesthetic registrars to attend the conference. Everyone usually really enjoys the experience.

Kiribati is a great place to do a locum. It offers a range of clinical cases in a different environment. The staff are all very lovely, friendly and helpful and welcoming.

Background

There are two hospitals located in South Tarawa namely Tungaru Central Hospital (TCH) and Betio Hospital (BH) TCH is the teaching hospital in South Tarawa island Kiribati. It is the biggest hospital in Kiribati and is a referral and teaching hospital.

It has approximately 200+beds. It was built by the Japanese in 1990 with open plan layout providing fresh air ventilation to the wards. There is only air conditioning in the OT and HDU.

Day-time work

Two local anaesthetists work day-times at the hospital (One Chinese Anaesthetist - Consultant and one retired anaesthetist) plus, 1 junior trainee anaesthetist. The local anaesthetists present vary - there was a Chinese locum consultant and a junior pre-trainee registrar in August 25

The hospital director is one of the local anaesthetists, but was busy with parliament and other projects while we were there. There are three Kiribati registrars currently in

the 4-year Masters programme in Fiji, training to be anaesthetists. One will be finishing at the end of 2025 and hopefully returning to work in Kiribati.

There is a doctors' meeting on Monday and Friday mornings, which all the doctors attend (including you). They discuss cases and issues within the hospital. It theoretically starts at 9, but most people don't turn up until 9:20+.

Out-of-hours work

On-call anaesthesia cover by Locums is needed during PSA week and out-of-hours theatre needing cover.

This cover will be with a local registrar. The registrar was a pre-training doctor who had done about six months of training. They were very experienced in spinals but hardly any experience in GA (due to a lack of oxygen/ inhalation agents).

Anaesthesia nurses are available to assist anaesthetists out-of-hours and these are OT nurses. There are four nurses are on call after hours.

ICU cover

ICU cover is needed in theory. The patients are mostly looked after by the 'admitting team' eg medical or surgical team.

In theory you're able to ventilate patients, but not in practice. They have an AIRVO 2 (a high flow O2 device), which does get used.

The Operating theatres

There are two day-time theatres needing cover during PSA week.

There are two operating theatres. There is another backup operating theatre attached to the obstetrics labour ward, which was used during a recent four month renovation of the usual operating theatres. In 2025 that operating theatre had no operating bed.

There is one theatre for clean cases and one for septic cases. Clean OT -Mon eyes, Tue and Thurs gen Sx, Wed O&G, Friday scopes.

There are 1-2 consultant surgeons who are generalists. Visiting specialist surgical teams come. Urology and orthopaedic teams had visited recently.

Each operating theater has a Mindray Wato Ex-65 donated after Covid. There is an anaesthetic trolley in each room, but the anaesthetic trolley is set up differently. Different drugs are often packaged in a similar fashion. This can be challenging so it's worth making sure you double-check everything before starting a case.

The Post Anaesthetic Recovery Area (PARU) is the space between the theatre doors and entry. It has two monitors and one oxygen concentrator.

Drugs

There are drugs that are supplied by the government and those that are donated. The supply of drugs and consumables seems ad hoc and random, with a mix of drugs sourced by Kiribati and some left by visiting teams.

There had been a shortage of oxygen for four months earlier in the year, and any non-urgent GA cases had been postponed until recently.

- **Opioids:** morphine and fentanyl are freely available. Not locked up. Not counted.
- **Propofol:** freely available
- **Ketamine:** freely available and often combined with propofol to make “ketofol” (10ml of propofol mixed with 50mg of ketamine (5mg/ml)).
- **Muscle relaxants:** Suxamethonium, atracurium and pancuronium are freely available. Vecuronim, Rocuronium are available if left by a visiting team
- **Reversal:** Neostigmine and atropine freely available. Glycopyrolate not available.
- **Volatiles:** seemed to be very limited supply. Isoflurane available but limited supply. Sevoflurane has some vaporisers but the supply of sevoflurane seems to be the issue.
- **Vasopressors:** Adrenaline and ephedrine are readily available but metaraminol, phenylephrine and noradrenaline stocks depend on what has been left by visiting teams.

Equipment

- **Anaesthetic machines:** are newer Mindray machines. Routine checks are time well spent to familiarise yourself with all their idiosyncrasies.
- **Nerve Blocks:** typically done with an IV cannula needle (18G), or left over block needles from visiting teams.
- **Oxygen for transfer:** This is not used.
- **Ultrasound machine:** There is a Mindray ultrasound machine available -DP30 with one linear and one curvilinear probe.
- **CMAC videolaryngoscope:** available. 8403ZX with size 2,3,4 Macintosh shaped blades and 2 straight Magill blades.
- **Difficult airway cart:** there is no difficult airway cart. No jet ventilation equipment
- **Microlaryngoscopy ETTs (MLTs):** are not available, but the usual range of ETT tubes and a range of armoured ETTs are available.
- **Syringe drivers:** are not available so if you need to run TIVA it can be done using a burette of propofol and a volumetric pump. There are no anti-reflux valves, so you need to be aware of this.
- **IV lines:** most patients come with IV lines, even children. There are venflons in theatre but no dressings

- **Arterial line transducer:** none
- **ETTS** are discarded, **LMAs** are cleaned/ sterilised and reused.
- **Spinal needles:** 25 G Quincke. These have a very different “feel” from pencil points so be aware.
- **Defibrillator:** there is a Nikon Khoden (Japanese) cardiolife TEC8300 which is kept in the ICU. This is their new one.

Anaesthetic Assistants

There is a nurse allocated to be the anaesthesia nurse for each room. They are multi-skilled and also scrub scout.

There is a severe shortage of nurses throughout the whole hospital. There were 10 nurses working in the OT. They all share the on-call, with four being on call each night and weekend. Aseptic technique for CVL and spinals: usually done with sterile gloves and not full gowning procedures; however the staff are happy to provide gowns on request

There were no students.

Post operative care

There is a two bed room they call ICU/HDU that has monitoring, and oxygen and an Airvo2 HFNO2 machine. There are two Zoll EmV+731 ventilators, which we are not sure if functioning, mainly used for CPAP cases. It seems very very rare to ventilate patients. I was told of only one case.

Types of patients/ common conditions

Kiribati patients often present late for a variety of reasons and you may therefore see pathology that is much more advanced than you may be used to. This can present some interesting clinical challenges.

One third of people have diabetes and it is often poorly controlled. This means that usually at least one theater is dedicated to treating sepsis including the very common Diabetic Foot Sepsis (DFS). DFS is usually managed anaesthetically with a spinal.

Most patients also had HTN. Most patients were poorly compliant with medications.

Due to the shortage of oxygen and inhalation agents, during our time in Aug 25, we tried as much as possible to do ‘oxygen free’ anaesthesia. I.e. spinals and blocks.

Logistics

Handover (to locum team) - we were met by Dr Tekeua, the head of medical services and one of the anaesthetists. She gave us an orientation to the hospital on arrival.

Getting there

Fiji Airways Flys in/out of Tarawa Kiribati, to/from Fiji twice weekly - Tuesday and Friday. To attend PSA week, it would mean the local team departs the week prior which would also be ideal for incoming locum team. The PSA team, based on previous years, would be returning on the Tuesday after PSA week, hence the same date too for the return of the locum team.

Theoretically flying via Brisbane with Air Nauru may be possible too.

Due to limited flight options we needed to fly into South Tarawa on the Thursday. When we arrived, there was a visiting Australian Ortho team in one theatre and the Chinese anaesthetist in the second theatre, so we looked around South Tarawa and got ourselves orientated to the place.

The hospital had arranged transport to pick us up, but we had hired a car, so we went to the hospital after we checked into the accommodation.

Accommodation

There is very limited accomodation on Kiribati. We stayed in Eniita Airport lodge which was a five minutes drive and 20-minute walk from the hospital. They sell food for breakfast and dinner and can do laundry. The \$150/pn was covered by the Kiribati health Ministry.

Transport

Highly highly recommended to have a car.

Meals

- **Lunch:** This is provided in the theatre tearoom by the hospital kitchen. It is generally the same every day. A sort of fish stew with rice. Because of allergies only one of us had it and enjoyed it but it may not be to everyone's taste. The visiting team had mainly opted to bring in muesli bars or similar.
- **Dinner:** there are a few restaurants in South Tarawa.

Other things to know

- Toilet rolls: there is no toilet paper provided, even in the airport
- Registration: The hospital did not seem to require us to be registered .
- Definitely bringing/ buy a simple local phone with a local SIM card. It's actually quite cheap. Or just buy a SIM card.

Equipment or drugs you may consider bringing with you includes

- Scrubs: There are scrubs provided. But, if you can bring your own, it would be good if you want a particular size. Locums often donate their scrubs at the end. Bringing scrub jackets is also very common as they have very few, and it

can be pretty cold in OT.

- Latex free glove: gloves are available but generally contain latex. When we were there, they had almost no sterile gloves smaller than size 8.
- Vasopressors: the vasopressor you prefer, especially if it's metaraminol or phenylephrine.
- Extension kits with one way valves.
- Ultrasound probe covers.
- IV cannula dressings.
- Nerve block needles.
- Roll of blank stickers/drug stickers.
- Marker pen: black.
- 2 rolls of your favourite tape.
- Hand rub of your preference. The local hand rub seems to have a lot of alcohol in it and is therefore quite irritating.

Contact

The department head is Dr Tekeua Uriam. Her email is dhs3@mhms.gov.ki. We did find it easier to communicate with her assistant Odylia Teaero odyliatevi@gmail.com

Communication with Pacific Nations can be challenging. If you are having trouble organising things before you go please don't get disheartened. They definitely want you and need you to come. Try the PSA via the NZSA if you can't get through.