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Knowledge on Breast Feeding among Antenatal Mothers Visiting at Primary Health Centre, Radhapuram, Villupuram Dist.

J. Daniel Tamilselvan*, Rajarajeswari**, Hemamalini M.***, Porselvi****

Abstract

Introduction: Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. **Objective:** The objective of the study was to assess the knowledge on breast feeding among antenatal mothers and to associate the knowledge on breast feeding among antenatal mothers with their demographic variables. **Methodology:** Quantitative research and descriptive design was adopted for the study. A total of 50 samples were selected using non probability purposive sampling technique at Radhapuram block Primary health centre, Villupuram district. The tool used for the study comprises of 2 sections, section A: Demographic data which consist the items for obtaining information about the selected Background factors such as age, Type of gravida, educational status, Religion, Number of children's, monthly income, place of residence, types of Family, occupation, source of health information and availability of health facilities. section B: Structured knowledge questionnaire developed by the investigator which consist of 30 items pertaining to the knowledge regarding breast feeding. **Results:** The study findings revealed that mother's knowledge regarding breast feeding is inadequate. Only 4% (2) of antenatal mothers had adequate knowledge about breast feeding, 32% (16) had moderate knowledge and 64% (32) had inadequate knowledge regarding breast feeding. **Conclusion:** It is essential, that accurate information and education should be given to mothers and caregivers about appropriate timing of initiating breast feeding practices which helps to prevent malnutrition and improve the health status of the children.

Keywords: Breast Feeding; Knowledge; Antenatal Mothers; Malnutrition; Health.

Introduction

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the

health care system and society at large.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth [1]. Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children. Breastfeeding is the ideal form of feeding in the neonate. Artificial feeding exposes the infant to infection and results in over a million death annually worldwide due to its ill effects.

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Breast milk contains a number of anti-infective substances and antibodies. Breast fed babies are less likely to suffer from allergic disorder like asthma and eczema Breast feeding provides immunological benefits to the baby for the life time. Breast feeding provides emotional security. During breast feeding there is a release of oxytocin to eject the milk, oxytocin helps to contract the uterus. Breast feeding delays ovulation and onset of menstruation. Breast feeding is convenient. Breast feeding helps to maintain and regain the pre pregnancy body weight. Mothers who breast feed their babies have a reduced risk of development of breast and ovarian cancer.

According to the Medical Journal of the American Academy of Neurology 2017' Mothers who breastfeed for a total of at least 15 months over one or more pregnancies may be less likely to develop multiple sclerosis (MS) compared with those who don't breastfeed at all or do so for up to four months [2].

UNICEF-In the last two decades, child mortality has decreased considerably, but close to 7 million children under five years of age still die each year, mainly from preventable causes. Of those, newborn deaths now represent nearly half of all child deaths under five years. Immediate breastfeeding – putting the baby to the mother's breast within an hour after birth – would significantly reduce neonatal mortality [3].

Indian Scenario-According to National Family Health Survey-3 data, about 20 million children are not able to receive exclusive breastfeeding (EBF) for the first six months, and about 13 million do not get good, timely and appropriate complementary feeding along with continued breastfeeding. Over the past several years, India has failed to witness any remarkable progress in infant feeding practices, with only a small increment being recorded in EBF rates amongst infants 0-6 months of age – from 41.2% in 1998-99 (NFHS-2) to 46.3% in 2005–2006 (NFHS-3) [4].

Early and exclusive breastfeeding helps children survive, but it also supports healthy brain development, improves cognitive performance and is associated with better educational achievement at age 5. Breastfeeding is the foundation of good nutrition and protects children against disease. In this way, breastfeeding allows all children to thrive and develop to their full potential. Yet, less than half of the world's newborns benefit from early breastfeeding and even fewer are exclusively breastfed for the first six months.

Optimal breastfeeding of infants under two years of age has the greatest potential impact on child

survival of all preventive interventions, with the potential to prevent over 800,000 deaths (13 per cent of all deaths) in children under five in the developing world (Lancet 2013)[5].

As breast feeding has so many advantages for mothers as well as children. Hence, the researcher felt the need to assess the knowledge of breast feeding among antenatal mothers.

Materials and Methods

Quantitative approach and descriptive design was adopted for the study. The variables studied are study variable and demographic variables. The study variable was knowledge regarding breastfeeding among antenatal mothers, whereas the demographic variables includes: age, Type of gravida, educational status, Religion, Number of children's, monthly income, place of residence, types of Family, occupation, source of health information and availability of health facilities. The study was conducted in Radhapuram block Primary health centre, Villupuram district, Tamilnadu, with a total population of 3,453. The accessible population constitutes of all young antenatal mothers who are visiting antenatal clinic. The sample size for the present study was 50. Non probability purposive sampling technique was adopted to select the samples for the study. The inclusion criteria includes: (1) Antenatal mothers who are available at the time of data collection (2) Antenatal mothers who are willing to participate in the study. (3) Antenatal mothers who are able to read, write and understand Tamil. The exclusion criteria include (1) Antenatal mothers who are not co-operative.

The data collection instruments consist of following sections

Section A: Demographic data which consist the items for obtaining information about the selected Background factors such as age, Type of gravida, educational status, Religion, Number of children's, monthly income, place of residence, types of Family, occupation, source of health information and availability of health facilities.

Section B: Structured knowledge questionnaire

It consist of 30 items pertaining to the knowledge regarding breast feeding.

Scoring

All the items were multiple choice question. Each

had 4 alternative responses with only one most appropriate answer. The maximum score was 30 for knowledge questionnaire. The score for the correct response was 'one' and for wrong response was 'zero'. The level of knowledge and skill was categorized based on the percentage of score obtained.

Sl. No	Level of Knowledge	%
1	Inadequate	<50%
2	Moderately adequate	51-75%
3	Adequate	76-100%

The content of the tools were established on the basis of opinion of nursing experts. Suggestions were incorporated in the tool. The reliability of the tool was done by test retest method. Permission was obtained from the Block medical officer. The investigator explained the objectives and methods

of data collection. Data collection was done within the given period of 1 day in Radhapuram block PHC. The data collection was done during the day time. The researcher introduced herself to the antenatal mothers and developed good rapport with them. The purpose of the study was explained to every samples. So as to get their full co-operation. The participants took 10 Minutes to complete the tools and there co-operation was imperative. The collected data was coded and analysis was performed using statistical formulas.

Results

Table 2 revealed that Only 4% (2) of antenatal mothers had adequate knowledge about breast

Table 1: Frequency and percentage distributions of demographic data of the antenatal mothers N=50

Demographic variables	Frequency	Percentage %	
Age	20-23	27	54
	24-26	15	30
	27-30	8	16
Number of conception	First	35	70
	Second	10	20
	Third	5	10
Educational Qualification	Middle school	22	44
	Higher school	20	40
	Graduate/Diploma	8	16
	Illiterate	0	0
Religion	Hindu	45	90
	Muslim	3	6
	Christianity	2	4
	Others	0	0
Number of Children's	0	32	64
	1	8	16
	2	10	20
	3	0	0
Income	Rs.2000 – Rs.3000	22	44
	Rs 3001- Rs 4000	13	26
	Rs 4001 - Rs 5000	6	12
	Rs 5001 and above	9	18
Residence	Urban	10	20
	Rural	40	80
Types of family	Nuclear family	32	64
	Joint family	18	36
Occupation	Housewife	29	58
	Working women	21	42
Sources of Information about breast feeding	Television/Mass media	3	6
	Parents	17	34
	Medical officer	30	60
Availability of health facilities	Primary health centre	36	72
	Government hospital	14	28
	Self medication	0	0
	Voluntary health organizations.	0	0

Table 2: To assess the knowledge on breast feeding among antenatal mothers N=50

Level of knowledge	Knowledge on breast feeding	
	Number	Percentage
Adequate (>76%)	2	4
Moderate (51-75%)	16	32
Inadequate (<50%)	32	64

Table 3: To associate the knowledge on breast feeding among antenatal mothers with their demographic variables N=50

		Knowledge Level			Total N (%)	Chi Square Test	P Value
		Inadequate	Moderately adequate	Adequate			
Age	20-23	16(32)	11(22)	0(0)	27 (54)	9.49	13.27 S
	24-26	12(24)	2(4)	1(2)	15 (30)	4 DF	
	27-30	4(8)	3(6)	1(2)	8 (16)		
Number of conception	First	21(42)	13	1	35 (70)	9.49	5.17 NS
	Second	8(16)	2(4)	0(0)	10 (20)	4 DF	
	Third	3(6)	1(2)	1(2)	5 (10)		
Educational	Middle school	15(30)	5(10)	2(4)	22 (44)	12.59	3.72 NS
	Higher school	12(24)	8(16)	0(0)	20 (40)	6 DF	
	Graduate/ Diploma	5(10)	3(6)	0(0)	8 (16)		
	Illiterate	0(0)	0(0)	0(0)	0(0)		
Religion	Hindu	29(58)	14(28)	12(24)	45(90)	12.59	0.50 NS
	Muslim	2(4)	1(2)	0(0)	3(6)	6 DF	
	Christianity	1(2)	1(2)	0(0)	2(4)		
	Others	0(0)	0(0)	0(0)	0(0)		
Number of Children's	0	18	13	1	32(64)	12.59	6.54 NS
	1	8(16)	0(0)	0(0)	8(16)	6 DF	
	2	6(12)	3(6)	1(2)	10(20)		
	3	0(0)	0(0)	0(0)	0(0)		
Income	Rs.2000 – Rs.3000	14(28)	6(12)	2(4)	22(44)	12.59	4.15 NS
	Rs 3001- Rs 4000	7(14)	6(12)	0(0)	13(26)	6 DF	
	Rs 4001 - Rs 5000	5(10)	1(2)	0(0)	6(12)		
	Rs 5001 and above	6(12)	3(6)	0(0)	9(18)		
Residence	Urban	8	2	0	10(20)	5.99	1.56 NS
	Rural	24(48)	14(28)	2(4)	40(80)	2 DF	
Types of family	Nuclear family	19(38)	13(26)	0(0)	32(64)	5.99	5.91 NS
	Joint family	13(26)	3(6)	2(4)	18(36)	2 DF	
Occupation	Housewife	18(36)	11(22)	0(0)	29(58)	5.99	3.56 NS
	Working women	14(28)	5(10)	2(4)	21(42)	2 DF	
Sources of Information about breast feeding	Television/Mass media	3(6)	0(0)	0(0)	3(6)	9.49	4.828 NS
	Parents	13(26)	4(8)	0(0)	17(34)	4 DF	
	Medical officer	16(32)	12(24)	2(4)	30(60)		
Availability of health facilities	Primary health centre	23(46)	12(24)	1(2)	36(72)	12.59	0.405 NS
	Government hospital	9(18)	5(10)	0(0)	14(28)	6 DF	
	Self medication	0(0)	0(0)	0(0)	0(0)		
	Voluntary health organizations.	0(0)	0(0)	0(0)	0(0)		

feeding, 32% (16) had moderate knowledge and 64% (32) had inadequate knowledge regarding breast feeding.

The above table 3 that there was association with age and the knowledge, and there was no association with other demographic variables

Discussion

Knowledge regarding breast feeding were assessed among 50 antenatal mothers in Radhapuram PHC. The mean knowledge regarding breast feeding in this study is 14.54 ± 4.71 . Only 4% (2) of antenatal mothers have adequate knowledge about breast feeding, remaining 32% (16) have moderate knowledge and 64% (32) are having inadequate knowledge regarding breast feeding (Table 2).

A Similar study was conducted by Seena Girish and M. Gandhimathi (2015) to assess the knowledge, attitude and practice of primipara mothers regarding breastfeeding, the study was conducted in Elite Mission Hospital, Thrissur among 50 primipara mothers who were breastfeeding their newborns. The sample was collected by non probability convenient sampling. The knowledge, attitude and practice were assessed by using breastfeeding knowledge questionnaire, IOWA infant feeding attitude scale and breast feeding practice checklist respectively. The study revealed that the knowledge of primipara mothers regarding breastfeeding was not adequate and that was reflected on their practice of breastfeeding. They had favourable to very favourable attitude towards breastfeeding. The primary care givers need to implement strategies to educate primipara mothers about breastfeeding to enhance good breastfeeding practice thereby reducing infant mortality and morbidity [6].

The present study findings was supported by similar study conducted by Sindhu Thomas, Poornima S., Vinay M (2017) in Keregodu PHC area to assess the knowledge, attitude & practices regarding breast feeding among lactating mothers having children ≤ 1 year and also to study the determinants of breast feeding practices in the study area. 104 mothers from 4 sub centers having children <1 year age group were included in the study. Semi-structured questionnaire was used to collect the information. Results Shows that all the 104 (100%) children were breastfed. But only 33 (31.7%) had the knowledge about exclusive breast feeding. Attitude towards exclusive breastfeeding was favorable 95 (91.3%). Only 14 (13.5%) were

practicing demand feeding. Mothers had poor knowledge, but favorable attitude regarding exclusive breastfeeding practices [7].

Conclusion

The present study reveals that mother's knowledge regarding breast feeding is inadequate. Majority of them are not aware of the current recommendations. Correct information and guidelines about breast feeding is not reaching the target population. False beliefs, customs and attitude of the mother tend to delay the breast feeding.

There is significant association between knowledge and age of the antenatal mothers Poor breastfeeding are the principal proximate causes of malnutrition during the first two years of life.

Hence it is essential, that accurate information and education should be given to mothers and caregivers about appropriate timing of initiating breast feeding practices which helps to prevent malnutrition and improve the health status of the children.

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Conflicts of Interest

The author declares no conflict of interest.

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Prevalence of Chronic Diseases among Elderly in Maraimalai Nagar, Kancheepuram District

T. Sujatha

Abstract

Introduction: Chronic disease constitute a major cause of mortality in the world representing 35 million deaths in 2005 & over 60% of all deaths. **Objective:** The objective of the study was to assess the Prevalence of Chronic diseases among elders in Maraimalai nagar. **Methodology:** The research approach selected for the present study was Quantitative approach and descriptive research design. The study was conducted in Maraimalainagar, Kancheepuram District. The study was conducted among 50 Elders. Non probability purposive sampling technique was adopted for the study. The data was collected by assessing the basic biological variables and using structured questionnaire which consists of 30 questions. **Results:** 50 Elders, 28% have Hypertension, 16% have Diabetes mellitus, 48% having Asthma, 6% have Cardio vascular disease, 28% of Osteoporosis, 10% of clients have other problems and 4% don't have any clinical conditions. **Conclusion:** The study conclude that, awareness among chronic disease among general public is very poor. Hence education among people is needed.

Keywords: Chronic Diseases; Cardio Vascular Disease; Diabetes Mellitus; Asthma; Hypertension; Osteoporosis.

Introduction

The World Health Organization (WHO) estimated that 36 million people die each year due to chronic diseases, and three-fourth of these deaths are among people aged 60 years and above[1]. According to "Towards Enriching Years" during the process of ageing, physical functions of the body slowly deteriorate demanding greater coping skills on the part of the ageing person to adjust to the environment. Ageing of population is an end product of demographic transition: the number of older adults aged 65years and above is increasing and

they are becoming larger percentage of all overall population: they are the second largest population[2]. It was estimated that in 21st century the world population was 6.1 billion and is likely to become 9.3 billion in 2050 (UN2004). Global aged population will increase from 595 million to 2 billion, a fourfold rise by 2050[3].

Chronic disease constitute a major cause of mortality and the world health organization (WHO) reports chronic for communicable conditions to be for the leading cause of mortality in the world representing 35 million deaths in 2005 & over 60% of all deaths. Chronic illness cause about 70% of death and in 2002 chronic conditions (heart diseases, cancers, stroke, chronic respiratory disease, diabetes, alzheimer's diseases and kidney disease)[4]. Were 6 of the top ten cause of mortality in the general Indian population. 90% of seniors have at least one chronic condition and 77% have two or more chronic conditions. For most people medical conditions do not impair normal activities [5].

The most recent data on prevalence of chronic disease reported that on self reported illness and

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involve in 937 estimated that over these age group avail of medical cord scheme cardiovascular disease was most common at 72% this was followed by central nervous system condition at 37% musculoskeletal condition 28% upper gastrointestinal at 24% respiratory at 14% diabetes thyroid disease and glaucoma occurred in 5.8% of this population [6].

During the period from 1995 through 2030 the percentage of world population that is 65years of age older than 85 years age increase by 10.7% and 133% respectively. The physiologic changes that occur in the skilful muscle as a result of agency will be also increase. In a scandrivan study approximately 50% of people older than 65 have osteoporosis characterized by decrease in bone mass [7].

Kiely at 2000 studied on geriatric problem of more than 900 residents of old age home in America. The study suggested that maximum numbers those who did not reeve social interaction were 2.3 a study conducted by national health and nutrition examination survey (1999-2004) on estimated 11.4 million elderly people were affected with chronic disease 15.5% of the 38.2 million with hypertension and 16.6% of 8.5 million with diabetes [8].

Since the geriatric care is not given more importance in many parts of the country, Community involvement to assess the prevalence of chronic diseases among elderly population is done in this study, so that the family members will be aware of the problems of the elderly people and concentrate on the treatment of these chronic diseases.

Research Methodology

The research approach selected for the present study was Quantitative approach and descriptive research design. The study Variable was the prevalence of chronic diseases among elderly and

demographic variables comprises of Age, sex, spouse, financial support, educational status, occupation and type of family. The study was conducted in Maraimalainagar, Kancheepuram District. The study was conducted among 50 elderly people. Non probability purposive sampling technique was adapted for the study. The tool used for the study comprises 3 sections, Section A it consist of demographic variables including age, sex, spouse, financial support, educational status, occupation and type of family, Section B was the assessment of the biological variable such as Pulse, Respiration, Blood pressure, Body built and Visual acuity, Section C consists of a structured questionnaire which consists of 30 questions related to physiological and psychological problems. Content validity was obtained from 2 nursing Experts. Reliability was assessed by using test-retest method, the r- value was 0.8. Regarding Ethical Considerations, the research proposal was approved by the Research committee, S.R.M College of Nursing, S.R.M University. Informed consent was obtained from the study participants, after explaining about nature and duration of the study . The researcher have explained benefits of the study to the participants, Assurance was given to the individuals that each individual report will maintained confidentially and any point of time they can withdraw from the study. The investigator introduced herself to the samples and the purpose of the study was explained to ensure better cooperation during the data collection period. By assessing the basic biological variables and Using structured questionnaire data collection was completed. The collected data was analyzed using descriptive and inferential statistics.

Results

Table 2 reveals that 14 (28%) of clients have Hypertension, 8 (16%) have Diabetes mellitus, 4 (8%) of clients having Asthma, 4 (6%) have Cardio vascular disease, 14 (28%) of Osteoporosis and 5

Table 1: Frequency and percentage distribution of demographic variables the participants

Demographic Variables		Frequency	Percentage
Age	Age 60 to 65	23	46%
	Age > 65	27	54%
Sex	Male	20	40%
	Female	30	60%
Spouse	Living	30	60%
	Nil	20	40%
Finance Support	Son/daughter	25	50%
	Self	25	50%

Clinical Condition	HT	14	28%
	DM	8	16%
	Asthma	4	8%
	Cardio Vascular Disease	3	6%
	Osteoporosis	14	28%
	Nil	2	4%
	Others	5	10%

Table 2: Frequency and percentage distribution of Chronic diseases N = 50

Clinical Condition	Frequency	Percentage
Nil	2	4%
Hypertension	14	28%
Diabetes mellitus	8	16%
Asthma	4	8%
Cardio Vascular Disease	3	6%
Osteoporosis	14	28%
Others	5	10%
Total	50	100%

Distribution of chronic diseases

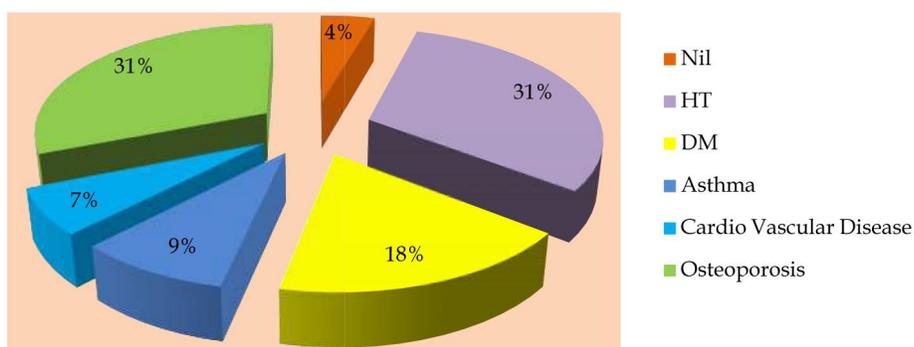


Fig. 1: Percentage distribution of chronic diseases

Table 3: Association between the level of knowledge on chronic diseases among elders with their demographic variables N = 50

Demographic Variables		Adequate	Inadequate	Total	Chi Square Value	Significance Level
Age	Age 60 to 65	21	2	23	0.028	0.867
	Age > 65	25	2	27		NS
Sex	Male	19	1	20	0.408	0.523
	Female	27	3	30		NS
Spouse	Living	28	2	30	0.181	0.670
	Nil	18	2	20		NS
Finance Support	Son/daughter	22	3	25	1.087	0.297
	Self	24	1	25		NS
Clinical Condition	HT	11	3	14	5.357	0.499 NS
	DM	8	0	8		
	Asthma	4	0	4		
	Cardio Vascular Disease	3	0	3		
	Osteoporosis	13	1	14		
	Nil	2	0	2		
	Others	5	0	5		

(10%) of clients have other problems. Among these 2 (4%) don't have any clinical conditions.

Discussion

Ageing is the process of growing old and is the gradual biological impairment of normal function. It affects all the systemic functions of the body. So all the physiological changes is occurring with ageing, so that many chronic diseases are prone to occur.

The present study findings revealed that 50 elders, 28% have Hypertension, 16% have Diabetes mellitus, 48% having Asthma, 6% have Cardio vascular disease, 28% of Osteoporosis, 10% of clients have other problems and 4% don't have any clinical conditions. Association of the variables concluded that there is no significant relationship between prevalence of disease and age, sex, spouse and financial support.

The present study findings was supported study done by G.K.Mini among 9,852 older individuals collected from seven states (Himachal Pradesh, Kerala, Maharashtra, Orissa, Punjab, Tamil Nadu and West Bengal). The result shows that overall 63% of older adults were having at least one NCD. The more prevalent chronic NCDs were arthritis, high blood pressure, cataract and diabetes. Twenty-eight percent of men reported current tobacco use and eight percent reported current alcohol use. Older adults in higher economic group were three times (OR 3.20, 95% CI 2.71-3.78) more likely to report an NCD compared to the lowest economic group. Higher age group (OR 1.78, CI 1.62-1.95), women (OR 1.35, CI 1.21-1.50), tobacco users (OR 1.35, CI: 1.22-1.48) alcohol users (OR 1.33, CI 1.11-1.58), forward castes (OR 1.33, CI 1.18-1.49), rural residents (OR 1.32, CI 1.19-1.47) and people having no formal education (OR 1.18, CI 1.07-1.30) were more likely to have at least one NCD compared to their counterparts[3]. Similar study was done by Orantes CM (2011) conducted a study on chronic disease and associated risk factors in the bajo lempa region of el Salvador. A cross sectional analytical epidemiological study was carried out using active screening for chronic disease and associated risk factors in individuals aged Ten 18 years in eh bajo lempa region a rural coastal area in E1 Salvador door to door visits and clinical examinations were conducted. A total of 375 families and 775 individual 343 men, 432 women were studied 88.3% of the total resident population in the region Elevated prevalence of risk factors was observed diabetic mellitus 10.3% hypertension 16.9% family history of clinic kidney

disease 21.6% over weight 34% obesity 22.4% metabolic syndrome 28.8% elevated prevalence of chronic kidney disease chronic risk factors was found compared to international reports.

Conclusion

Adequate knowledge regarding prevention of chronic disease among elderly people can prevent many of the chronic diseases. The study conclude that, awareness among chronic disease among general public is very poor. Hence education among people is needed.

"Prevention is better than cure". Health education regarding prevention of chronic diseases among elderly is a primary prevention activity which will help the people to gain knowledge and protect themselves from the chronic diseases.

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A Study to Assess the Effectiveness of Self Instructional Module on Knowledge regarding Organ Donation among the Students of Arts and Science in Selected College, Bangalore

B. Venkatesan*, Jayavel**

Abstract

Objectives of the Study: 1. To assess the pretest knowledge regarding organ donation among the students of arts and science. 2. To assess the posttest knowledge regarding organ donation among the students of arts and science. 3. To compare the effectiveness of pretest and posttest level of knowledge among the students of arts and science. 4. To associate the knowledge regarding organ donation with selected demographic variables. *Methodology:* *Research Design:* Preexperimental one group pre and post test design. *Setting of Study:* Padmashree Institute management sciences. *Population:* Arts and sciences students. *Sample:* 40 Art students. *Sampling Technique:* Simple random sampling technique by using lottery method. *Description of the tool:* A) Demographic variables. B) structure questionnaire Used to assess the awareness. *Data Analysis:* Descriptive and inferential statistics were used. *Major Findings of the Study:* Majority of the subjects (87.5%) 35 in the age group of 21 years and above. Regarding information on organ donation 36 (90%) had heard information on organ donation through Television, New paper, Radio. Regarding blood donated 14 (35%) had donated blood. The study results shows that 75% of them were had moderate knowledge, 17.5% subjects were had adequate knowledge and 7.5% subjects were had inadequate knowledge in pretest. Whereas after administration of SIM 37.5% subjects were had moderate knowledge, 60% subjects were had adequate knowledge and 2.5% subjects were had inadequate knowledge. It shows the after administration of SIM majority of the subjects had improved the knowledge regarding organ donation. *Conclusion:* The present study revealed that majority of the subjects had moderate knowledge regarding organ donation. Whereas after administration Self Instructional modules majority of subjects had adequate knowledge on organ donation. Study concluded that the Arts and sciences and young students were to be educated to understand the importance of organ donation, and come forward to donate organ.

Keywords: Self Instructional Module; Simple Random Sampling Technique; Arts and Sciences Students.

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Introduction

Life is a dynamic process. It starts from birth and ends into death. In between come different stages of life with different diseases and problems. The medical advancement and technology has begun to save lives and the most miraculous achievement of modern medicine is organ donation which has power to save the life of people [1].

Organ or tissues are removed and put into another person's body replacing the organ may be the only treatment of choice for a patient who is chronically ill such as ESRD, tumors of lungs and

liver. Live donors transplantations are available alternatives for the patient in need of new organs who however depends entirely on the generosity of donors and their families who are willing to make are usually between 18-60 years. Organ donations helps patient to lead an active and normal life. However she may live for another 5 to 8 years after transplantation [2]. The demand for organ transplantation has rapidly increased all over the world during the past decade due to the increased incidence of vital organ failure, the rising success and greater improvement in post transplant outcome. However, the unavailability of adequate organs for transplantation to meet the existing demand has resulted in major organ shortage crisis. Hence the public should know the importance of organ donation so the researcher felt need to conduct study on effectiveness of SIM on knowledge regarding organ donation among the students of art and science

India's first organ transplant was conducted in the 1970s (It was a kidney transplant) 1. India has made a few strides forward since but a lot more needs to be done: The number of transplants done annually has been gradually rising o Currently around 5,000 kidneys, 1000 livers and around 15 hearts are transplanted annually. There is a poor Organ Donation Rate – 0.26 per million in India, compared to some of the better performing countries such as America's 26, Spain's 35.3, and Croatia's 36.5 per million respectively. o With a 1 per million-donation rate, India would have 1,100 organ donors or 2,200 kidneys, 1,000 hearts, 1,100 Livers, 1,100 Pancreas and 2,200 Eyes. This should take care of almost all current demands for organs. o At a 2 per million-donation rate there would be 2,200 organ donors and the above figures would double. Then there would be no necessity to undertake living kidney donations. Quantifying the problem - There is a need of roughly 200,000 kidneys, 50,000 hearts and 50,000 livers for transplantation each year.

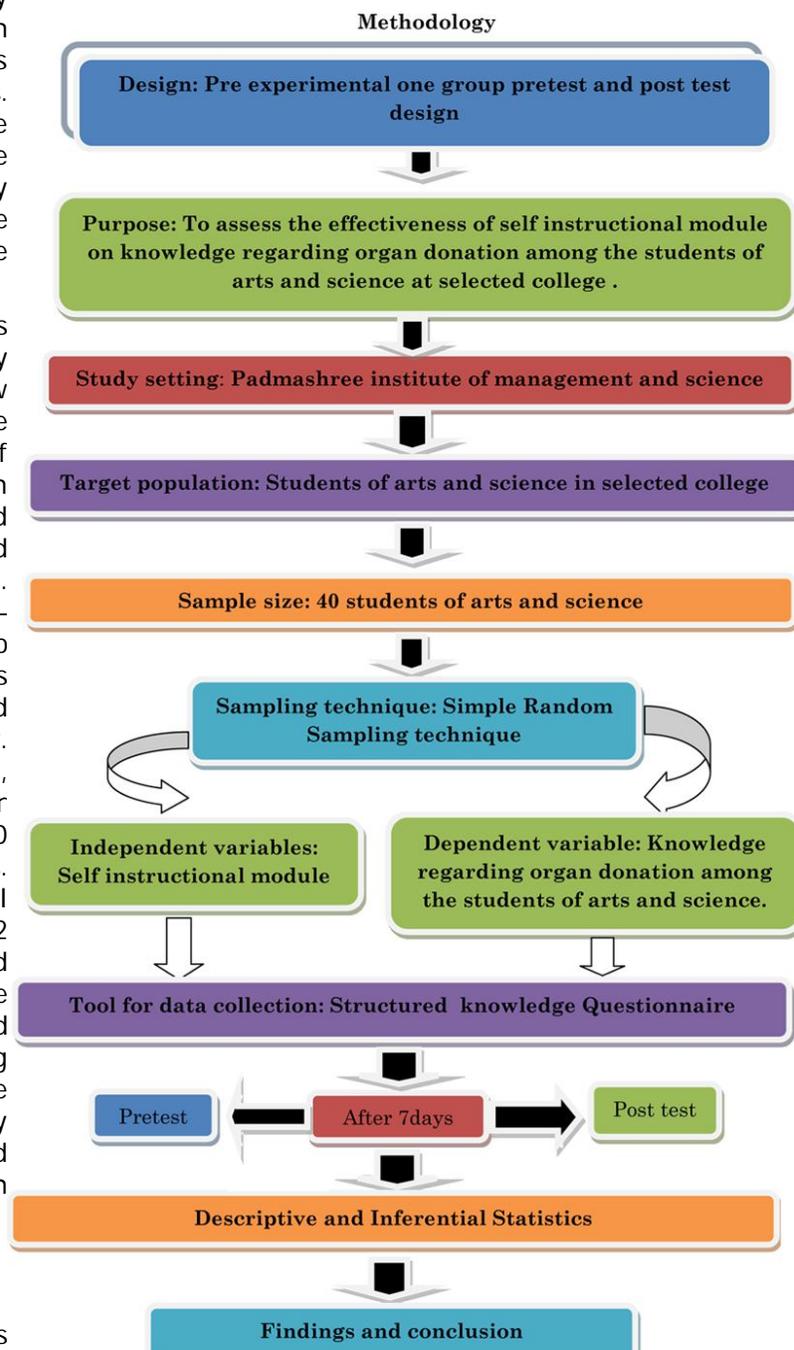
Statement of the Problem

A study to assess the effectiveness

of self-instructional module on knowledge regarding organ donation among the students of arts and science in selected college Bangalore.

Objectives of the Study

1. To assess the pretest knowledge regarding organ donation among the students of arts and science
2. To assess the posttest knowledge regarding organ donation among the students of arts and science



3. To compare the effectiveness of pretest and posttest level of knowledge among the students of arts and science
4. To associate the knowledge regarding organ donation among students of arts and sciences and with their selected demographic variables.

of them belong to 19-20 years and 35(27.5%) of them belong to 21 years.

In relation to the gender of students, to assess the knowledge on organ donation among the students of arts and science 14(35%) of them were male and 26(65%) of them were female.

Regarding religion of the students 38(95%) of them belong to Hindu religion, 2(5%) of them belong to Muslim religion and none of them belong to Christian religion.

It was found from the present study that 8(20%) of them belong to undergraduate students and 32(80%) of them belong to postgraduate students.

It was found from the present study that 4(10%) of them have family monthly income of 5,000-10,000, 18(45%) of them have family monthly income of 10,001-15,000 and 18(45%) of them have family monthly income of 15,001 and above.

The study reveals that 14(35%) of them have donated blood and 26(65%) have not donated blood.

Results

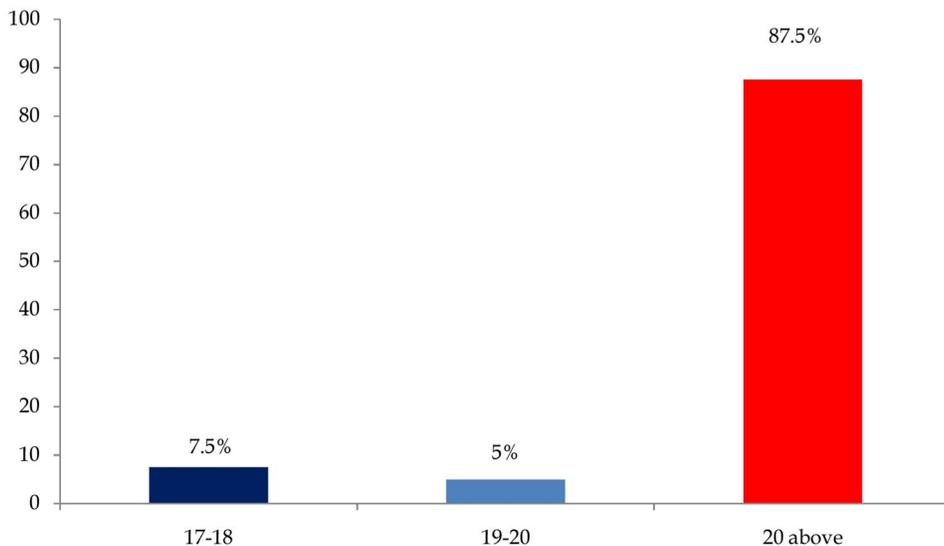
Section 1: Description of demographic variables based on level of knowledge among the students of arts and science.

The Table 1 Depicts the frequency and percentage distribution of students to assess the knowledge among students of arts and science by age, sex, religion, family monthly income, educational status, source of information.

With regard to age to assess the knowledge on organ donation among the students of arts and science, 3(7.5%) of them belong to 17-18 years, 2(5%)

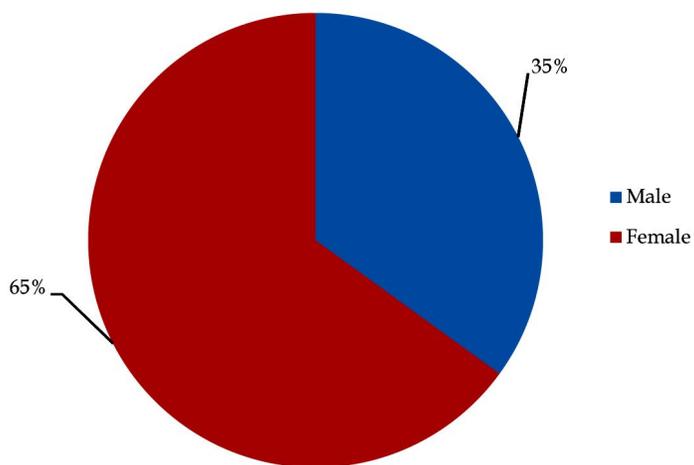
Table 1: Frequency and percentage distribution of students of arts and science by age, sex, religion, education, family monthly income, blood donation, heard of organ donation and source of information. N=40

Sl. No	Demographic Variables	Frequency N=40	Percentage
1.	Age		
	17-18yrs	3	7.5%
	19-20yrs	2	5%
	21 yrs and above	35	87.5%
2.	Sex		
	Male	14	35%
	Female	26	65%
3.	Education		
	Undergraduate	8	20%
	Post graduate	32	80%
4.	Religion		
	Hindu	38	95%
	Muslim	2	5%
	Christian	0	0
5.	Family monthly income		
	Less than 1000	4	10%
	10001-15000	18	45%
	15001 and above	18	45%
6.	Have you donated blood?		
	Yes	14	35%
	No	26	65%
7.	Have you heard about organ donation?		
	Yes	36%	90%
	No	4	10%
8.	If yes source of information (36)		
	Newspaper	16	44.4%
	Radio	1	2.7%
	Television	23	63.8%



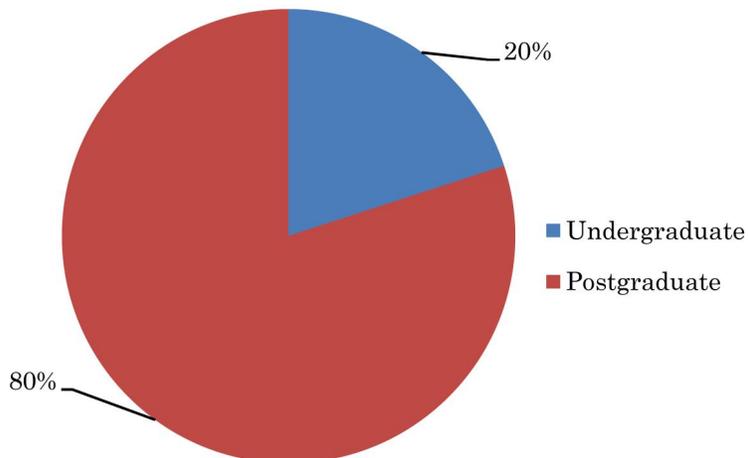
Graph 1: Percentage distribution of demographic variable according to age

Distribution of Sex

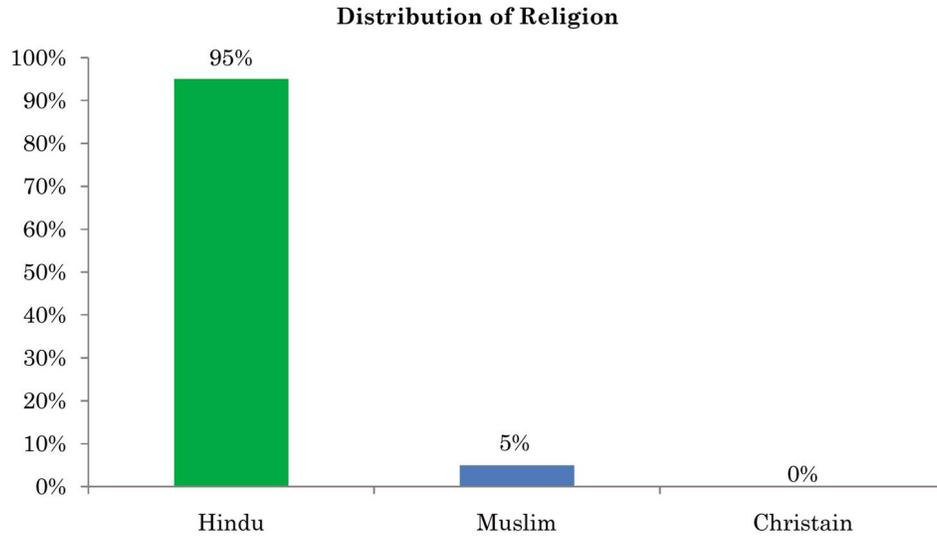


Graph 2: Percentage distribution of demographic variable according to sex

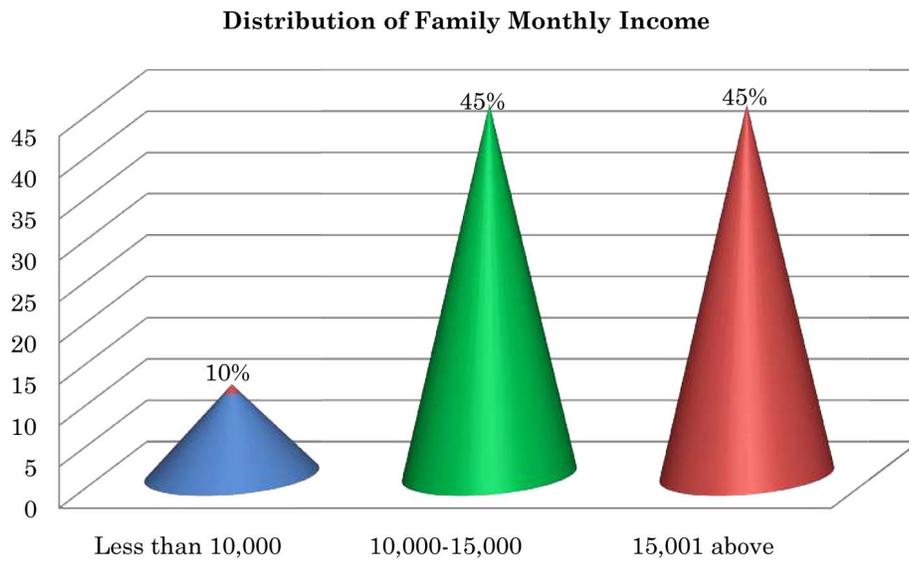
Distribution of Education



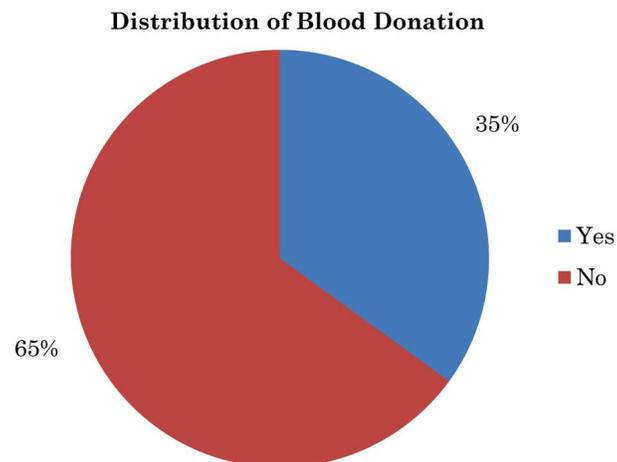
Graph 3: Percentage distribution of demographic variable according to education



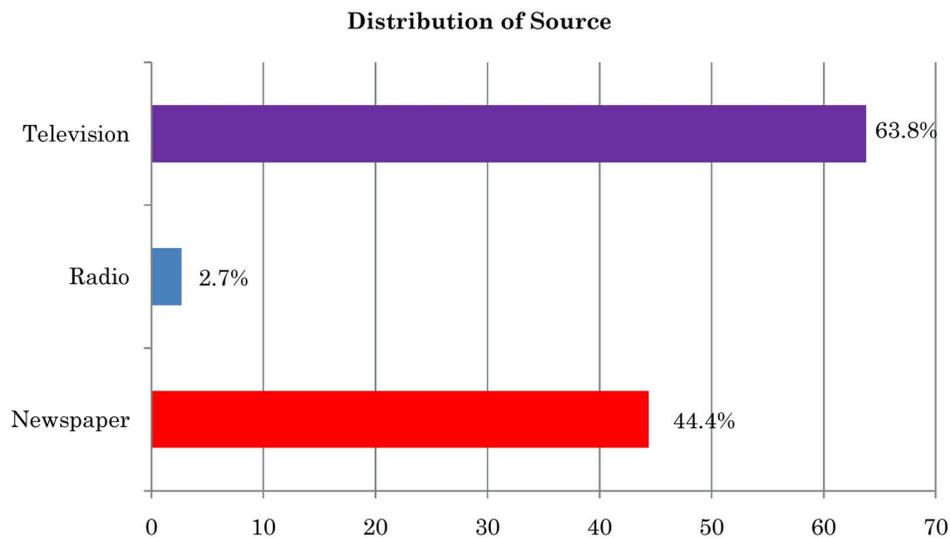
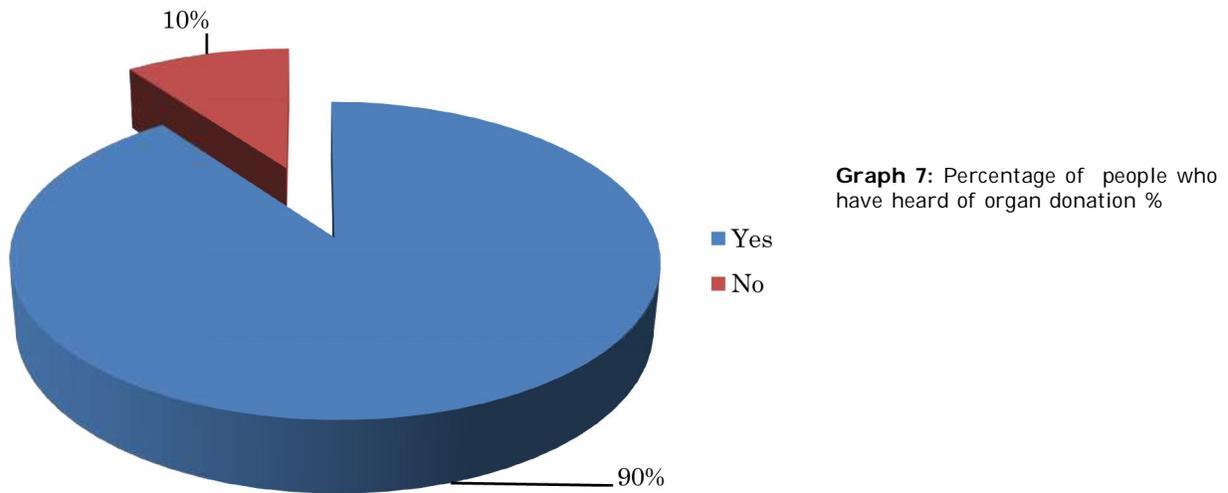
Graph 4: Percentage distribution of demographic variables according to religion



Graph 5: Percentage distribution of demographic variable according to family monthly income



Graph 6: Percentage distribution of demographic variable according to blood



Graph 8: Percentage distribution of source of information

With regard to have you heard about organ donation, 36(90%) of them have heard of organ donation and 4(10%) of them haven't heard of organ donation.

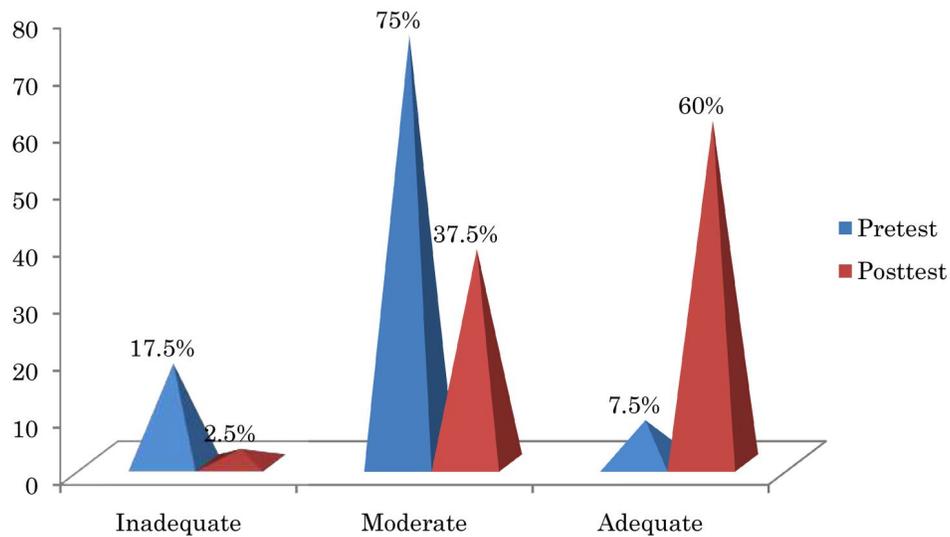
With regard to source of information 44.4%(16) of them have got information from newspaper, 2.7%(1) from radio and 63.8%(23) from television.

Section 2: Assessment of level of knowledge on organ donation among the students of arts and science

Table 2 shows that 75% of them were had moderate knowledge, 17.5% subjects were had adequate knowledge and 7.5% subjects were had inadequate knowledge in pretest. Whereas after

Table 2: Frequency and percentage distribution of level of knowledge on organ donation among the students of arts and science. N=40

Sl. No.	Level of Knowledge	Pretest		Post Test	
		Frequency	Percentage	Frequency	Percentage
1.	Inadequate knowledge	7	17.5	1	2.5
2.	Moderate knowledge	30	75	15	37.5
3.	Adequate knowledge	3	7.5	24	60
	Overall	40	100	40	100



Graph 9: Percentage distribution of level of knowledge

Table 3: Mean, standard deviation and mean score percentage of level of knowledge among students of art and science. N=40

	Max score	Range score	Pretest			Posttest			
			mean	SD	Mean %	Range score	mean	SD	Mean %
Level of knowledge	22	7-18	12.4	2.32	56.36%	12-21	16.5	2.92	73.86%

Table 4: Range, Mean, SD and Mean Score Percentage of enhancement in knowledge regarding organ donation among student of art and science N=40

S. No	Aspects of knowledge	Max score	Enhancement				Paired t test	p. value
			Range	Mean	SD	Mean percentage		
1.	Level of knowledge	22	0-9	3.9	1.44	17.7	16.9***	P<0.001

Note :***- Significant at 1% level for 39df(i.e. P<0.001)

administration of SIM 37.5% subjects were had moderate knowledge, 60% subjects were had adequate knowledge and 2.5 % subjects were had inadequate knowledge. It shows the after administration of SIM majority of the subjects had improved the knowledge regarding organ donation.

Table 3 shows that level of knowledge maximum score was 22, the range score was (7-18), mean was 12.4, the standard deviation was 2.32 and mean percentage was 56.36% in the pretest where as in the post test the range score was (12-21), mean was 16.5, standard deviation was 2.92 and mean percentage was 73.86%. It is shows improvement knowledge level after administration of SIM .

Table 4 given above shows the range was 0-9, mean score was 3.9, with standard deviation of 1.44, mean score percentage of 17.7 and the paired 't' value

was 16.9 at the level of P<0.001. It shows there was statistical significant at P < 0.001 level .

Section3: Association between of level of knowledge regarding organ donation among students of arts and science with selected demographic variables

The association of level of knowledge among regarding organ donation among students of arts and sciences with their selected demographic variables in relation to demographic variables such as age, gender, religion, education, family monthly income, donated blood, heard of organ donation and source of information chi square test was carried out it shows sources of information was statically significant whereas other rest of the variables were not significant in association with the level of knowledge among students regarding organ donation.

Hypotheses Testing

H₁-There will be significant difference between the mean pre-and post-test level of knowledge on organ donation among the students of arts and science.

H₀-There will be no significant difference between the mean pre-and post-test level of knowledge on organ donation among the students of arts and science.

Table 3 given above shows the range was 0-9, mean score was 3.9, with standard deviation of 1.44, mean score percentage of 17.7 and the paired 't' value was 16.9 at the level of $P < 0.001$. It shows there was statically significant difference at $p < 0.001$ level. Hence research hypothesis accepted and null hypothesis rejected .

H₂- There will be significant association between level of knowledge on organ donation among the students of arts and science with their selected demographic variables.

H₀-There will be significant association between level of knowledge on organ donation among the students of arts and science with their selected demographic variables.

The association of level of knowledge among regarding organ donation among students of arts and sciences with their selected demographic variables in relation to demographic variables such as age , gender, religion ,education , family monthly income, donated blood, heard of organ donation and source of information chi square test was carried out it shows sources of information was statically significant whereas other rest of the variables were not significant in association with the level of knowledge among students regarding organ donation. Hence research hypothesis accepted and null hypothesis rejected.

Discussion

The findings of the study shows in the pretest 3(7.5%) subject had adequate knowledge whereas in after administration of Self instructional module 24 (60%) had gained knowledge regarding organ donation.

Similar study was conducted in Male and female students of first year medical, dental and nursing colleges participated in the study. A questionnaire with 55 questions on various aspects of organ donation was given to them to answer by choosing yes/no/don't know or right/wrong/don't know in 30 minutes. The results showed that about 60% of the

students had sufficient knowledge about the shortage of harvested organs and compatibility check. About 90% of them were aware of the need of organ donation and they extended their support for the act. But hardly 7% of them registered for the same. They were also weaker in the areas like time lapse between harveting and transplanting the organ, who could donate to whom, cadaver donations, methods of promoting organ donation and regarding the payment to be made to the donors or his relatives. After collecting the papers for evaluation, the participants were educated with more emphasis on the weaker areas.

Conclusion

Many teaching strategies can be used to improve the knowledge on organ donation among young students or public to make awareness on organ donation. other porgamme can organize the NGO and other organization to make note on important of organ donation. Transplantation experts can play a major role in addressing the problem and clarifying the need and the benefit of OD for the patients. Lastly, Mass media must explain and broadcast the legislative laws controlling the process of OD in the state.

Conflict of Interest

Author don't have any conflict of interest.

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Assess the Knowledge Regarding the Ill Effects of Over the Counter Drugs in Selected Rural Area, Thrissur

Aleena Thomas*, Amrutha Antony*, Anisha Sany*, Anjitha Siby*,
Dayana Thomas*, Sandriya Shimji*, Divya T.N.**

Abstract

The present study aims to assess the knowledge regarding ill effects of OTC drugs among the rural population in selected rural area in Thrissur. The objectives of the study was to assess the knowledge regarding the ill effects of OTC drugs among rural population and to associate the knowledge regarding the ill effects of OTC drugs with selected socio-demographic variables. The design for the study is descriptive design. The study was conducted over 30 samples residing in Nadathara Gramapanchayath, Thrissur and samples were selected by using convenient sampling. The tool used for the study was structured questionnaire to assess the knowledge regarding the ill effects of OTC drugs among rural population. This study revealed that 13.3% people have adequate knowledge, 76.7% people having moderate knowledge, 10% people having inadequate knowledge. The analysis shows that there is a significant association between the knowledge of rural population regarding the ill effects of OTC drugs with selected socio demographic variables such as education and occupation.

Keywords: Ill Effects; OTC Drugs; Knowledge.

Introduction

Over the counter drugs are medicines sold directly to consumer without a prescription, from a health care professional as compared to prescription drugs which may be sold only to consumers possessing a valid prescription.

The use of OTC drugs has been studied in many different population, and result demonstrate that about 25-75% population consume OTC drugs a recent Malaysian study reported that 75% of the respondents ha used OTC drugs at least once. However the lack of adequate knowledge of the drug

dosage and frequency of intake leads to adverse effect from these drugs and leading to a delay in the diagnosis and management of the condition. Most of the time, people purchase OTC drugs based on their knowledge and experience regarding the effectiveness of the medication. However the understanding of drug interaction is poor.

A cross sectional study done on self medication; awareness and attitude among Malaysian urban population. The result shows that overall 83.9% participants consumed OTC drugs.

A study was done on prevalence and pattern on self medication practices in urban area of southern Rajasthan. The result shows that out of total 440 study participants, 324(73.6%) had used self medication within last 3 months.

Materials and Methods

The research approach selected for the present study was quantitative. A non experimental approach was chosen for the study. In this study

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researcher had adopted descriptive design. The present study was conducted in Nadathara Gramapanchayath, The population this study was people residing in rural area of Thrissur district. The sample selected for the present study was people residing in Nadathara Grama Panchayath and the sample size was 30. The samples were selected by using non probability convenient sampling. The tool used for the study was a structured questionair. It consists of two section, Section A consist of 7 items such as age, sex, religion, education, occupation, type of family and income to assess the socio demographic data of rural population. Section B, consists of 30 multiple choice questions to assess the knowledge regarding the ill effects of OTC drug among rural population. For correct response score 1 is given and for incorrect response score 0 is given.

Table 1:

Sl. No.	Level of knowledge	Range	Frequency(n)	Percentage (%)
1	Inadequate	0-10	3	10
2	Moderate	10-20	23	76.7
3	Adequate	20-30	4	13.3

Table 1 shows that 23 (76.7%) of people possessed moderate knowledge, 4(13.3%) had adequate knowledge and remaining had poor knowledge.

Association between level of knowledge of rural population on ill effects of OTC drugs with selected socio demographic variables.

H0 – There is no significant association between level of knowledge of rural population on ill effects of OTC drugs with selected socio demographic variables.

H1 – There is a significant association between level of knowledge of rural population on ill effects of OTC drugs with selected socio demographic variables.

Discussion

The present study findings are supported by another study conducted in Bahrin to assess the knowledge on self medication among 134 first year medical students reveals that most of them (76.9%) had moderate knowledge about self medication.

The present study findings are opposed by a study conducted to evaluate usage of self medication in community, Utterpradesh. The results shows that among 100 responders majority of people had a poor knowledge about self medication.

After getting approval from institutional ethical committee of Aswini College of Nursing, Thrissur and administrative sanction from panchayath, an informed consent was taken from the samples, each sample took around twenty to thirty minutes to answer questionnaire and we have visited around 10 houses to get the desired sample of 30 and we able to complete entire data collection within three and half hours. The data would be analyzed by using suitable descriptive and inferential statistics.

Results

Distribution of rural population regarding level of knowledge on ill effects of OTC drugs.

Present study finding is that most of the samples (76.7%) had moderately adequate knowledge and 13.3% had adequate knowledge and remaining 10% had inadequate knowledge regarding ill effects of OTC drugs.

The present study findings depicts that there is an association between level of knowledge on ill effects of OTC drugs and the selected socio demographic variables such as education and occupation which were significant at 0.05 level. Thus the research hypothesis (H₁) that there is a significant association between knowledge and selected socio demographic variables is accepted.

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Cirrhosis of Liver

B. Venkatesan

Abstract

Liver is vulnerable to a wide variety of metabolic, toxic, microbial and circulatory insults. In some instances, the disease is primary while in others the hepatic involvement is secondary to cardiac de-compensation, alcoholism or extrahepatic infections. Quite rightly liver is called as "the custodian of milieu interior. Cirrhosis of liver disease is serious and potentially fatal consequences of most commonly alcohol use. The World Health Organization (WHO) estimate that 140 million people worldwide suffer from alcohol dependency causing damage to liver and economics. Recent years cirrhosis of liver disease incidence is increasing due change in life style and habit of alcohol consumption in public. The public need to educated about ill effect of alcohol consumption in order to prevent the disease and its complication of disease. Nurses play vital role health care delivery system so nurses need to counsel the patient alcoholic.

Keywords: World Health Organization; Cirrhosis of Liver Disease; De-Compensation.

Introduction

Cirrhosis represents a late stage of progressive hepatic fibrosis characterized by distortion of the hepatic architecture and the formation of regenerative nodules. It is generally considered to be irreversible in its advanced stages [1]. While alcohol abuse is the most common cause of cirrhosis in the western world, hepatitis B is the primary cause in the third world. The only relatively acceptable remedy for this condition is liver transplantation, currently performed with many limitations in Iran because of complex operation technique and high expenses [2].

Cirrhosis of the liver is the third leading cause of death in people between the ages of 25 and 65 years, exceeded only by cardiovascular disease and cancer. Cirrhosis and chronic liver diseases accounted for more than 25,000 death and 373,000 hospital discharges annually in the adult in the United States. The cost of cirrhosis in terms of human suffering, financial burden, and loss of productive life is devastating [3].

Definition

Cirrhosis is a chronic progressive disease of liver characterized by extensive degeneration and destruction of the liver parenchymal cells [4].

Etiology and Types

- Alcoholic (previously called Laennec's) cirrhosis, also called portal or nutritional cirrhosis is also associated with alcohol abuse. The change in the liver from excessive alcohol intake is an accumulation of fat in the liver cells. Uncomplicated fatty changes in the liver are potentially reversible if the person stops drinking alcohol. If alcohol abuse continuous, widespread scar formation occurs throughout liver.

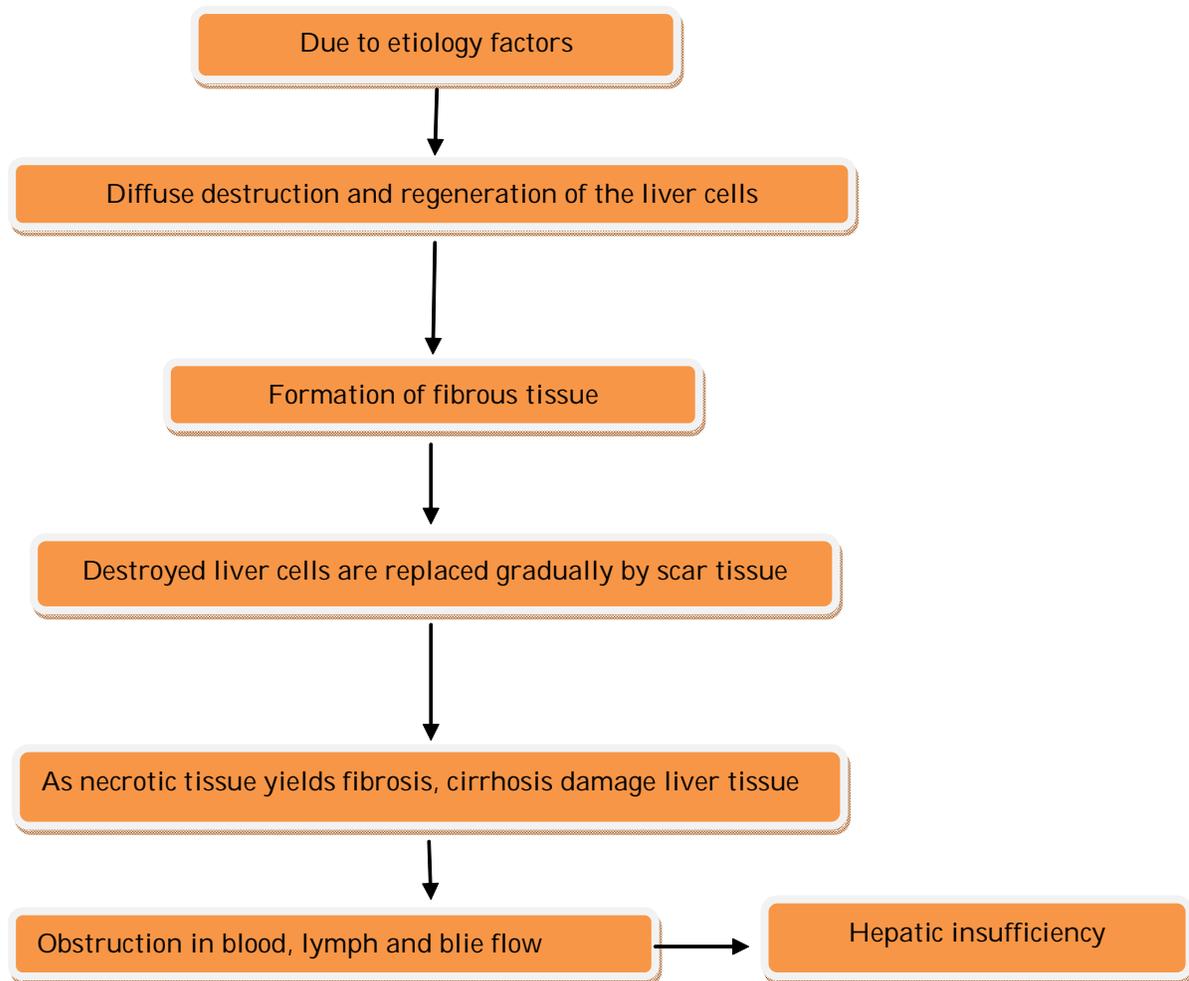
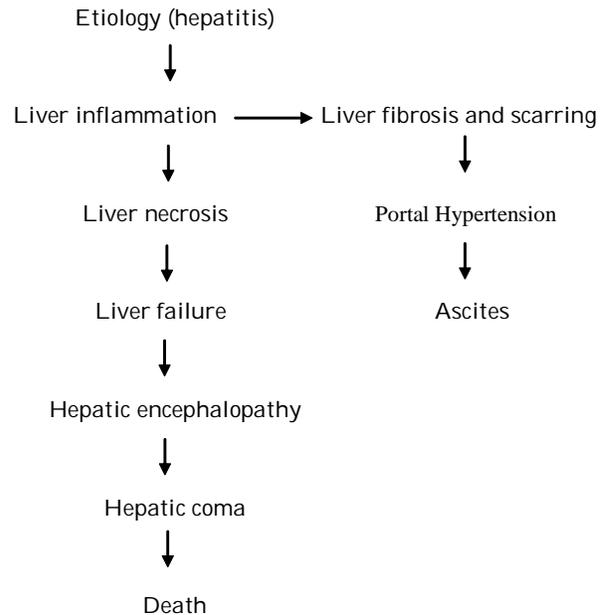
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- Postnecrotic cirrhosis–It is complication of viral, toxic, or idiopathic (autoimmune) hepatitis
- Biliary cirrhosis – it is associated with chronic biliary obstruction and infection. There is diffuse fibrosis of the liver with jaundice as the main features.
- Cardiac cirrhosis – it resulting from long standing, severe right sided heart failure in patients with cor pulmonale, constrictive pericarditis and tricuspid insufficiency [4].

Pathophysiology



Clinical Manifestation

• *Early manifestation*

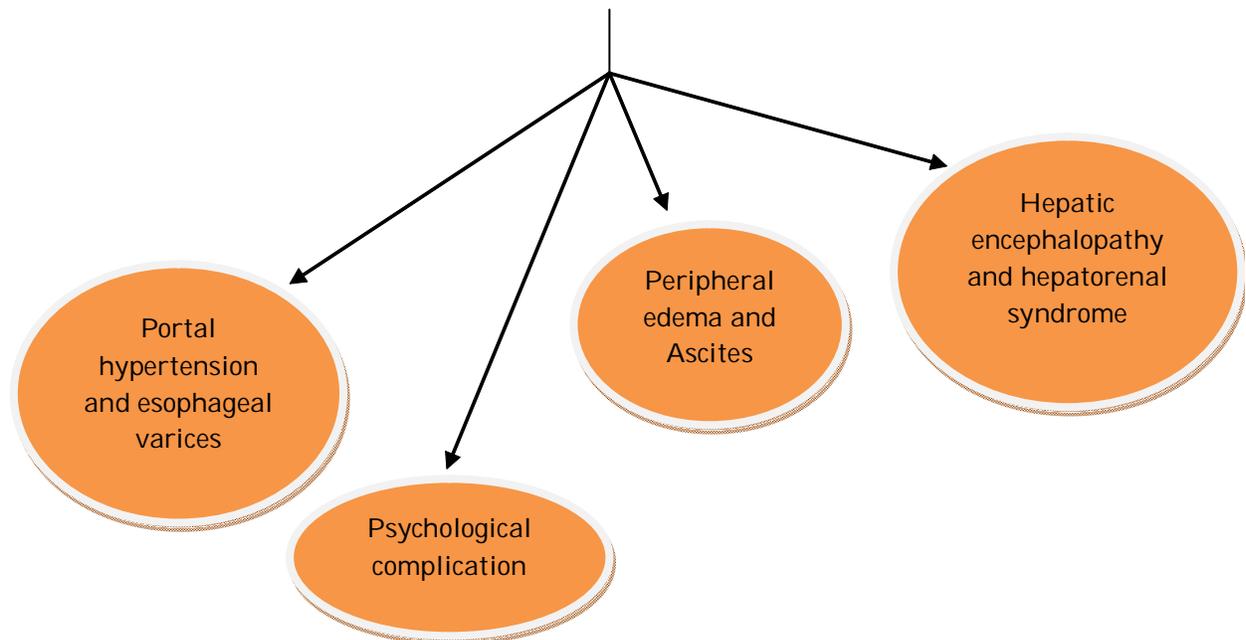
- Anorexia
- Dyspepsia
- Flatulence
- Nausea and vomiting
- Change in bowel habits (diarrhoea)
- Altered metabolism of carbohydrate , fat and protein
- Abdominal pain described as a dull heavy feeling in the right upper quadrant or epigastrium
- Pain may be due to swelling and stretching of the liver capsule
- Fever
- Lassitude
- Slight weight loss
- Enlargement of liver and spleen ⁵

- Portal hypertension
- Jaundice
- Peripheral edema
- Ascites
- Endocrine disturbance
- Peripheral neuropathies
- Spider angiomas (telangiectasia or spider nevi)
- Palmar erythema is located on the palms hands
- Spider like branches in nose , cheks , upper trunk, neck and shoulders
- Hematologic problems , thrombocytopenia, leukopenia, anemia and coagulation , hemorrhagic phenomena or bleeding tendencies, epistaxis, purpura, petechiae, gingival bleeding and heavy menstrual bleeding
- Endocrine problems , men gynecomastia , loss of auxiliary and pubic hair, testicular atrophy and impotence with loss of libido
- Peripheral neuropathy [5]

• *Later manifestation*

- Liver failure

Complication of cirrhosis of liver



Complication of Cirrhosis of Liver

Portal Hypertension

Obstructed blood flow through the damaged liver results in in-creased blood pressure (portal hypertension) throughout the portal venous system.

Although portal hypertension is commonly associated with hepatic cirrhosis, it can also occur with noncirrhotic liver disease [6].

Esophageal Varices

Bleeding or hemorrhage from esophageal varices

occurs in approximately one third of patients with cirrhosis and varices.

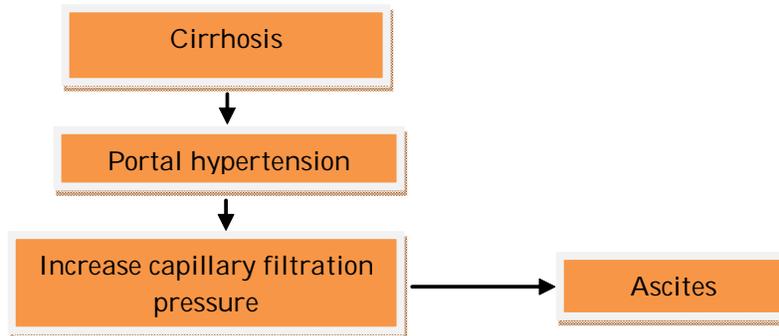
Peripheral Edema and Ascites

Peripheral edema sometimes precedes ascites, but some patients its development coincide with or

occurs Ascites; it is accumulation of serous fluid in the peritoneal or abdominal cavity. It is a common manifestation of cirrhosis.

Hepatic Encephalopathy

It is a neuropsychiatric manifestation of liver damage. Hepatic encephalopathy can occur in any



condition in which liver damage causes ammonia enter the systemic circulation without liver detoxification [6].

Diagnostic Evaluation

- History collection
- Physical examination
- Liver function test
- Liver biopsy
- Esophagogastroduodenoscopy
- Angiography
- CT scan
- Liver ultrasound
- Serum electrolyte
- Prothrombin
- Serum albumin
- CBC
- Testing of stool for occult blood
- Upper GI barium swallow [7,8,9]

Management

Conservative management

- Administration of B-complex vitamins
- Rest

- Avoidance of alcohol, minimize or avoid aspirin, acetaminophen
- Nonsteroidal anti-inflammatory agents

Ascites Management

- Administration of 3000- caloric, high carbohydrate, high – protein low fat
- Low sodium diet
- Diuretics- eg, amiloride, triamterene
- Paracentesis – performed to remove ascetic fluid
- Peritoneovenous shunt – it provides continuous reinfusion of ascetic fluid into venous system.

Esophageal Varices Management

- Beta – adrenergic blockers
- Vasopressin
- Endoscopy sclerotherapy
- Balloon tamponade
- Octreotide
- Surgical shunting
- Transjugular intrahepatic porto systemic shunt

Hepatic Encephalopathy Management

- Antibiotics to decrease bacterial flora in GI tract
- Lactulose (cephuac) [7,8,9]

Case Summary

72 year old male, weight 75 Kg came to the hospital with the complaints of Abdominal distension, vomiting, abdominal pain for last 3 days, fever, stomach-ache 2days, chest pain, not passing

stool since 1 day, Icterus, Diffuse tenderness, stiffing dullness patient past History of hypertension, type II Diabetic mellitus, Chronic Kidney disease and chronic alcoholic, Heart Rate-70 b/mts, Respiratory Rate- 26 b/mts, BP -130/90 mm hg, Abdominal girth 75cm. patient blood investigation were done following.

Name of the investigation	Patient value	Normal value
Urea	71 mg	15 to 50 mg
Creatinine	1.6 mg	0.5 to 1.2 mg
Direct bilirubin	7.0mg / dl	0.1-0.3mg/dl
Total Protein	6.0 g /L	6.0-8.0g/L
Albumin	25 g /dl	3.5-5.0g/dl
Globulin	3.4 g/dl	2.0-3.5g/dl
AST / SGOT	52	0 to 50 I U
ALT /SGPT	19 U/ L	0 to50 IU
Alkaline phosphate	110 U/L	80 to 240 IU
Hb	7.9mg /dl	13.5 TO 18 g/100mL
PCV	24.0 %	40-50%

Medication

Patient was receiving the medication such as Inj – Pan, Inj- Ceftriaxone, Inj- Metronidazole, Inj- Lante, Tab-Ecospirin, tab- Lasix, Tab-Aldactone, Tab-Clopilet, Tab- Atrox, Tab- Isolazine, Tab- Udiliv,

Nursing Management

1. *Nursing diagnosis:* Imbalance nutrition less than body requirement related to anorexia [10,4].

Nursing Outcome

Maintain the nutritional status's

Nursing Intervention

- Assesses the patient Intake and output, weight daily.
- Restrict intake of caffeine, gas-producing or spicy and excessively hot or cold foods.
- Encourage the patient have small and frequent food, balance diet
- Use frequent oral hygiene to promote comfort unless it stimulates nausea
- Educate the patient use of nonpharmacological technique
- Promote undisturbed rest periods, especially before meals. Conserving energy reduces metabolic demands on the liver and promotes cellular regeneration.
- Refer to dietitian to provide diet high in calories and simple carbohydrates, low in fat, and

moderate to high in protein; limit sodium and fluid as necessary. Provide liquid supplements as indicated.

- Recommend cessation of smoking. Provide teaching on the possible negative effects of smoking. Reduces excessive gastric stimulation and risk of irritation and may lead to bleeding.

Evaluation

- Patient nutritional status maintained
- Patient Weight, intake and output

2. *Nursing Diagnosis:* Fluid volume excess related to portal hypertension as evidenced by weight gain [10,4].

Nursing outcome: Maintain fluid status

Nursing Intervention

- Measure I&O, weigh daily, and note gain of more than 0.5 kg/day. To assess circulating volume status, developing or resolution of fluid shifts, and response to therapeutic regimen. Positive balance/weight gain often reflects continuing fluid retention. Note: Decreased circulating volume (fluid shifts) may directly affect renal function and urine output, resulting in hepatorenal syndrome.
- Assess respiratory status, noting increased respiratory rate, dyspnea. Indicative of pulmonary congestion.

- Measure abdominal girth. Reflects accumulation of fluid (ascites) resulting from loss of plasma proteins/fluid into peritoneal space. Note: Excessive fluid accumulation can reduce circulating volume, creating a deficit (signs of dehydration).
- Monitor serum albumin and electrolytes (particularly potassium and sodium). Decreased serum albumin affects plasmacolloid osmotic pressure, resulting in edema formation. Reduced renal blood flow accompanied by elevated ADH and aldosterone levels and the use of diuretics(to reduce total body water) may cause various electrolyte shifts/imbances.
- Monitor serum albumin and electrolytes (particularly potassium and sodium). Decreased serum albumin affects plasmacolloid osmotic pressure, resulting in edema formation. Reduced renal blood flow accompanied by elevated ADH and aldosterone levels and the use of diuretics(to reduce total body water) may cause various electrolyte shifts/imbances.
- Administer salt-free albumin/plasma expanders as indicated. Albumin may be used to increase the colloid osmotic pressure in the vascular compartment (pulling fluid into vascular space), thereby increasing effective circulating volume and decreasing formation of ascites.

Evaluation

- Maintained blood pressure and urinary output.
- Maintained intake output chart.

3. *Nursing Diagnosis:* Impaired skin integrity related to edema, ascites and pruritus as evidenced by itching [10,4].

Nursing Outcome: Maintain skin integrity

Nursing Intervention

- Instruct patient to keep fingernails trimmed short to prevent excoriation due to pruritus secondary to deposit of bile salts on skin.
- Apply medicated creams and lotions to relieve itching, avoiding use systemic drugs that require liver metabolism.
- Recommend elevating lower extremities. Enhances venous return and reduces edema formation in extremities.

- Keep linens dry and free of wrinkles. Moisture aggravates pruritus and increases risk of skin breakdown.
- Suggest clipping fingernails short; provide mittens/gloves if indicated. Prevents patient from inadvertently injuring the skin, especially while sleeping.
- Provide perineal care following urination and bowel movement. Prevents skin excoriation breakdown from bile salts.
- Use alternating pressure mattress, egg-crate mattress, waterbed, sheepskins, as indicated. Reduces dermal pressure, increases circulation, and diminishes risk of tissue ischemia

Evaluation

- Maintained the patient skin integrity
- Patient pruritus level reduced

4. *Nursing Diagnosis:* Ineffective breathing pattern related to accumulation fluids in abdomen (Ascites) [10,4].

Nursing Outcome: Maintain the normal breathing pattern.

Nursing Intervention

- Assess the RP, rhythm, saturation, ABG values
- Place the patient in High fowler's positions. it help in antero posterior lung expansion
- Educate the patient about breathing exercise in order to improve lung ventilation
- Provide the comfort device such as back rest. it helps in lung expansion
- Administered oxygen as prescribed by physician
- Restrict the fluids to prevent the lung congestions.
- Provided routine oral care in every shift

Evaluation

- Patient respiratory rate maintained, ABG values and Saturation.

5. *Nursing Diagnosis:* Dysfunctional family process related to abuse of alcoholism and inadequate coping skills [10,4].

Nursing Outcome

- Family confronts problems and involves family member in decision making

- Family uses available social support for treatment of alcohol use

Nursing Intervention

- Determine the psychologic burden of prognosis for family determine appropriate intervene
- Accept the family values in a non judgemental manner
- Respect support adaptive coping mechanisms used by family to facilitate healthy coping
- Provide opportunities for peer group support
- Refer for self help groups
- Refer for family therapy

Evaluation

- Family process maintained

Conclusion

Nurses working in hospital play a major role in educating the patient about cirrhosis of liver disease, because the recent day's cirrhosis of liver disease patient ratio increasing day by day, the burden of disease increasing in Country and worldwide. We are the health care professional need to counsel the patient and family in order to overcome the ill effect of alcoholism. Identification of early stage of cirrhosis of liver important factor to reduce the mortality rate of disease. This case study patient was diagnosed early stage cirrhosis of liver disease he had been counselled and educated along with family member in order to overcome alcoholism and preventing the complication of disease.

Conflict of Interest

The author has declared no conflict of interest

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