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Effectiveness of Structured Teaching Programme about the Knowledge of Mothers on early ambulation and its impact on the recovery after Caesarean Section

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INTRODUCTION:

Women and children are our nations greatest assets. Health of the women is the basis for the better health of family as well as of the nation. It is therefore expedient that a women should possess optimum health.

In order to achieve it every, women should receive the required health care and attention. A women during her life cycle ha to pass through different phase like childhood, puberty, womanhood, motherhood & old age. The birth of baby is delightful experience for mother and whole family.

The birth of baby can occur either by normal vaginal delivery or by caesarean section. For caesarean section a women has to get hospitalised. Caesarean section is a type of major abdominal surgery. It can be define as a surgical incision made on the pregnant uterus through abdominal wall to remove the foetus after 28 week gestation.

Caesarean birth have progressively increased from earlier times. Early ambulation helps to enhance the involution of uterus and drainage of lochia. Ambulation is to encourage the patient to move and walk after in order to have fast recovery.

STATEMENT OF THE PROBLEM:

A Quasi experimental study to assess the effect of structured teaching programme about the knowledge of mothers on early ambulation and its impact on the recovery of caesarean section in selected hospitals at Mathura (U.P).

OBJECTIVES:

- 1] To assess the pre test knowledge score of caesarean section mother regarding early ambulation in experimental and control group.
- 2] To assess the post test knowledge score of the

caesarean section mother regarding early ambulation in experimental and control group.

- 3] To compare the pre test and post test knowledge score of caesarean section mothers in experimental and control group.
- 4] To compare the recovery of caesarean section mothers in experimental and control group in terms of the set Criteria.
- 5] To find out the relationship of knowledge with the recovery of caesarean section mother in experimental and control group.
- 6] To findout the effectiveness of planned teaching programme for early ambulation of post- operative C S mothers.

REVIEW OF LITERATURE:

- 1] Literature relates to caesarean section.
- 2] Literature related to early ambulation.
- 3] Literature related to effectiveness of the structured teaching programme and the post operative outcomes.

CONCEPTUAL FRAMEWORK & METHODOLOGY:

Conceptual framework adopted for this study is based on self care deficit theory of nursing adopted by Orem's 1991.

Pre test and post test design was adopted for the study data was collected using a questionnaire & observational checklist to assess the post operative recovery of caesarean mothers.

DESCRIPTION FOR TOOL:

Tool has four parts which are as follows:

- 1] Personal information
- 2] Questionnaire to assess the knowledge of caesarean section
- 3] Lesson plan for structured teaching
- 4] Observation checklist to assess the post operative recovery of caesarean section mother

DATA ANALYSIS:

Data analysis was done by using descriptive & inferential statistics as follows:

- 1] The frequency & percentage for analysis of demographic variable.
- 2] Arithmetic mean and standard deviation of caesarean mother in experimental and control group
- 3] To compare the mean and standard deviation of both group by 't' test
- 4] The correlation co-efficient was used. The level of significance was set at .05. Bar diagram & Pie charts were used to depict the findings.

MAJOR FINDINGS:

- [a] Majority of caesarean section mothers were in the age group of 21-25 years i.e (15,12) in both the control and experimental group and they were educated up to senior secondary majority 30% and 40%, majority of mothers were from joint family 70% and 60% their main source of information was mass media and above (18,21) 60%, 70% and 70% undergone spinal anaesthesia and for 60% and 50%(18,13) of mothers it was the first caesarean delivery in both control group and experimental group.
- [b] The mean pre test knowledge score of caesarean section mother of control group was 10 while that of experimental group was 10.3.
- [c] The mean post test knowledge of caesarean section mothers of control group was 11 and 24 of experimental group which indicates that structured teaching programme was effective for experimental group.
- [d] The mean recovery score of control group was higher 29.4 than experimental group 14.9 the mean suture pain and bowel function score of caesarean section mothers in control group was higher than 5

and 2.7 where as it was 1.56 and 1.56 in experimental group. Hence it shows that control group mothers feel more pain than experimental group.

- [e] The correlation between knowledge and recovery was calculated statistically pre test correlation found to be reversely negative in both the group and post test correlation mild positive in both group.

IMPLICATIONS:

The findings of the study has several implications, which are discussed in three areas

- 1] Nursing Education
- 2] Nursing Services
- 3] Nursing Administrations

RECOMMENDATIONS:

- 1] The study can be replicated on a larger sample of patients to generalize the findings
- 2] The study may be conducted in different settings
- 3] The study can be done to assess the knowledge and practice of caesarean section mothers and also their attitude towards early ambulation
- 4] The study can be done after 12 hours of caesarean section in those mothers who have got spinal anaesthesia with assistance of medical team on low risk patients

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Dissemination of Knowledge from Community Health Volunteers to the Women of Selected Communities

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PROBLEM STATEMENT:

'Preparation of community health volunteers to disseminate knowledge regarding leucorrhoea and its management to women from selected communities in Mumbai.'

AIMS AND OBJECTIVES :

The objectives of the study were, to assess the knowledge of community health volunteers and selected women regarding leucorrhoea and its management and assess the skill of community health volunteers in conducting the perineal examinations for selected women in community using planned teaching module.

TOOLS AND TECHNIQUES :

A descriptive approach was used with thirty community health volunteers from health posts of Mumbai and one hundred and fifty women from selected communities. The data gathering techniques used were interview and observation. The tools used were a semi structured interview schedule on knowledge regarding leucorrhoea and its management and two observational checklists. One observational checklist was used to assess the teaching session conducted by community health volunteers for selected women from communities and second checklist was used for observational skills of community health volunteers while conducting the perineal examinations for selected women. The planned teaching included the interaction between the researcher and the community health volunteers in the form of lecture cum discussion regarding the topic and also demonstration of perineal examination procedure. Data was collected by researcher after obtaining the permission from concerned authorities and samples. The data collected was analyzed by frequency and percentage, comparison of mean knowledge scores was analyzed by 't' test.

ANALYSIS :

The data regarding the educational status, it was noted that majority of the samples had completed their secondary level of education. Regarding the work experience, majority of samples were working for more than five years as community health volunteers. With regard to teaching experiences, the majority of samples (67%) did not have any teaching experience. The data regarding medical treatment being taken for leucorrhoea revealed that 76% of the sample never sought any medical treatment for complaints of leucorrhoea. Knowledge of community health volunteers regarding leucorrhoea and its management showed the change of scores from 34% to 71% and scores of selected women from 25% to 69%. It was observed by non participatory observation technique that all the community health volunteers were able to disseminate the knowledge regarding leucorrhoea and its management to selected women in community. 75% community health volunteers were able to carry out perineal examination in selected women correctly. Based on the analysis of responses given by the community health volunteers and selected women in all the areas of knowledge, the calculated 't' value was found to be statistically significant at 0.01 level of significance. This indicated that the planned teaching had a positive effect on the knowledge of community health volunteers and selected women from community.

CONCLUSION :

The results of the study showed that there was significant change in knowledge of the community health volunteers and selected women after the planned teaching provided on leucorrhoea and its management. Hence, the study showed that the planned teaching on leucorrhoea and its management was effective and the community health volunteers were adequately prepared to disseminate the knowledge regarding leucorrhoea and its management and also they were able to conduct perineal examination on women. The community

health volunteers from each health post if trained in this way can be a great help to guide women from urban as well as rural area in early detection and management of leucorrhoea and its management and also initiate them to seek for ground referral services.

The study also showed that need for information is utmost importance as eventually women are empowered to identify and manage certain conditions in early stages. This will lead to early diagnosis and treatment which in turn reduces morbidity.

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Relaxation Techniques: Effective for relieving Asthmatic episode

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ABSTRACT :

Asthma is a chronic condition whose symptoms are attacks of wheezing, breathlessness, chest tightness, and coughing. There is no cure for asthma, but most people can control the condition and lead normal, active lives. Different things set off asthma attacks in different people. Smoke from cigarettes or a fire, air pollution, cold air, pollen, animals, house dust, molds, strong smells such as perfume or bus exhaust, wood dust, exercise, industrial chemicals--all can trigger an attack. Meditation is a self-directed practice for relaxing the body and calming the mind. Regular meditation can increase longevity and quality of life, as well as relieve anxiety and stress.

STATEMENT OF PROBLEM :

'Effectiveness of selected relaxation techniques on the selected physiological parameters of patients diagnosed with Bronchial Asthma in a selected hospital of Mumbai'.

OBJECTIVES OF THE STUDY :

1. To assess the physiological response before and after use of selected relaxation techniques.
2. To compare the effects of relaxation techniques among the groups.
3. To correlate the results of the study with the selected demographic variables.

HYPOTHESIS:

H0:- There will be no significant changes in the physiological parameters of the patients with Bronchial Asthma who have undergone relaxation techniques.

RESEARCH METHODOLOGY :

Quasi experimental with comparative evaluatory approach with experimental-control group pretest posttest design was used.

The study was conducted in a well known state Govt. Hospital of Mumbai i.e Sir J.J. Hospital. Non probability convenience sampling technique was used. The total size of forty patients were selected with the use of selection criteria (twenty in control group and twenty in study group).

TOOL PREPARATION AND TECHNIQUE :

TOOL I: Demographics data.

It consisted of data related to personal and disease condition of patients i.e. age, sex, education, occupation, severity of asthma, the allergic factors, seasonal attacks and hospitalization.

TOOL II: Assessment of pulse and respiratory rate.

It consisted of physiological response of the patients to the relaxation technique. It included the assessment of parameters i.e. pulse rate and respiratory rate.

TOOL III: Assessment of self inventory report.

The self inventory report of the patients, included parameters such as dyspnoea, wheezing and cough and general well being of the patients.

VALIDITY AND RELIABILITY:

Various experts from various field, i.e. three experts in chest medicine and seven from nursing field validated the tool. As the pulse rate and respiratory rate would vary as well as the self inventory report was subjective it was not assessed for reliability.

PILOT STUDY:

A pilot study was conducted on four patients to ensure the feasibility of the tools, research methodology and practicability of the research.

The following change was incorporated in the tool II. The physiological parameter i.e. blood pressure was omitted as it was not significant to the asthma.

DATA COLLECTION :

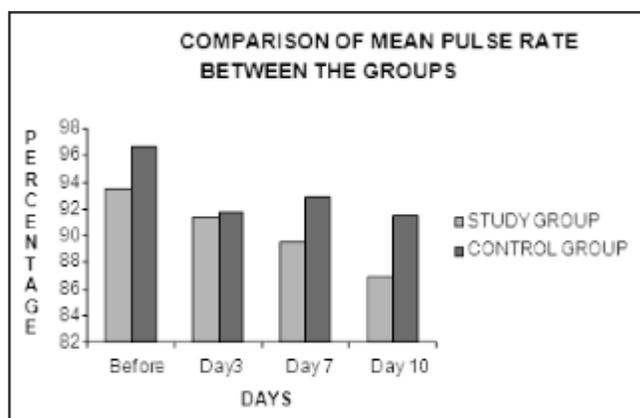
Data collection started on 2nd march 2009 and ended on 31st march 2009. Twenty patients were selected in the study group and twenty in the control group. Patients were selected according to the selection criteria. Consent for the study was obtained. The relaxation technique was taught to the study group and the physical parameters(pulse,respiration, wheeze dyspnea and cough) of both the group were assessed by the investigator before and on the 3rd, 7th and 10th day. The data was analysed and presented in the form of tables and graphs.

SIGNIFICANT FINDINGS : DEMOGRAPHIC DATA:

More than forty percentages in the study group were below fifty nine years. Though female were only forty percent but housewives were the largest in the number. Individuals with the primary and secondary education formed the major part of the study i.e. seventy percent. Individual in the study group who were diagnosed as asthmatics for less than six years were seventy percent, while rest were diagnosed for more than six years and less than ten years. Most of the individuals were allergic to some substance or the other and all sixty five percent were allergic to dust and thirty percent to chemicals.

Pulse Rate :

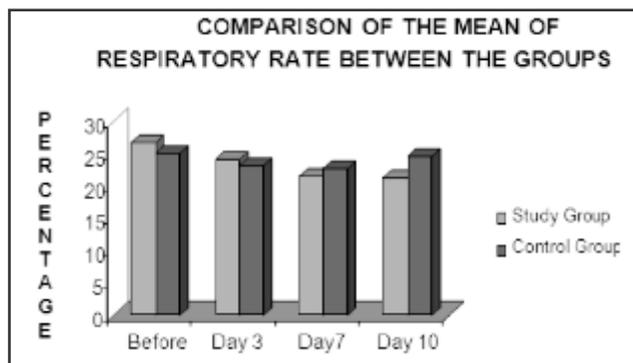
Pulse rate showed significant difference between the study group the control group on the 10th day at 95% level i.e. p 0.05. A significant decrease between the baseline, and the 7th and 10th day measurements in the study group.



Respiratory Rate :

There was a significant reduction in the respiratory rate of the study group right from day 3, whereas in the control group there was increase in the respiratory rate

on the 10th day. A significant difference was observed between the study group and the control group on the 10th day at 95% level.



The findings of the study didnot correlate with the demographic data i.e. age, sex and education.

SELF INVENTORY REPORT ANALYSIS:

The following results were seen in the study group by the 10th day as compared to the control group. There was a decrease in the breathlessness, frequency and duration of the breathlessness in the study group. Sweating and wheezing was reduced to twenty and thirty five percent in the study group respectively. Only thirty percent experienced mucoid cough and five percent experienced dry cough on the 10th day. Patients in the study group experienced increase in their appetite and sleep. Activities of daily living were carried out independently by the patients in study group and they even attended their daily work without interference or assistance.

CONCLUSION :

The result findings of the study clearly shows that relaxation technique has a positive effect on the selected physiological parameters of patients with bronchial asthma.

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Effectiveness of Information Booklet on Knowledge about Disaster Preparedness



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ABSTRACT:

In the present study evaluative approach and quasi-experimental one group pretest posttest research design was used to assess the effectiveness of information booklet on knowledge of people residing in selected areas of Pune city regarding Disaster Preparedness. Sample for the current study was selected according to non-probability purposive sampling technique consists of men and women between 21 to 50 years residing in diverse areas of Pune city. Semi-structure questionnaire was used to assess the effectiveness of information booklet on knowledge about disaster preparedness of study samples. Descriptive and inferential statistics had been used for data analysis. The research was concluded with the information booklet improved knowledge of people regarding disaster preparedness.

PROBLEM STATEMENT:

A study to assess the effectiveness of information booklet on knowledge about disaster preparedness among people residing in selected area of Pune city.

INTRODUCTION:

Nature is providing sources through which all basic need of the human being get fulfilled but man never get satisfied and want more and more, which results in misbalancing of nature, results in Disaster. "Disaster is defined as any occurrence that causes damage, economic disruption, loss of human life or deterioration of health and health services on a scale sufficient to warrant an extra ordinary response from outside the affected community and area".

Disasters happen anywhere and anytime, and when disaster strikes one may not have much time to respond. The concept of disaster preparedness encompasses measures aimed at enhancing life safety when a disaster occurs, it includes actions designed to enhance the ability to undertake emergency actions in order to protect property and contain disaster damage and

disruption, as well as the ability to engage in post-disaster restoration and early recovery activities.

Disaster preparedness is commonly viewed as consisting of activities aimed at improving response activities and coping capabilities. However, emphasis is increasingly being placed on recovery preparedness that is, on planning not only in order to respond effectively during and immediately after disasters but also in order to successfully navigate challenges associated with short- and longer-term recovery.

OBJECTIVES:

1. To assess the knowledge regarding disaster preparedness among people residing in selected area of Pune city.
2. To study effectiveness of information booklet on the knowledge about disaster preparedness among people residing in selected area of Pune city.
3. To determine the association between knowledge about disaster preparedness with selected demographic variables.

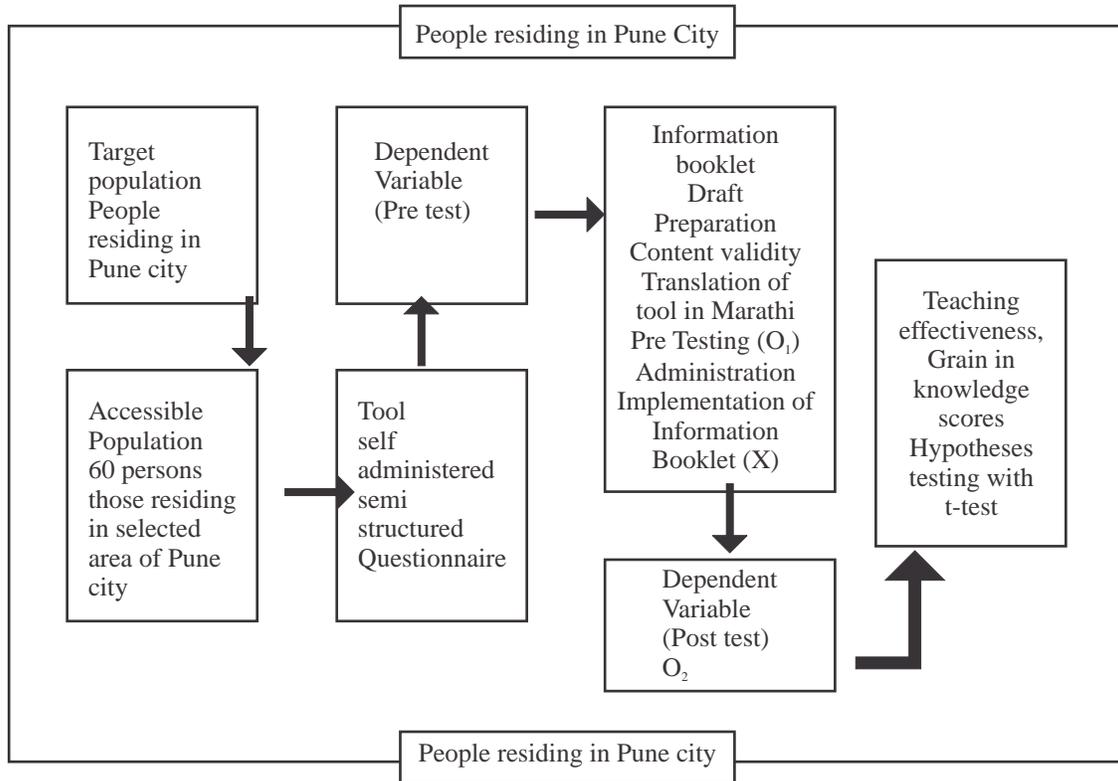
The tool used for the data collection consisted of:

The self administered semi-structured questionnaire was used to assess the effectiveness of information booklet on knowledge of people residing in selected area of Pune city regarding Disaster Preparedness.

Tool was divided into two parts section I & section II

Section I - Demographic data

Section II - Self administered semistructured questionnaire include selected aspect of Disaster preparedness. Viz - earthquake, flood, bomb blast, fire accidents and Disaster preparedness kit.



RESEARCH DESIGN:

Quasi Experimental one group pretest posttest research design has been adopted for the present study.

MAJOR FINDINGS OF THE STUDY WERE:

Descriptive and inferential statistics had been used for data analysis. The data was presented in the form of tables, bar diagrams and pie diagrams. Data was analyzed by computing mean, standard deviation, P value and chi - square.

SIGNIFICANT FINDINGS OF THE STUDY

DEMOGRAPHIC DATA OF THE RESPONDENT

Age :

In group of 60 samples 26(43.3%) of the samples were from age group 21-30 years, 18(30%) of them were from group 31-49 years and remaining 16 (26.7%) of them were from age group 41-50 years.

Gender :

In group of 60 samples 30(50%) of them were males and 30(50%) of them were females.

Religion :

In group of 60 samples 46(76.7%) of them were from Hindu religion, 7(11.7%) of them were from each of

Muslim and Christian religions.

Education :

In group of 60 samples 28(46.7%) of them were graduates, 14(23.3%) of them were higher secondary, 13(21.7%) of them were post graduates and above and remaining 5(8.3%) of them were secondary educated.

Occupation :

In group of 60 samples 17(28.3%) of them were housewives, 14(23.3%) of them were private sector workers, 12(20%) of them were doing business, 5(8.3%) of them were unemployed, 4(6.7%) of them were government servants and remaining 8(13.3%) of them were having other occupation.

Family income per month in rupees :

In group of 60 samples 28(46.7%) of them were having monthly family income 15001-20000, 21(35%) of them were having it 10001- 15000, 9(15%) of them were having it 5001-10000 and remaining 2(3.3%) of them were having it 20001 -25000.

Type of family :

In group of 60 samples 44(73.3%) of them were from nuclear family, 15(25%) of them were from joint family and remaining 1(1.7%) from single parent family.

Previous Experience of disaster :

In group of 60 samples none of them had previous

experience of disaster.

Previous Knowledge of disaster:

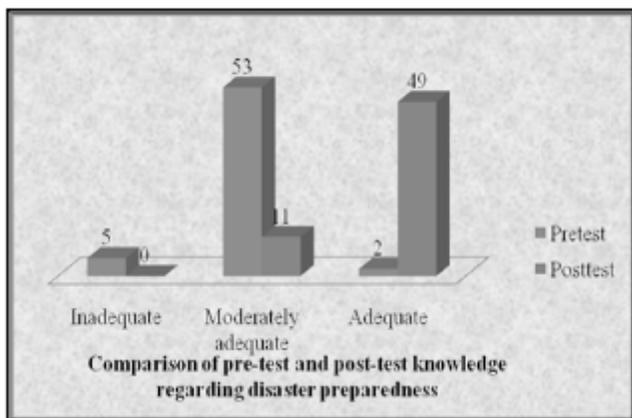
In group of 60 samples 57(95%) of them had previous knowledge of disaster and remaining 3(5%) of them did not have previous knowledge of disaster.

Source of information about disaster :

In group of 60 samples 38(63.3%) of them had received information about disaster from television, 10(16.7%) of them had knowledge from radio, 4(6.7%) of them had information from journals, 1(1.7%) of them had information and remaining 5(8.3%) of them had information from other sources.

Effectiveness of information booklet :

Analysis of the data showed that majority 88.3% of people in pre -test were having moderately adequate knowledge (scores 11-20), 8.3% of people in pre-test were having inadequate knowledge (scores 0-10) and only 3.3% of people in pre-test were having adequate knowledge (scores 21-30), whereas in post-test majority 81.7% of the people had adequate knowledge (scores 21-30) and 18.3 % of people in post-test were having moderately adequate knowledge(scores 11-20), which indicates that the information booklet improved knowledge of people regarding disaster preparedness.



Association between knowledge on disaster preparedness and selected demographic variables :

Analysis shown that the demographic variables gender, education, occupation, family income and type of family show statistically significant association with knowledge regarding disaster preparedness.

ACKNOWLEDGMENTS:

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Incorporation of Healing Environment in the ICU

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ABSTRACT :

Illness, hospitalization and surgery are descriptive life experiences that are perceived by most people as threats to survival and well being. Among those, patients admitted in ICU experience strange environment and unfamiliar environment which creates anxiety and stress in patients. Incorporating elements that produce a healing environment in ICU settings is not only good for patients, but also stimulating boosting the bottom line for health care providers by decreasing length stays, increasing family and staff satisfaction. This review outlines the rationale behind Incorporation of healing environment in the ICU.

INTRODUCTION :

It has been said that hospitals are places cradled in anxiety, where there may be a cycle of anxiety, uncertainty and lack of communication which affects the well being of both patients and staff. Given that it has been suggested that many patients have found the ICU to be an especially 'alien' environment, it is not surprising to find that links have been made between admission to such an environment and exacerbations of existing anxieties that some patients suffer. For many such patients, the ICU environment can be a 'wildly unfamiliar' one, depriving them of normal interactions and sensations while constantly bombarding them with strange sensory stimuli. A fundamental and universal component of good nursing is caring for the client's bio-psycho-social and spiritual well being. Although various nurse scholars have referred to "caring as an attribute essential" to good nursing, only a few have described the phenomenon in a systematic way that can be applied in everyday practice and thus, aid in creating healing environment.

CONTENT :

One of the earliest proponents of the importance of the physical environment was Florence Nightingale. Her efforts on behalf of the British soldiers during the

Crimean War focused on design engineering to improve lighting (especially with sunlight), ventilation, heating and cooling, sewerage facilities, and sufficient space for soldiers' personal belongings. The safety aspects of clean air and water were not inconsequential to Nightingale's patients or to her nurses; the effects of her improvements on patient outcomes were reflected in the mortality figures for 1855, which fell from 42.7 deaths per 1000 to 2 per 1000 within 3 months of Nightingale's changes.

More recently, environmental factors such as noise, air quality, light, toxic exposures, temperature humidity, and aesthetics have been scrutinized for their effects on both patients and workers.

Many a times that patients admitted in ICU experience strange environment and unfamiliar environment which creates anxiety and stress in patients. The notable stressors which affects to patient well-being are healing process and healing results, noise-level, interruption of privacy, unpleasant smells (sweat, faecal odours) of fellow sufferers, emergency measures on another patient and pain etc. other environmental stressors that have been reported in the literature as affecting ICU patients are physical or psychological comfort of the patient, staff interaction with the patient, the physical environment of the ICU, family, the illness itself, and fear of death, inability to communicate, the drugs used in the ICU to sedate and paralyze patients, the procedures performed and the equipment used.

Traditional medicine is only now recognizing the effect on the disease process of less measurable, nonphysical factors such as stress. For these reasons, it makes sense to view health care as a comprehensive approach to combat all factors contributing to the disease process. The integration of all therapies-peaceful and comforting surroundings, stress reducers, caring health care providers, together with evidence-based medicine-creates a healing environment. A part of holistic healing and blended medicine is the environment of care. The healing environment approach is a comprehensive

concept targeting the elimination of stress factors for patients as well as their visitors that will inhibit the healing process; for this, effects should be mobilised that will support the overall outcome.

The concept of healing environments is not new. The idea of creating an environment that would facilitate healing was popular over 2000 years ago, but it has been only recently that this concept has been applied to the design of hospitals and specifically to intensive care units. Although it is necessary to address the needs of the professional staff that are caring for seriously ill patients, it is also critical to include specific elements that will enhance the patients' healing process.

It has been demonstrated that views of nature, natural light, soothing colors, therapeutic sounds, and the interaction of one's family can enhance the healing process. These elements important to a patient's healing process must be considered and balanced with the needs of health care providers in the design of critical care environments. Even though research shows that patients experience positive outcomes when the environment incorporates: natural light, elements of nature, peaceful colors, pleasant views, and pleasing sounds.

A healing environment creates rituals and organisational help that encourages patients' healing supportive behavior, enables learning and dealing with disease and recovery, elevates compliance in the sense of positive attitude towards the healing and the rehabilitation process.

The visible effects of healing environment seen are:

- quicker subjectively experienced recovery and mobility
- shorter stays
- lower costs for hospitals and patients
- decreasing staff turn over
- higher patient and healthcare worker satisfaction
- Attracting new patient and competent staff.

The ICU settings have the potential afford patients the best possible opportunity to heal if key stress reducing elements are incorporated into its physical design. As well as considering the physical design a critical program that integrates the family and other healing measures is essential to the milieu of a healing environment.

The various strategies for promoting a healing environment in the ICU:

PHYSICAL ENVIRONMENT:

- Reduce environmental stress caused by noise, offensive light and odor
- Control noise level and formulate policy for it.
- Use a mini-workstation to disperse staff
- Use sound - absorbent materials such as acoustical ceilings and carpeting in high - traffic areas
- Construct single rooms with televisions with headphones
- Use natural light.
- Provide periods of low light for sleep
- Position the patient to appreciate the view
- Utilize calming color schemes such as blues, greens and violet
- Incorporate nature and artwork

SOCIAL ENVIRONMENT :

- Create a family friendly program
- Include the family in the plan of care
- Establish a liberal visiting policy
- Offer options to give the patient control over temperature, lighting, music, visitors and privacy
- Design the area to accommodate families

HEALING MEASURES :

- Therapeutic music
- Psychoacoustic therapy
- Nature sounds
- Therapeutic artwork
- Aromatherapy

OTHER CONCEPTS :

- Pet therapy
- Performing arts
- Hypnosis
- Prayer and guided imagery
- Therapeutic touch
- Yoga and reiki
- Unit and organizational culture
- Architectural design

The nurse in the ICU is referred to as an "environment activist" and "tamer of technology" .to create a positive, healing environment for family-focused care, strategies that are directed toward titrating the environmental stimuli, ensuring the comfort of the patient and family members and fostering collaboration and communication must be pursued.

SUMMARY :

A mounting body of research suggests that humanizing the environment in which medical and nursing care is provided improves healing and the healing process for patients, families, and providers.

Research in this field is carried out in the following areas:

1. Connection of patients/family to nature
2. Social and emotional support
3. Elimination of stressors in the hospital environment
4. Positive distractions
5. Patient information and behavioural change (patient education)
6. Medical process, structures and outcome quality (e.g. Fast Track Surgery).

So, meeting the challenges of reducing environmental stressors in the ICU will potentially avert the adverse effects of being a patient in the ICU which can be accomplished by incorporating the healing environment in the health care setups.

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Effectiveness of Planned Teaching Programme vs. CD-ROM presentation on the Knowledge of the Nursing Students

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ABSTRACT:

This study's primary aim was to investigate whether CD ROM Presentation was more, less than or as effective as planned teaching programme in improvement Nursing students knowledge regarding growth and development of an infant. The study shows that the different methods used in teaching, whether it is a conventional method like planned teaching programme or a modern teaching method like interactive CD-ROM has significant difference in the effect.

PROBLEM STATEMENT:

'A comparative study to assess the effectiveness of planned teaching programme Vs. CD-ROM presentation on the knowledge of the third year B.Sc. Nursing students regarding growth and development of the infant in the selected Nursing colleges of Pune city.'

INTRODUCTION:

In the present scenario of nursing, an abundance of information must be learned in short period. Moreover the knowledge base continues to expand with developments in medical and scientific research. Now a days in nursing education, nurse educator may use different types of teaching methods to achieve their teaching objectives, understanding of the various teaching learning methods is very essential for all teachers in nursing because, there are so many changes are occurring in the field of education. The use of technological teaching has been increased and continually increasing tremendously. Technologies are multiplying the productivity of man many times over. Teaching like nursing, encompasses both a cognitive aspect and an artistic aspect. Teachers will admit that teaching skill and technical competency in teaching, to make a difference in students learning. There are wide variations in quality of teaching performances, in part because of deliberate and painstaking efforts. This is equivalent to admitting that art in teaching is necessary and can be developed.

OBJECTIVES:

1. To assess the baseline knowledge of the students regarding growth and development of the infant.
2. To assess the knowledge of the students regarding growth and development of the infant after administration of planned teaching programme.
3. To assess the knowledge of the students regarding growth and development of the infant after administration of CD-ROM presentation
4. To compare the effectiveness of planned teaching programme vs. CD-ROM presentation on the knowledge of the students regarding growth and development of the infant.
5. To correlate the findings with selected variables.

MATERIALS AND METHODS USED:

The investigator had prepared a lesson plan for growth and development of an infant and same guidelines were used for the preparation of the CD-ROM presentation. Structured questionnaires were prepared to assess the knowledge of the students regarding growth and development at pre and post periods.

The design adopted was quasi-experimental: pre- test post-test design.

| | | | |
|-----|-----|----|----|
| RG1 | O 1 | X1 | O3 |
| RG2 | O2 | X2 | O4 |

RG1: Randomly selected group of 30 students of III year B.Sc nursing, who have attended the planned teaching programme on growth and development of an infant.

RG2: Randomly selected group of 30 students of III year B.Sc nursing, who have attended CD-ROM presentation on growth and development of an infant

X1: planned teaching programme.

X2: Method of using CD-ROM presentation.

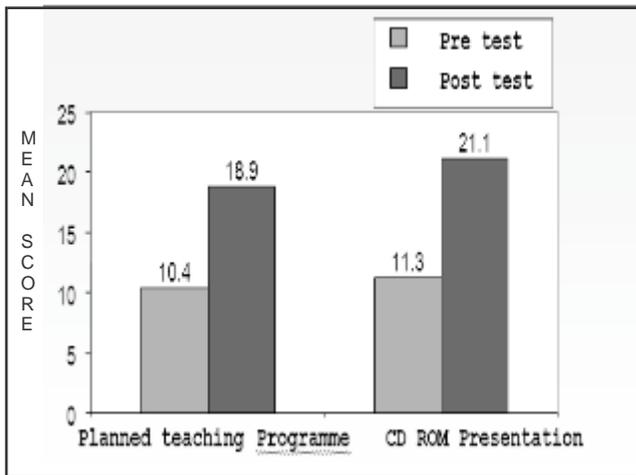
O1 & O2: pre-test. The students have attended knowledge assessment test on the growth and development of an infant before attending planned teaching programme or CD-ROM presentation.

O3 & O4: post-test. The students have attended knowledge assessment test, on the growth and development of an infant after a one week after attending planned teaching programme or CD-ROM presentation.

30 marks structured questionnaires were prepared for the assessment of the student's knowledge regarding growth and development of an infant. This was made based on 11 specific objectives of the lesson plan regarding growth and development of an infant. The Students were asked to fill the structured questionnaires regarding growth and development of an infant. Each correct answer was given 1 mark. Each wrong answer was marked 0, blue print was prepared and marks were distributed according to the importance of the specific objectives.

RESULT:

COMPARISON OF MEAN SCORES OF THE PRE TEST AND POST TEST OF THE PLANNED TEACHING PROGRAMME VS CD-ROM PRESENTATION.



Above figure shows that mean score of the both methods in the pretest there was not a significant difference, but in the post test CD-ROM got more score.

The association with the demographic variables: there is no significant difference between the age or gender and the mean score obtained in pre and post scores. So here it concludes that, 'there is no relation of age or gender in the performance of the students.'

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Adolescence Mental Health: A Parents Perspective

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INTRODUCTION :

The World Health Organization defines young people as those between the ages of 10 and 24 years. This age group is composed of two overlapping subgroups, namely adolescents (aged 10-19) and youth (aged 15-24). The Planning Commission of India estimates that as on March 2000, adolescents aged 10-19 comprised 23% of the Indian population, i.e. almost 230 million. Such a large group represents a major human resource that can and must contribute to the overall development of the country.

This period of life is a transitional period of development that is foundational but also a range of health habits that influence adult behavior and may influence medical diseases in adulthood. Specifically, adolescent development and behaviors set the stage for adult behavior in terms of use of substances and dietary habits and can have an impact on the development and outcome of medical illnesses.

In spite of definite health problems they may have, it is a common observation that adolescents do not access the existing health services. In India there have not been any designated health services for this age group so far, leading to substantial unmet service needs. Absence of friendly staff, working hours that are inconvenient to adolescents and lack of privacy and confidentiality have been identified as important barriers in accessing health services by adolescents and young people. The health sector needs to respond by offering services to adolescents in a friendly manner and in a non-threatening environment.

Adolescents are considered to be healthy since mortality in this age group is relatively low. However, mortality is a misleading measure of adolescent health. In fact, the adolescents do have a range of health problems that cause a lot of morbidity as well as definite mortality. The most prominent health issues in developing countries are Malnutrition and Anemia, Adolescent pregnancy with attendant complications

and a higher maternal mortality and infant mortality, STIs including HIV - about 35 % new infections of HIV occur in 15-24 years age, Substance use, Depression, Suicide, Injuries and Violence.

Parents can have a really tough time watching their child experience the adolescent phase of the life-cycle. After all, having spent eleven or twelve years establishing boundaries of appropriate and inappropriate behavior and instilling values and beliefs in their child, one day it will seem that all they have taught them has gone completely 'out of the window'. The child that the parent has come to know just suddenly changes - almost at the flick-of-a-switch, it is almost as if the adolescent child has an internal light-switch that is turned 'on' and 'off' for no apparent reason. The most difficult part for parents is that it is just as unpredictable to work out when or why their child's switch is flicked into 'on' [adolescent] mode, as it is to know when or why the switch is flicked back into 'off' [child] mode. (Marlow E. 2001)

Parents may feel as if they have absolutely no control and are losing the child that they once knew. This is not an uncommon experience, given that all adolescents have to separate from their 'child' if they are to become 'adult'. Unfortunately for parents and adolescents, this does not happen overnight.

Mental health is an essential component of young peoples' overall health and wellbeing. It affects how young people think, feel, and act; their ability to learn and engage in relationships; their self-esteem and ability to evaluate situations, options and make choices. A person's mental health influences their ability to handle stress, relate to other people, and make decisions.

When young people's mental health problems go untreated, they can affect their development, school performance and relationships. The state of their mental health affects how they view themselves and others, how they evaluate and react to situations, and what

choices they make and actions they take. Because mental health problems can affect a young person's judgment, in the rare case, emotional disturbances and mental disorders can be a risk factor for violence.

Communication gap exists between parents and adolescents. In modern days families because of change in lifestyle and social system (working parents and nuclear families) resulting into the psycho-socio problems of adjustment and mental deviation. So there is a need to educate parents regarding health care needs of adolescence to promote their healthy development and brighter future.

OBJECTIVES OF THE STUDY :

1. To assess knowledge of parents regarding the adolescence mental health.
2. To evaluate effectiveness of self instructional module on knowledge of parents regarding the adolescence mental health.
3. To associate the knowledge of parents regarding the adolescence mental health with selected demographic variables.

HYPOTHESIS :

H0:- There is no significant difference in pretest & post test knowledge scores of parent about the adolescence mental health after the administration of self instructional module.

H1:- There is significant difference in pretest & post test knowledge scores of parent about the adolescence mental health after the administration of self instructional module.

CONCEPTUAL FRAME WORK :

The investigator adopted King's goal attainment theory (1981) as a basis of conceptual frame work, which aims to administer self instructional module to parents regarding adolescence mental health and to find out the effectiveness of self instructional module by assessing the knowledge of parents regarding adolescence mental health after the administration of self instructional module.

The six major concepts of the phenomenon are described as follows;

1. Perception
2. Judgement
3. Action
4. Reaction
5. Interaction

6. Transaction

REVIEW OF LITERATURE :

The investigator probed into the available sources- books, reports, journal, published and unpublished thesis, current review, periodicals and internet.

Research and non research literature were reviewed and organized under following heading:

1. Adolescence health needs & problems.
2. Adolescence mental health problems and parenting
3. Development and effectiveness of self instructional module

RESEARCH METHODOLOGY :

Research design- single group pre test and post test (quasi-experimental) design

Independent variable- the self instructional module on adolescence mental health.

Dependent variable- knowledge of parents regarding adolescence mental health.

Identification of target and accessible population

The proposed study was undertaken in at selected areas of Wardha city namely; Gajanan Nagar, Master Colony and Shindhi Meghe area.

Population- all parents having adolescent children available during the study period in selected area.

Sampling technique- was non-probability quota sampling.

Sampling size- the sample consisted of sixty parents of adolescents of from selected areas of Wardha city who fulfilled the criteria laid down for the selection of the sample.

Criteria for sampling :

Inclusion criteria :

Parents with adolescence children(10-19 years)
Who can read & write Marathi
Willing to participate

Exclusion criteria :

Parents who are related to health care industry.
Parents having adolescent child with known psychiatric & behavioral problems.
Parents with chronic illness (Dementia, Alziemer's etc.)

Description of the tool :

Questionnaire:

A structured questionnaire was prepared to determine the knowledge of parents regarding adolescence mental health.

The questionnaire consisted of all closed ended questions.

Section I: Dealt with demographic data of parents of adolescents.

Section II : Multiple choice questions regarding adolescence mental health.

Section III: Yes/No type questions on knowledge regarding adolescence mental health.

SCORING :

A score of "1" was given for each correct answer and score '0' was given for every wrong answer. The total score was 36. No negative score was given.

Technique

The technique used was self reporting.

Development of self instructional module :

The self instructional module on adolescence mental health was developed for parents.

Self instructional module covered following aspects adolescence mental health:

- Meaning of adolescence and mental health
- Constituents of positive mental health
- Changes during adolescence
- Factors affecting adolescence mental health
- Role of parents in promoting adolescence mental health

Validity- In order to obtain content validity, the tool was given to five experts from Community Health Nursing Department, two experts from department of Psychiatric Nursing and one expert each from department of Community Medicine, Clinical Psychology and Biostatistics.

Reliability- Reliability analysis done by Guttman Split Half Coefficient=0.89. So tool was found reliable.

STATISTICAL ANALYSIS :

The collected data was coded, tabulated and analyzed by using descriptive statistics (mean percentage, standard deviation) and inferential statistics. Significance difference between pre and post test

readings was tested by using paired t-test, association of post test knowledge score with selected demographic variable was done by using one way ANOVA and multiple comparisons was done by using Tukey multiple comparison test.

Owing to the design of the study and limitation in establishing control, the level of significance was set at 0.05.

RESULTS:

DATA ANALYSIS AND INTERPRETATION:

The data was analysed by using SPSS (14.0) and is presented in the following sections:

Section I: Distribution of sample in relation to demographic data.

Section II: Significant differences of knowledge score in knowledge of parents regarding adolescence mental health before and after administration of self instructional module.

Section III: Association of knowledge score with demographic variables.

DISTRIBUTION OF SAMPLE WITH REGARD TO DEMOGRAPHIC DATA:

Majority (36.67%) of sample belonged to age group 36-40 years whereas 26.67% belonged to age group 41-45 years.

60% of the sample belonged to joint family and 33.33% of the sample belonged to nuclear family.

Majority (73.33%) of the sample had two adolescent children in family and 11.67% of the sample had one adolescent child in family.

43.33% of the sample were graduates whereas 23.33% and 18.33% sample were HSC and SSC respectively

31.67% of the samples were homemakers whereas 26.67% were in government job and self business each.

Majority (73.33%) belonged to Hindu religion, whereas 21.67% of the samples were Buddhist.

SIGNIFICANT DIFFERENCE IN KNOWLEDGE SCORE OF PARENTS REGARDING ADOLESCENCE MENTAL HEALTH BEFORE AND AFTER ADMINISTRATION OF SELF INSTRUCTIONAL MODULE.

Distribution of sample with regard to level of knowledge score

n=60

| Overall | Maximum score | Mean | Standard deviation | Mean percentage | t-value | p-value |
|-----------|---------------|-------|--------------------|-----------------|-----------|---------|
| Pre Test | 30 | 21.36 | 4.59 | 59.35 | 13.29 | 0.00 |
| Post Test | 33 | 27.31 | 3.85 | 75.88 | S,p<0.001 | |

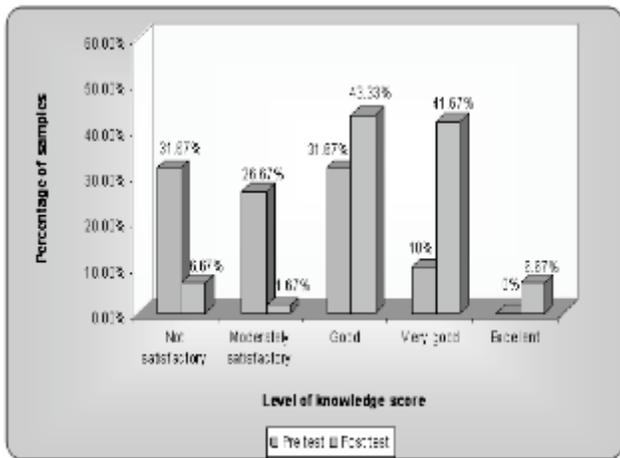
From the above mentioned table it is evident that the obtained pre and post test score t-value is 13.29 and p-value is 0.00 which is less than 0.05 so Ho is rejected and hence H1 is accepted. Thus it is concluded that the self instructional module was effective.

Distribution of sample with regard to level of knowledge score

n=60

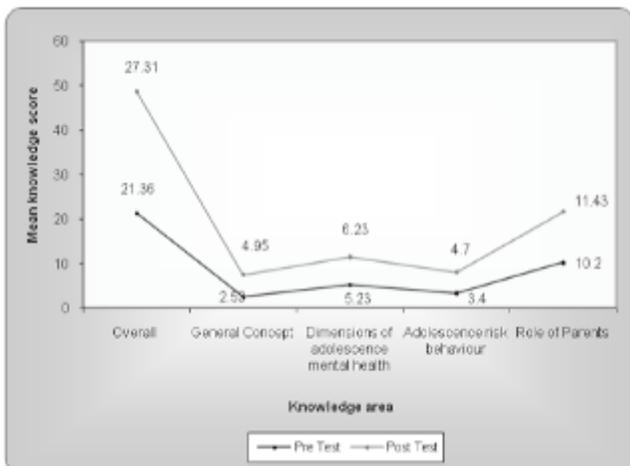
| | Not satisfactory (0-18) | Moderately satisfactory (19-22) | Good (23-27) | Very good (28-32) | Excellent (33-36) |
|-----------|-------------------------|---------------------------------|--------------|-------------------|-------------------|
| Pre test | 19 (31.67%) | 16 (26.67%) | 19 (31.67%) | 6 (10.00%) | 0 (0.00%) |
| Post test | 4 (6.67%) | 1 (1.67%) | 26 (43.33%) | 25 (41.67%) | 4 (6.67%) |

Fig.1. Distribution of sample with regard to level of knowledge score n=60



Area wise comparison of pretest and posttest score

n=60



Above mentioned graph shows that post test knowledge score is significantly higher than pretest score in all four areas. Thus it is concluded that the self instructional module was effective.

ASSOCIATION OF KNOWLEDGE SCORE WITH DEMOGRAPHIC VARIABLES.

Two group comparison was done by using the t- test.

Three group comparison is done by using the one way ANOVA.

Multiple comparison is done by using the Tukey's multiple comparison test.

Significant association is found between post test score and number of adolescents in family (F-value=3.61) and religion of parents (F-value=3.38).

No significant difference was found in knowledge score of mother and father.

DISCUSSION :

Mean pretest knowledge score of mother was 21.73 which were 0.73 higher than knowledge score of father. In the post test, knowledge score of mother was 0.74 higher than knowledge score of father.

Overall mean pretest score was 21.36 which were increased in post test to 27.31 and t-value was 13.29 and p-value was 0.000 which is less than 0.05 so Ho was rejected and hence H1 was accepted. Thus it was

concluded that the self instructional module was effective.

Ruth .S.C, (2004) conducted study on effectiveness of self instructional module on factors contributing to safe motherhood among rural adolescents girls and concluded that self instructional module was effective in enhancing knowledge. Present study also supports that self instructional module is an effective strategy to teach general population.

Significant association is found between post test score and number of adolescents in family (F-value=3.61) and religion of parents (F-value=3.38).

Sini M. (2005) conducted a study to assess the effectiveness of self instructional module on knowledge of parents regarding ADHD and found that self instructional module was helpful in enhancing knowledge of parents and there was significant association between knowledge score and age of parents, education of parents and family income.

Present study also supports that self instructional module was effective in enhancing knowledge of parents

NURSING IMPLICATIONS :

NURSING SERVICES :

Nurses working in the community health nursing and psychiatric set up can benefit from such researches, as it will provide more insight regarding the preventive and rehabilitative aspects of mental health education. It will help to know the importance of the preventive aspect with regard to the problems in adolescents.

NURSING EDUCATION :

The nursing education curriculum can include imparting knowledge about the use of various audio visual aids and teaching strategies such as preparation of such self instructional modules.

Now a days much importance is given to awareness and promotion of health than the curative aspects. As the needs of society are continuously changing newer components must be incorporated in the nursing curriculum. Nursing education should emphasize on preventive and rehabilitative aspects.

The nursing teachers can use the result of the study as an informative illustration for the students. Nursing education should help in inculcating values and a sense

of responsibility in the students to educate the parents of adolescents and to foster the practice of health education to promote adolescence mental health.

NURSING ADMINISTRATION :

As a part of administration, the nurse administrator plays a vital role in educating clients and student nurses. The Nurse administrator can utilize this type of self instructional modules to enhance the knowledge of students and staff nurses. Nursing administration can depute nurses for various workshops, conferences, and special courses; and also in-service education programs can be arranged for the nursing staff.

The findings of the study can be used as a basis of in-service education programs for nurses so as to make them aware of the present problems in the society.

NURSING RESEARCH :

Nursing research is an essential aspect of nursing as it uplifts the profession and develops new nursing norms and a body of knowledge. Another research has been added to the Nursing literature. Very few studies have been done on a similar basis. The research design, findings and the tool can be used as avenues for further research.

There is a need for extended and intensive nursing research in the area of health education for parents to improve their knowledge for better mental health of adolescents and make adolescent healthy and productive citizens.

LIMITATIONS :

The study was carried out on a small population so the findings cannot be generalized for a large population.

The relevant literature was scanty, as hardly any nursing study has been conducted on the topic under investigation.

The assessment of effect of the self instructional module is limited to one post-test conducted on the sixth day of dissemination of the self-instructional module.

The study is limited to population that can read and write Marathi.

The study will be limited to parents of adolescents of selected areas of Wardha city.

The study was limited to the experience level of the researcher.

RECOMMENDATIONS :

Based on above mentioned limitations, investigator recommends that-

A similar study can be replicated with a control group and on a larger population.

A survey to assess the knowledge, belief and practices can be undertaken.

A similar study can be conducted on adolescent students to their perception and problems pertaining to mental health.

A similar study can be conducted in community with a non literate group using different mode of communication (structured interview).

an be conducted in community with a non literate group using different mode of communication (structured interview).

A study can be undertaken to identify the existing knowledge and attitude of parents regarding adolescence mental health.

A study may be conducted to evaluate the effectiveness of Instructional Module versus other methods of health teaching on the similar problem.

CONCLUSION :

The self instructional module significantly brought out improvement in the knowledge of parents regarding adolescence mental health. Analysis of data showed that there was significant difference between pre test and post test knowledge score.

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A Case Study: Problems faced by Family Members of Alcohol Dependents

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ABSTRACT:

This exploratory 'case study' was conducted in the home settings of the alcohol dependents. Alcohol dependents were selected from the Muktanagan, Inter group office, Ishkrupa Groups of Alcoholics Anonymous, Pune. The sample consisted of '34 family members' of the selected 10 alcohol dependents. The samples were selected according to purposive sampling technique. Family members were interviewed both open and closed ended questions were asked to assess problems faced by them. Analysis was done by descriptive, statistical and narrative analysis.

PROBLEM STATEMENT:

'An exploratory study to assess the problems faced by the family members of the selected alcohol dependents in Pune city'.

INTRODUCTION:

According to 'Alcoholics Anonymous' Big Book' "The alcoholic is like a tornado roaring his way through the lives of others. Hearts are broken. Sweet relationships are dead. Affections have been uprooted. Selfish and inconsiderate habits have kept the home in turmoil."

There are many families in the world who are disturbed due to substance abuse. One of the most widely used and abused substance is an alcohol.

Alcohol is a central nervous system depressant. Consumption of larger amounts, it can cause intoxication, sedation, unconsciousness, and even death.

Living with an alcohol dependent is a family affair. Alcohol affects all members of a family to constant stress and fears of various kinds. Therefore it has often been referred to as a "family illness.

OBJECTIVES:

1. To assess social problems faced by the family members of the selected alcohol dependents.
2. To assess financial problems faced by the family members of the selected alcohol dependents.
3. To assess psychological problems faced by the family members of the selected alcohol dependents.
4. To assess physiological problems faced by the family members of the selected alcohol dependents.
5. To determine the association between the selected demographic variables of the family members of the selected alcohol dependents and problems faced by them due to alcohol dependents.

The tool used for the data collection consisted of Semi structured interview:

Annexure a :

Semi structured interview for screening of the alcoholics.

- I. Introductory part.
- II. Screening test.
- III. Years of addiction to alcoholism.

Annexure b:

Semi structured interview with the selected 10 alcoholic. (Each alcoholic client will be dealt separately).

- I. Introductory part.
- II. Consent form.
- III. Personal information of the alcoholic client.

Annexure c :

Semi structured interview with the family member of the selected alcoholic. (Each family member will be dealt separately).

- I. Introductory part.
- II. Consent form.
- III. Collection of personal information of the family member.

- IV. Collection of information on social problems faced by the family members due to problem drinker.
 - a. Closed ended questions.
 - b. Open ended questions.
- V. Collection of information on financial problems faced by the family members due to problem drinker.
 - a. Closed ended questions.
 - b. Open ended questions.
- VI. Collection of information on psychological problems faced by the family members due to problem drinker.
 - a. Closed ended questions.
 - b. Open ended questions.
- VII. Collection of information on physiological problems faced by the family members due to problem drinker.
 - a. Closed ended questions.
 - b. Open ended questions.

Content validity was established by the experts from different specialties in Nursing, Educationist, Statistics, Clinical Psychologists and Psychiatrist. Reliability of the tool was tested by using test-retest method. Test retest method was conducted on 10 family members. The reliability co-efficient was 0.88 and the tool is highly reliable. A pilot study was conducted on 8 family members to check the feasibility and practicability of the semi structured interview tool and the final study was carried out on 34 family members. Social, economical, physical, psychological problems faced by the each family member collected separately, using both open and closed ended questions. In depth data gathered from each family member in separate semi structured interview sessions. Each closed ended question analyzed on 4 point likert scale. Each open ended question summarized. The mean and the standard deviations calculated from the analysis made on 4 point likert scale for all the cases. Social, psychological, financial and physiological problems each assessed and analyzed separately. At the end the association formulated between the selected demographic variables of the family members of the selected alcohol dependents and problems faced by them due to alcohol dependents using tests of association i.e. chi square test. The data collected was analyzed by descriptive and inferential statistics and summarizing the open ended questions.

MAJOR FINDINGS OF THE STUDY WERE:

1. Demographic variables :

In the Demographic variables following points were clearly noted.

- a. 41.2% of the family members aged 18 years or more from the alcohol dependents' families were not earning.
- b. '11.8% of the family members addicted to alcohol and nicotine both', '2.9% of the family members were addicted to alcohol, nicotine and other addictive substances' and '29.4 of the family members were addicted to nicotine products only. Total of 44.9% of the family members of the alcohol dependent are found to be addictive at least one of the psychoactive substance. Also it is remarkable that 0% of the people are addicted only to alcohol (those who are addicted to alcohol are usually multi drug users such as addicted to alcohol with nicotine products and other psychoactive drugs.
- c. 58.8% of family members of the alcohol dependent reported the incidence of personal crisis.
- d. 73.5% of family members of the alcohol dependent reported the incidence of family crisis.

2. Problems faced by the family members of the alcohol dependents:

Most of the family members have problems ranging from moderate to severe degree. (Formulated on the basis of calculation of Mean, S.D. and range, on the scale ranging from negligible, mild, moderate and severe degree).

3. Association between selected demographic variables and problems faced by the family members of the selected alcohol dependents

There is significant relation between the following 6 selected demographic variables and problems faced by the family members of the alcohol dependent.

- 1. Relation with Alcohol dependent.
- 2. Sex.
- 3. Age in years.
- 4. Satisfaction with present and past jobs.
- 5. Type of family.
- 6. Reported methods /techniques of coping with stress.

4. Narrative analysis of Open ended questions asked in interview sessions with family members of alcohol

dependents:

Remarkable answers of the interviewees in their own words translated in to English.

1. Adult daughter of an alcohol dependent, 'I really most of the times feel very disgraced due to my father coming to home drunken, he loved us but never looked after us. Our mother looks like to play both the roles as father and mother for us.'
2. Spouse of an alcohol dependent, "He just wants to enjoy his life. Some times he tries to completely give up alcohol, that time he himself faces many problems, he used to go in depression, not taking food, agitated sometimes become violent. That period of abstinence of alcohol is more dangerous for us than the period of drunken. At present alcohol on both sides abstinence and drunken equally lethal for us."
3. Adult Son of an alcohol dependent, "We never enjoy time when my father at home is in a drunken state."
4. Mother of an alcohol dependent, 'Most of the times in a day I am thinking about my son's drinking problem.'
5. Adult son of an alcohol dependent, 'Many times papa used to promise us they will bring sweets for us in the evening, but he rarely did so. Till now we have spend a big amount towards the deaddiction of my father, but they are useful for only limited period.'
6. Mother of an alcohol dependent, "My son would have achieved higher profile than this, if he had no addiction towards alcohol."
7. Adult son of an alcohol dependent, 'there was no such family financial crisis for us, due to drinking problems of my father. But it is true that alcohol has caused remarkable problems for us economically.'
8. Father of an alcohol dependent, "My son would have achieved higher profile than this, if he had no addiction towards alcohol."
9. Spouse of an alcohol dependent, "If someone gives millions of rupees to my husband, he will waste it all on his drinks."
10. Spouse of an alcohol dependent, "Fights with the society and the family is an everyday phenomenon for me. Children are also sufferers of my husband."

He tried many times to give up the alcohol. Some times he succeeded for few days. But the problem became more severe when he started giving up alcohol. Use to become aggressive, beat me and shout."

11. Adult son of an alcohol dependent, "I still remember my father used to drink and my friends used to laugh at me & also used to tease me."
12. Father of an alcohol dependent, "We all of us rarely sat together and had food or enjoy a family moment together."
13. Spouse of an alcohol dependent, "Many things have been done to stop the drinking problem of my husband. Sometime for few days he used to succeeds, but again things happen as past. Neighbors sometimes give bad words and some times there are also used to be fights with them, due to drinking problems."
14. Old Father of an alcohol dependent, "I many times told to my son about stopping the alcohol, but he never succeeded completely. It is like a social stigma for us, now I stopped looking into his matters, because I feel now he is out of control."
15. Mother of an alcohol dependent, "His friends are the cause for his alcohol addiction. Clashes in the family and the outside with society people are everyday phenomena for us."
16. Adult daughter of an alcohol dependent, "I don't like to discuss about my father's drinking with any one. Some times I feel embarrassed to talk on it."

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Effectiveness of Self Instructional Module on Knowledge regarding prevention of Musculoskeletal Discomfort among Sedentary Workers

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PROBLEM STATEMENT:

'To assess effectiveness of self instructional module on knowledge regarding prevention of musculoskeletal discomfort among sedentary workers in selected areas of Wardha city.'

INTRODUCTION:

The National Institute for Occupational Safety and Health (NIOSH) estimates that, at present, there are more than 100 million computer workers since the latter 1970s, the number of computer workers utilizing computers has increased from a few thousand to more than 450,000. In the coming years, like postural or musculoskeletal problems are common to many sedentary jobs. Operator complaints are most often related to the neck, shoulders, back, and wrists. Complaints mentioned less often involve the arms, hands, and legs. Researchers indicate musculoskeletal symptoms are more frequently reported by computer operators than workers in traditional jobs.

According to scientific and medical information, including data from studies conducted/sponsored by Occupational Safety and Health Department, serious musculoskeletal health symptoms are most often associated with computer jobs requiring constrained working positions for an entire work shift. In a seated position, the computer worker is subject to continuous stress on almost all postural muscles. The amount of the stress is dependent upon the position of various parts of the worker's body. Holding the head to the side or forward may lead to neck and shoulder fatigue and pain. Other neck and shoulder complaints result from the use or position of the operator's arms. For example, elevation of the arms will add to neck and shoulder strain. Prolonged, constrained postures required by the job will make this condition worse. Over the long-term, continued wear and tear may result in a gradual deterioration of joint tissues.

WHO (2006) recognizes that occupational health is

closely linked to public health and health systems development. Therefore the Occupational Health Programme, together with its partners, aims at addressing a large number of determinants of workers' health, including risks for disease and injury in the work environment, social and individual factors, and access to health services. The workplace is a suitable setting for protecting and promoting the health of workers and their families.

The most common body areas to watch for the hands, wrists, elbows, shoulder, and neck. The problem may vary from aches to pain, burning, numbness or tingling. These symptoms may be felt during typing or mouse use or at other times when no work is being done, including during the night when the symptoms may wake up.

If musculoskeletal discomfort is neglected and if not treated early complication may develop and worker can lose job, due to his or negligence and risk factors.

Here researcher can say that need for study is felt due to no effective information available to employees /workers regarding musculoskeletal discomfort.

Most of population is affected by musculoskeletal discomfort due to lack of knowledge about musculoskeletal discomfort.

Where as most of the population unaware about the preventive measures & treatment.

OBJECTIVES:

1. To assess the knowledge of sedentary workers regarding prevention of musculoskeletal discomfort.
2. To evaluate the effectiveness of Self Instructional Module on prevention of Musculoskeletal discomfort among sedentary workers.
3. To associate the knowledge with selected demographic variables.

HYPOTHESIS :

H0:There will be no significant increase in the level of knowledge regarding musculoskeletal discomfort among sedentary workers after administration of self instructional module.

H1:There will be significant increase in the level of knowledge regarding musculoskeletal discomfort among sedentary workers after administration of self instructional module.

CONCEPTUAL FRAMEWORK :

The present study aims at developing and evaluating the effect of self instructional module on knowledge regarding prevention of musculoskeletal discomfort among sedentary workers. The framework of the present study is based on the 'system's model' for development of learning material for continuing education of health worker (WHO 1985). The conceptual framework is divided into three phases - input, throughput and output.

Input: In this study input refers to sedentary workers working with computer and being with computer work more than 5 yrs. In this study their initial knowledge will be assessed by the pre-test based on a structured questionnaire.

Throughput: self instructional module on knowledge regarding prevention of musculoskeletal discomfort was administered to the sedentary workers working with computer, after conducting the pre test.

Output: In this study, output refers to gain in knowledge scores in post-test of the of sedentary workers regarding prevention of musculoskeletal discomfort. . The post-test will be conducted 7 days after administration of SIM of the gain in knowledge scores also will have an effect on their practices of sedentary workers on in the future.

REVIEW OF LITERATURE :

For the present study is organized under the following headings :

Literature related to musculoskeletal discomfort among sedentary workers working with computer.

Literature related to effectiveness of self Instructional Module.

RESEARCH DESIGN :

A one group pre test and post test design (Quasi experimental) was chosen for the study. In the present study a pre test was administered by means of structured questionnaire depicted as O1 and then module was given depicted as X, a post test was conducted using the same self instructional module depicted O2.

The study design is depicted as:

| Pre Test (self instructional module) | Intervention | Post Test |
|---|--------------|-----------|
| O1 | X | O2 |

VARIABLES UNDER STUDY

INDEPENDENT VARIABLE:

Self instructional module on prevention of musculoskeletal discomfort

DEPENDENT VARIABLE:

Knowledge about prevention of musculoskeletal discomfort

TOOL PREPARATION

A tool is an instrument or equipment used for collecting the data.

DEVELOPMENT OF THE TOOL :

The investigator developed the tool after updating his theoretical knowledge by receiving relevant literature on musculoskeletal discomfort and it's prevention.

The investigator's own experience, theoretical knowledge and guidance from the expert along with the review of literature helped in developing the tool necessary for the study.

The following tool is developed for the study

Structured Questionnaire

Description of the tool

Questionnaire: A structured questionnaire was prepared to determine the knowledge of sedentary workers on prevention of musculoskeletal discomfort.

A questionnaire is a totally structured instrument, the subjects are asked to respond to exactly the same questions in same order, and they are given the same set of option for other response". The questionnaire consisted of all closed ended questions as they were

easier to administer and analyze. They can also be completed in a given amount of time.

Section I : Dealt with demographic data.
Section II : Structured questionnaire on knowledge regarding prevention of musculoskeletal discomfort. Which consisted of multiple choice items.

ANALYSIS AND INTERPRETATION DATA :

This chapter deals with analysis and interpretation of the data collected from 60 samples from selected areas of Wardha city. The present study has taken up to assess the effectiveness of self instructional module on knowledge regarding prevention of musculoskeletal discomfort.

The quantitative data was analyzed by SPSS (14.0). Descriptive statistics was performed individually on the responses to the items on knowledge of practices. The data was analyzed based on the following objectives.

o The collected data is tabulated, analysed, organized and presented under the following headings.

Section I: It deals with the distribution of sedentary workers with regard to demographic data.

Section II: Significant difference of knowledge score regarding knowledge on prevention of musculoskeletal discomfort among sedentary workers before and after administration of self instructional module.

Section III: Level of knowledge score regarding knowledge on prevention of musculoskeletal discomfort among sedentary workers before and after Administration of self Instructional module.

Section IV: Distribution of subjects in relation to knowledge regarding prevention of musculoskeletal discomfort among sedentary workers before and after administration of Self Instructional Module.

Section V: Comparison of significant of difference between Knowledge score in relation to Demographic variable.

SETTING OF THE STUDY :

The setting of the study refers to the area where the study is conducted. The setting for this particular study was proposed to be in in selected areas of Wardha city .The sedentary workers working with computer were

selected mainly from Datta Meghe Institute Of Medical sciences University, Acharya vinoba bhav rural hospital ; sawangi (meghe), District post office and DTP operators from Wardha city.

IDENTIFICATION OF TARGET AND ACCESSIBLE POPULATION :

The proposed study was undertaken in areas of Wardha and sedentary workers working with computer was selected.

SAMPLING TECHNIQUE was non-probability, Convenient sampling.

SAMPLING SIZE : sixty sedentary workers who fulfilled the criteria laid down for the selection of the sample.

CRITERIA FOR SAMPLING

INCLUSION CRITERIA

Aged between 25-57 yrs.
Working At least 6 hours / day with computer with minimal physical exercise.
Willing to participate.

EXCLUSION CRITERIA

Workers less than 5 yrs of experience.
Those who are having musculoskeletal disorder.
Those who do regular exercise.
Not available at the time of collection

SCORING

A score of '1' was given for each correct answer and score '0' was given for every wrong answer. The total score was 22.
No negative score was given.

TECHNIQUE

The technique used was self reporting.

VALIDITY:

In order to obtain content validity. The tool was given one expert from Department of Community Medicine, two from Physiotherapy College and seven experts from Nursing Department.

RELIABILITY:

Reliability analysis done by Guttman Split Half Coefficient = .75 .The tool is reliable.

PLAN FOR STATISTICAL ANALYSIS :

The collected data was coded, tabulated and analyzed by using descriptive statistics (mean percentage,

standard deviation) and inferential statistics. Significance difference between pre and post test readings was tested by using t-test, comparison between two groups were compared using one group ANOVA and Multiple comparison was done by using Tukey multiple comparison test.

The data is presented in the form of tables and graphs

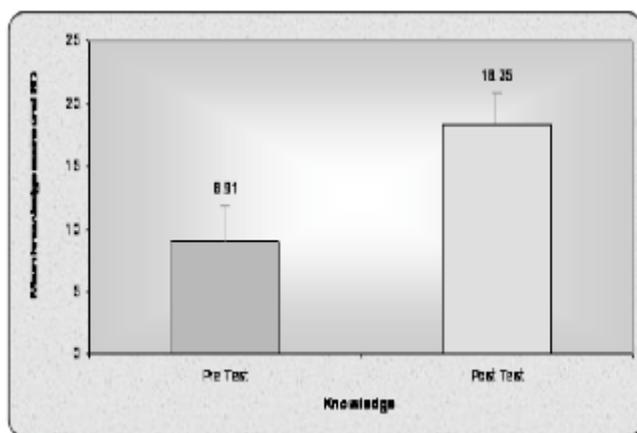
| Overall | Max. score | Mean | Stand. deviation | Mean % | t-value | p-value |
|-----------|------------|-------|------------------|--------|---------|----------|
| Pre Test | 15 | 8.91 | 2.99 | 40.53 | 39.61 | 0.000 |
| Post Test | 22 | 18.35 | 2.61 | 83.40 | | S,p<0.05 |

SIGNIFICANT DIFFERENCE OF KNOWLEDGE SCORE REGARDING KNOWLEDGE ON PREVENTION OF MUSCULOSKELETAL DISCOMFORT AMONG SEDENTARY WORKERS BEFORE AND AFTER ADMINISTRATION OF SELF INSTRUCTIONAL MODULE.

Significance of difference between pre test and post test knowledge score in relation to knowledge and prevention of musculoskeletal discomfort. (student paired t test)

The below table shows the significance of difference between pre test and post test knowledge score in relation to knowledge and prevention of musculoskeletal discomfort;

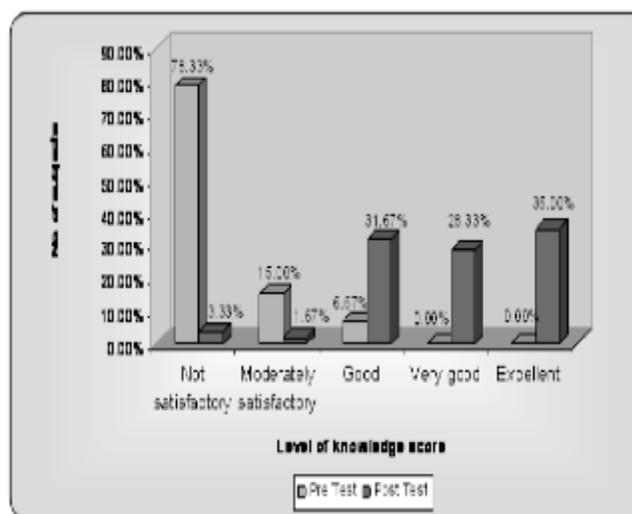
In Pre-test mean knowledge score was 8.91, ± 2.99 and In Post-test it was 18.35 ± 2.61. Which is 83.40 % of total score. There is Significance of difference between pre test and post test knowledge score in relation to knowledge and prevention of musculoskeletal discomfort and p-value is <0.05 significant (p= 0.000). Thus H 1 is accepted and it is concluded that SIM effective.



test knowledge score in relation to knowledge regarding prevention of musculoskeletal discomfort.

| | Not satisfactory (0-11) | Moderately satisfactory (12-14) | Good (15-17) | Very good (18-19) | Excellent (20-22) |
|-----------|-------------------------|---------------------------------|--------------|-------------------|-------------------|
| Pre test | 47 (78.33%) | 9 (15%) | 4 (6.67%) | 0 (0.00%) | 0 (0.00%) |
| Post test | 2 (3.33%) | 1 (1.67%) | 19 (31.67%) | 17 (28.33%) | 21 (35%) |

Above table shows level of score in pre-test and Post-test. In Pre-test majority of the score was not satisfactory (78.33%), 15% were Moderately satisfactory and 6.67% were having good level of score. In Post-test majority of level of score was good (31.67%), Very good (28.33%) and excellent (35%) and 1.67% in moderately satisfactory and 3.33% belong to not satisfactory category. Above table clearly represents that there is increase in the level of score in Post-test in comparison to the Pre-test. Thus H1 is accepted and it is concluded that SIM effective.



DISCUSSION :

The finding of the study have been discussed with reference to the objective of the research and assumption of the study. The analysis shows that 43.33% of the subject were of the age group of 25-34 yrs. And 35-44 43.33% respectively and 13.33% of subject were of the age group of 45-57 yrs.

There were 81.67% of males and 18.33% of female sedentary workers who works with computer.

In study there are 81.33% were married, 15% unmarried

and 3.33% were single respectively.

80% of Hindus and 20% of Buddhist subject were studied.

There were 36.67% of subjects Higher secondary, 48.33% were graduate, 15% postgraduate respectively. As per their type of family 56.67% subjects living in joint family, 35% in nuclear family and 8.33% in extended family respectively.

Most of the sedentary workers (38.33%) ;monthly income were in between Rs.5001 -10000. and 28.33% of subjects monthly income were up to Rs.5000. and 16.67% of subjects monthly income were fell in between Rs.10001-above 15000. respectively. Most of the sedentary workers were doing private job. 46.67% working in private sector, as compared to 21.67% in Government and 31.67% were doing their own business.

Out of selected subjects in study 38.33% subjects having 5-10 yrs. Of work experience, 36.67% were having 11-15 yrs. Of work experience and 25% of subjects having more than 15 yrs. Of experience.

In Post-test majority of level of score is falls in good (31.67%) ,Very good (28.33%) and excellent category (35%) and 1.67% in moderately satisfactory and 3.33% belongs to level of not satisfactory category. This suggested that most of samples had good level of knowledge.

LIMITATIONS :

The study was carried out on a small population so the findings cannot be generalized for a large population.

The relevant literature was scanty, as hardly any nursing study has been conducted on the topic under investigation.

Sedentary workers working with computer. at least 6 hrs per day. with minimal physical activity.

Sedentary workers having musculoskeletal disorder.

Those who do regular exercise.

Age limit to 25 to 57 years.

Experience more than 5 yrs.

The study was limited to the experience level of the researcher.

RECOMMENDATIONS :

Based on above mentioned limitations, investigator

recommends that-

It is suggested that the study may be replicated using a larger population.

A study in the health team members to explore the knowledge of musculoskeletal discomfort/

A comparative study among rural and urban areas to assess the knowledge about prevention of musculoskeletal discomfort

The same study can be done in pre test, post test design with self instruction module or teaching plan or with control group.

Survey can be done to assess the knowledge on prevention of musculoskeletal discomfort.

The self instructional module significantly brought out improvement in the knowledge of sedentary workers regarding musculoskeletal discomfort.

Analysis of data showed that there was significant difference between pre test and post test knowledge score.

CONCLUSION :

The self instructional module significantly brought out improvement in the knowledge of sedentary workers regarding musculoskeletal discomfort.

Analysis of data showed that there was significant difference between pre test and post test knowledge score.

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Workplace Bullying In Nursing

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Bullying is well known, if not well understood, in the Nursing profession. Despite the great many articles written on this topic, little is known with certainty about why such rancor exists among nurses. At least, this literature exposes the "hidden" problem of workplace bullying to the light of day. Perhaps by acknowledging it, we will finally be able to put an end to it.

As interesting as it may be to delve into the motivations of bullies, it is more important to consider the effects of bullying on its victims, or as they are sometimes called, "targets." Is this animosity just an inevitable consequence of people (and primarily women) working together, something that nurses must get used to if they are to remain in the profession, or is bullying a persistent, destructive presence that is poisoning our profession?

A quick search reveals that bullying occurs not only among other health professionals but in nearly every imaginable workplace environment. Bullies, it seems, are not limited to the playground anymore.

We can't solve the problem of workplace bullying, but we can turn the mirror on ourselves and try to discover why bullying exists in a profession that is supposed to stand for caring.

WHAT MOTIVATES BULLIES?

Like the grade school bully, the adult bully seeks to dominate in interactions with others, frequently demonstrating controlling and manipulative behavior. Some bullies seek to control the work environment by controlling the nurses in it.

Motivations can be inherent in the labels assigned to various types of bullies:

The super nurse :
more experienced, educated, or specialized; conveys an elitist or superior attitude;

The resentful nurse :
develops and holds grudges; pits nurse against nurse;

The put-down, gossip, and rumors nurse :
shares negativity; quick to take offense;

The backstabbing nurse :
cultivates friendships, then betrays them; "2-faced";

The green-with-envy nurse :
tends toward envy and bitterness; and

The cliquish nurse :
uses exclusion for aggression; shows favoritism and ignores others.

According to experts and researchers in the field of nursing there are two theories to explain the bullying culture that prevails in nursing.

1) The educational system:

Nurses, being primarily women, are educated differently from medical students. Medical students are taught to never break down, to always have the answer, and to project confidence, even if they don't feel it. Whereas nurses are trained to be subservient and uncertain, rather than independent and confident.

2) The other factor is the nature of the workplace:

Specifically, the lack of freedom. Most nurses are essentially "stuck" on their units for an entire shift. When things get rough and reach a boiling point, nurses can't get away to let off steam and calm down. Unlike many other workers, nurses can't take a walk or go outside for a few minutes when they are feeling stressed.

How do bullies choose their victims?

Bullies often select their targets carefully, picking from the most vulnerable, the target may be someone who is:

- A new graduate or new hire;
- Receiving a promotion or honor that others feel is

undeserved;

- Having difficulty working well with others;
- Receiving special attention from physicians; or
- Working under conditions of severe understaffing.

MANIFESTATIONS OF BULLYING :

Bullying takes many forms -- some blatant, some less so. Nurses who have researched this problem have collated an extensive list of behaviors that represent bullying, including the following:

- Refusing to speak to a colleague, being curt, giving the "silent treatment," or withholding information (setting someone up to fail);
- Unwarranted or invalid criticism, excessively monitoring another's work;
- Physical or verbal innuendo or abuse, foul language/swearing;
- Raising one's voice, shouting at or humiliating someone;
- Treating someone differently from the rest of the group, social isolation;
- Asking inappropriate and/or excessive questions about personal matters or teasing about personal issues;
- Gossiping, spreading rumors, assigning denigrating nicknames;
- Inappropriately exempting staff from responsibilities or assigning low-skilled work;
- Blaming someone without factual justification;
- Allocating unrealistic workloads and not supporting a colleague;
- Being condescending or patronizing;
- Taking credit for another person's work without acknowledging his or her contribution or blocking career pathways and other work opportunities;
- Publicly making derogatory comments about staff members or their work, including use of body language (eye rolling, dismissive behavior), sarcasm, ridicule; making someone the target of practical jokes; and
- Impatience with questions; refusal to answer questions.

CONSEQUENCES AT THE WORKPLACE :

- Bullying can create and sustain a toxic work environment.
- The organizational ramifications of workplace bullying are dangerous and costly.
- Bullying can erode morale and job satisfaction, leading to loss of productivity, work absence, and nurse attrition.
- Termination and turnover are expensive sequelae

of bullying because most hospitals can ill afford to lose nurses.

- Bullying is also viewed as a risk to patient safety. Bullying interferes with teamwork, collaboration, and communication, the underpinnings of patient safety.

APPROACHES TO BULLYING :

Sadly, bullying has long been tolerated in healthcare. Sometimes called nursing's "silent epidemic," bullying might even be tacitly accepted with "a wink and a nod," or subtly encouraged by a failure to acknowledge or take steps to end it.

This can give rise to an attitude of indifference toward bullying in the workplace and unwillingness to address it, even on the part of victims. This is one reason that a "zero-tolerance" organizational policy about workplace bullying is now the bedrock of bullying prevention recommendations.

STRATEGIES FOR NURSES :

- Nurses should take a collaborative approach to bullying; nurses should "look out for each other," and support victims of bullying during and following an episode, including reporting the incident.
- Encourage victims to document incidents of bullying, including date, time, site of occurrence, and witnesses.
- Those who witness an episode of bullying
- Intervene quickly to prevent minor conflicts from escalating."
- Act together to alter the situation's dynamic and avert a bullying incident. "You can intervene on behalf of a co-worker who is being bullied by asking her to help you with a task in another location, speaking up on her behalf, or simply standing beside her".
- Avoid participating in gossiping, which is also a form of bullying.

FINAL THOUGHTS :

Whatever the reason, antipathy among nurses in the workplace has become a significant problem.

We can't afford to wait for definitive answers about the root causes of bullying, nor can our patients.

Acknowledging that bullying exists, and that it is complex and multifactorial, is an important first step in eradicating it from the workplace. However, it is time

for all nursing leaders to get serious about workplace bullying, and put some muscle behind rhetoric, such as zero tolerance.

In the end, a strong sense of community in the workplace, where each individual is considered a valued team member, is the best weapon against bullying.

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Neonatal Sepsis

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INTRODUCTION:

Sepsis or septicemia refers to a centralized bacterial infection in the blood stream. Neonates are highly susceptible to infection as a result of diminished non-specific (inflammatory) & specific (hormonal) immunity such as impaired phagocytosis, delayed chemotactic response, minimal or absent immunoglobulin 'A' and immunoglobulin 'M'(IA & IM) and decrease complement levels.

DEFINITION:

"Neonatal Sepsis is a clinical syndrome of bacteria with signs and symptoms of infection in first four weeks of life."

It is significant cause of neonatal morbidity and mortality.

INCIDENCE:

1 - 10 / 1000 Live birth (higher in LBW)

ETIOLOGY:

There are several reasons for neonatal infection which includes :

- The variety of organisms potentially present in uterus during gestation in the cervix and vagina, during delivery and in the environment of the hospital and community.
- Immature host resistant that causes the neonate to overcome by these organisms.
- The fact that because of some manifestations of infections such as vomiting, periodic breathing, and loose stools among others may also cause infection in neonates.

EARLY Vs LATE ONSET OF SEPSIS:

Early onset of infection is caused by organisms prevalent in the maternal genital tract or in the delivery area. The predisposing factor of early onset of sepsis includes;

- Low birth weight,
- Prolonged rupture of membranes ,
- Foul smelling liquor per vaginal examination,
- Maternal fever,
- Difficult or prolonged labour and
- Aspiration of meconium.

Early onset of sepsis manifests frequently as pneumonia and less commonly as septicemia or meningitis.

Late onset of infection is caused by organisms thriving in the external environment of the home or the hospital. The infection is often transmitted through the hands of care providers. The predisposing factors of early onset of sepsis includes;

- Low Birth Weight
- Lack of breastfeeding
- Superficial infections (pyoderma, umbilical sepsis)
- Aspiration of feeds
- Disruption of skin integrity with needle pricks and use of I.V fluids.

PORTAL OF ENTRY:

- Skin
- Umbilicus
- Conjunctiva
- Oral mucosa
- GIT
- Respiratory tract

Sepsis in the neonatal period can be acquired prenatally across the placenta from the maternal blood stream or during labour from ingestion or aspiration of infected amniotic fluid, prolonged rupture of membranes always

presents a risk of this type from maternal - fetal transfer of organisms.

PATHOPHYSIOLOGY:

Due to risk factors like:

Maternal - PROM, Preterm labour, Group B Streptococci colonization, UTI.

Fetal - LBW, Prematurity, Perinatal depression
Environmental - Home, Hospital.

Entry of the micro-organisms - Bacteria : Gram +ve and -ve commonly E- coli, staphylococcus aureus, klebsiella pneumonia.

Enters through the skin, oral mucosa, respiratory tract, gastro intestinal tract, urinary tract, ect. In the blood stream and they destroys the endothelial cells of the blood vessels.

Central bacterial growth in the blood of the neonate - bacteriemia.

1) Early onset before 72 hours 2) Late onset after 72 hours

Neonatal Sepsis

Increased capillary permeability
Clot formation (thrombi)

Fluid shift (Circulatory to intra vascular to extra vascular)

Decreased onchotic pressure (Na exchange for K loss)

Eczema (Increased neonate's weight which is an abnormal sign indicating sepsis)

Altered fluid and electrolyte balance: hyponatremia, hypocalcemia, hypokalemia.

If not treated properly, continuous reaction is going in the blood vessels i.e. destruction of cells, formation of thrombi, multiplication of causative organisms and decreased phagocytosis. Thrombus increases day by day.

Destruction of RBCs giving rise to Aneamia.

Decreased blood supply due to altered circulatory system, decreased cardiac output, and blood volume therefore decreased blood supply to the vital organs progressing to Multiorgan Ischemia, Liver, CNS, CVS, and GIT.

- E.g. If liver function hampers then metabolism, formation of clotting factors disturbs. This leads to increased bilirubin levels resulting in ischemia and excessive destruction of RBCs.
- Clotting factor deficiency arises, tissue factors are released from the blood vessels into the blood which binds the platelets. This results in blood coagulopathies such as DIC leading to death.

CLINICAL FEATURES:

- General- Lethargy, refusal to suck, poor cry, poor weight gain / excessive weight loss.
- CNS - Not arousal, comatose, seizures, high pitched cry, excessive crying / irritability, bulging fontanel, poor neonatal reflexes.
- Respiratory - Cyanosis, tachypnae, chest retraction, grant, apnea / gasping.
- CVS - Hypotension, poor perfusion, shock.
- GIT - Abdominal distension, diarrhea, vomiting.
- Others - Hypothermia, excessive jaundice, bleeding, renal failure.

INVESTIGATIONS:

No investigations are required as a pre- requisite to start treatment in a clinically obvious. Lumbar puncture should be done in all cases of late onset of neonatal sepsis.

- Direct- Isolation of organism from blood, CSF, urine, pus and conjunctiva.
- Indirect - Screening tests i.e. WBC, protein, glucose, blood culture.
- CSF- Full blood count, platelet count, CRP, GBS, ABG, etc.
- Sepsis Screening - Leucopenia <5000/mm³,
Neutropenia <1800 / mm³
IT ratio > 0.2

CRP positive
Thrombocytopenia.

MANAGEMENT:

Supportive care and antibiotics are the two equally important component of treatment. Antibiotics take at least 12 to 24 hours to show any effects.

Supportive Care :

The purpose is to normalize the temperature, stabilize the cardiopulmonary status, correct hypoglycemia and prevent bleeding tendency.

- Provide warmth, ensure consistent normal temperature.
- Start intravenous line.
- Infuse normal saline 10ml/kg over 5 - 10 minutes perfusion is poor as evidenced by capillary refill time of more than 3 seconds. Repeat the same dose 1 - 2 times over next 30 - 45 mins if perfusion continues to be poor.
- Infuse glucose (10%) 2 ml /kg stat.
- Inject vitamin K 1 mg IM.
- Start oxygen by hood or mask if cyanosis or grunting observed.
- Provide gentle physical stimulation if apneic.
- Provide bag & mask ventilation with oxygen if breathing is inadequate.
- Avoid feed if very sick, give maintenance IV fluids.

Antibiotic Therapy :

It should cover common causative bacteria, E- coli, & Staphylococcus aureas & Klebsiehla pneumoniae.

A combination of Ampicillin & Gentamicin is recommended for treatment of sepsis & pneumonia. In cases of suspected meningitis with cefotaxime.

Treatment may include Amikacin third generation cephalosporin such as Cefotaxime, Ceftriaxone. Vancomycin is the drug of choice for nosocomial staphylococcal infections.

Inj. Ampicillin 50 mg /kg /dose.
Inj. Gentamicin 2.5 mg /kg /dose.
Inj. Cefotaxime 50 mg /kg /dose.

NEONATAL SEPSIS :

SUMMARY :

Neonatal sepsis is the most important cause of neonatal deaths in the community, accounting for over half of

them. If diagnosed early and treated with good supportive care and antibiotics, it is possible to save most cases of neonatal sepsis.

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