By 2026, North India population would be younger compared to the South. In India another paradoxical problem will arise in due course of time – by the year 2026 Kerala will have highest educated working people with average age hovering above (median age) 35 years whereas Uttar Pradesh will have uneducated and less educated working population with average age below 30 years. Although projections indicate that India’s population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026, and being a vast country India may face the problems differently at rural and urban part. More over the prevalence of Non Communicable diseases like diabetes and hypertension, cancer is increasing alarmingly. The cost of health services is non affordable for common man as the modern investigations and treatment modality are as costly as any other commodity. Now, the nursing community has to take actions on prevention of Non communicable diseases by providing bundle care therapy and promotion of health by changing life style modification through creating awareness among the public by mass media or public health services. Preparing healthy citizens of India will be achieved by strengthen nursing community only possible.
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Music is an Alternative Medicine

“Music alone, with sudden charms can bind the wandering sense and calm the troubled mind”
- William Congrave.

Modern medical science validates that physical properties of sound interact deep in our brains to alter neurochemicals and pre-frontal cortex function.

A frequency range from 25 to 45 Hz is said to be useful for ailments connected with feet, ankle, calves, knees, upper thighs, and sacrum; a range between 45 and 60 Hz is said to affect coccyx, sacrum and lumbar region, where as 60 to 80 Hz is reported to affect the thoracic cavity, shoulders, neck and head region.

Drone in Music is essential and is often attained through the Tampura for harmonizing expanding pitches and providing repeated basic pitches and semitones that can interact with the electrophysiology of the heart.

Raga Pooriya Dhansari (Hamsanandi-Kamavardini) – evokes sweet, deep, heavy, cloudy and stable state of mind and prevents acidity.

Raga Bageshri – arouses a feeling of darkness, stability, depths and calmness. This raga is also used in treatment of diabetes and hypertension.

Music therapy is offered to families and is especially useful for help pre-verbal children learn about rhythm and different pitch - such as high and low - which will then allow them to understand meaning with language such as why some sentences that are actually questions go up in pitch at the end.

Introduction: The ancient system of Nada Yoga, which dates back to the time of Tantras, has fully acknowledged the impact of music on body and mind and put into practice the vibrations emanating from sounds to uplift one’s level of consciousness. It is the Indian genius that recognized that ragas are not just mere commodities of entertainment but the vibrations in their resonance could synchronize with one’s moods and health. By stimulating the moods and controlling the brain wave patterns, ragas could work as a complementary medicine (Sairam, 2004 a and b).

What is a Raga?

Raga, we all know is the sequence of selected notes (swaras) that lend appropriate ‘mood’ or emotion in a selective combination. Depending on their nature, a raga could induce or intensify joy or sorrow, violence or peace and it is this quality which forms the basis for musical application. Thus, a whole range of emotions and their nuances could be captured and communicated within certain rhythms and melodies. Playing, performing and even listening to appropriate ragas can work as a medicine.(Bagchi, 2003) Various ragas have since been recognized to have definite impact on certain ailments. (Sairam, 2004b)

Hindustani Classical Music, unlike most modern forms of music, decreases heart rate variability and impacts the alpha brain waves.
Raga - Disease (s) it helps to cure:-

Ahir Bhairav - Indigestion, Rheumatic arthritis, Hypertension
Asavari - to build confidence
Bageshri - insomnia
Basant Bahar - Gall Stones (Cholecystitis)

The swaras of musical octave are related to Chakras in the human body with their respective Elements (Panchabhoothas) as follows:

Shadjam:- The Mooladhara Chakra – Associated with the Energy of Survival- Element is Earth / Prithvi.
Rishabham:- Swadhishtana Chakra – Associated with reproductive organs and life force – Element is Water/Jalam.
Gandharam:- Manipooraka Chakra- Associated with power and mastery of self- Element is Fire/Agni.
Madhyamam:- Anahatha Chakra - Associated with energy of compassion and love - Element is Air/Vayu.
Panchamam:- Visuddhi Chakra - Directly related to Creativity and Communication - Element is Ether/Aakasam.
Dhaivatham:- Ajna Chakra - The seat of Intellect and wisdom, Analysing and Reasoning - All Elements.
Nishadam:- Sahasrara - Associated with spiritual enlightenment, Divine Wisdom and understanding and Union with God. It also integrates all the chakras with their respective qualities. - All Elements.

A musical note has its own distinct psychological effect or emotion, and is also related specifically to a colour, mood, chakra, and time of day.

Raga Bowli is chosen to promote relaxation and prevents the effects of chronic stress, promoting emotional well being and maintaining positive mental health to begin the day. The slower tempo of Raga Bowli in the composition promotes a calm and meditative state. Breathing and heart rate is altered by listening to the music.

Diseases and Ragas to listen

Tuberculosis – Meghmalhar
Chronic Headache – Darbari, Jayjayvanti, Gunkah
Hypertension – Gorakhkalyan, Bhimpalas, Puriya
Depression – Natnarayan
Cold, Cough – Gurtantodi, Bhairavi
Paralysis – Jayjayvanti
Loss of Appetite – Deepak, Chandrakauns
Rheumatoid Arthritis – Bhairav, Ahirbhairav, Gunkali
Flatulence, gas – Malkauns, Jaunpuri
Skin disorders – Asavari

Note:- One should listen to the said Ragas, when one is totally relaxed, alert and should focus his attention to the sound of music.

Remedy for Defusing Mental Tension:-
Raga Durbari Kanhada, Raga Durbari - to be played in the late night.

Remedy for Reduce Severe Stress:-
Raga Durga, Raga Kalavati, Raga Amsadhwan, Raga Shankara-bharanam, Raga Tilak Kamod.

Remedy for Headaches:-
Raga Jayjaywanti, Raga Darbari Kanhada, Raga Sohni

Remedy for Melancholy / Dejection:-
Raga Bilahari - to be heard at very early dawn hour

Remedy for Depression:-
Raga Bhupalam, Raga Kedarm, Raga Malayamarutham, Raga Raaga Bilahari.

Remedy for Insomnia:-
Raga Bageshri, Raga Nilambari
Remedy for Softening Adamancy/Stubborn Mind:-
Raga Nandanamakriya

Remedy for Hypertension:-

Remedy for Low Blood Pressure:-
Raga Malkauns/Hindolam - to be heard in the morning

Improving Intelligence:-
Raga Shivaranjani - to be played at night - 22nd Melakarta.

Restoration of Mental Peace:-
Raga Saama

Remedy for Anger and Inner Violence:-
Raga Punnagavarali, Raga Sahana

Remedy for Gastric Hyperacidity:-
Raga Deepak

Remedy for Constipation:-
Raga Gunkali, Raga Jaunpuri

Remedy for Intestinal Gas:-
Raga Malkauns. Raga Hindolam

To aid Digestion/Assimilation:-
Raga Sriraga

Remedy for Malarial Fever:-
Raga Marva

Remedy for Paralysis:-
Raga Dwijaavanti.

**Conclusion:** Music therapy is the use of interventions to accomplish individual goals within a therapeutic relationship by a professional who has completed an approved music therapy program. Music therapy is an allied health profession and one of the expressive therapies, consisting of a process in which a music therapist uses music and all of its facets - physical, emotional, mental, social, aesthetic, and spiritual - to help clients improve their physical and mental health. Music therapists primarily help clients improve their health in several domains, such as cognitive functioning, motor skills, emotional development, social skills, and quality of life, by using music experiences such as free improvisation, singing, and listening to, discussing, and moving to music to achieve treatment goals. It has a wide qualitative and quantitative research literature base and incorporates clinical therapy, psychotherapy, biomusicology, musical acoustics, music theory, psychoacoustics, embodied music cognition, aesthetics of music, sensory integration, and comparative musicology.

Referrals to music therapy services may be made by other health care professionals such as physicians, psychologists, physical therapists, and occupational therapists. Clients can also choose to pursue music therapy services without a referral.

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Visually Impaired Adolescent Girls Knowledge on Reproductive Health

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Abstract: A Participatory Action Research study was conducted on Development of Life skills programme for the promotion of reproductive health among visually impaired adolescent girls. A sample of 350 visually impaired adolescent girls was selected by Area and Non probability Purposive sampling. Data collection was done through interview and Focused group discussions. Results revealed that there is significant association between Reproductive Health knowledge and selected demographic variables like age, education of the child, father’s education, mother’s education, Father’s income and size of family. It was concluded that Life skills programme can be implemented to visually impaired adolescent girls to enhance their skills in having a successful and healthy reproductive health.

Keywords: Visually Impaired Adolescent Girls, Reproductive Health, Knowledge.

Introduction: Approximately 85% of the world’s young people live in developing countries where poverty levels remain high and resources are constrained most will become sexually active before their 20th birthday. In these group rates of early and unplanned pregnancies, unsafe abortions, maternal deaths and injuries, and sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) are very high. It is estimated that more than half of all new HIV infections are among young people, while between one quarter and one half of adolescent girls become mothers before they turn 18. Adolescent girls are two to five times more likely to die during pregnancy or childbirth than women in their twenties. Adolescence is simply a transition stage from childhood to adulthood. It is a stage which all young people go through to become biologically and sexually mature. In girls it may start as early as 9 or 10 years and in boys it begins around 12 or 13 years. Adolescence is a time of rapid change in the body, emotions, attitudes, values, intellect and relationships.

Little attention has been paid to the illness experience of disabled people in literature. Nevertheless, the large majority of these people reach puberty and, hence, sexual maturity, Just like so-called normal adolescents. According to common sense, disabled people apparently do not experience this phase in their development, as physical changes would not correspond to psychosocial changes. In the context of adolescence, physiological changes, sexuality, family, society and visual impairment are constituent factors of the personal and professional growth process in the search for identity, autonomy and independence. As the development process of children is already complex within normal standards...
to reach maturity, what will the experience of visually impaired adolescents be like?

We will try to answer this question and decided to work with female visually impaired adolescents only. This choice was due to some reasons, such as: girls are more overprotected than boys; as children, women are stimulated to behave well and control their desires; women experience more difficulty to address sexuality-related issues.

Statement of the Problem:
Development of life skills programme for the promotion of reproductive health among visually impaired adolescent girls.

Objectives of the Study:
1. To collect information on personal and family profile of the visually impaired adolescent girls.
2. To study the relationship between independent variables and Knowledge on Reproductive Health.

Methodology:
The research approaches used in the study were Participatory Action Research, Evaluation type of research, and Problem solving research. The then state of Andhra Pradesh and the present states of Telangana and Andhra Pradesh is the locale of the study conducted. Among the 23 districts of former Andhra Pradesh six districts namely Rangareddy, Mahaboobnagar, Karimnagar, Visakhapatnam, Krishna and Guntur were selected for the study. From these six districts ten areas were selected for the study as they had residential Blind schools exclusively for Girl students. The sample was selected using Area sampling and Purposive sampling methods. A sample of 350 visually impaired adolescent girls was thought to be appropriate for the present study. The Independent variables were Age, Education of the respondent, Father’s Education, Mother’s education, Father’s occupation, Mother’s occupation, Monthly income of father, Monthly income of mother, Size of family, Type of family. The dependent variables were Knowledge.

Findings of the Study

Demographic profile of the sample

Demographic variables also indicate the physical environment of the sample, which may has an influence on the knowledge attitude and practice of the sample. Hence an attempt was made to study these variables.

Figure 1: The Percentage Distribution of Visually Impaired Adolescent Girls their Age in years.

Table 1: Frequency and Percentage Distribution of adolescent girls based on education

<table>
<thead>
<tr>
<th>S.No</th>
<th>Variable</th>
<th>Categories</th>
<th>Fre</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Education of the Child</td>
<td>4th - 6th</td>
<td>130</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7th - 9th</td>
<td>220</td>
<td>63</td>
</tr>
</tbody>
</table>

Table no-1: Shows that around 63 percent were in 7th – 9th class and 37% percent in 4th -6th class.

With regard to mother's education, about 45.7% were illiterate, 29.1% studied upto high school education, 13.1% percent had education upto primary school and 12% were educated upto technical or professional education. Influence was found to be weak on visually impaired adolescent girl’s reproductive health education since majority of mother were illiterate. Hence they require RH education the school.
The percentage distribution of the sample by their father’s occupation in the study shows that 56% of father’s were daily wage earners, 28.6% are self-employed, 0.3% were private employees 4.9% were Government employees and 4.3% were unemployees.

With regard to mother’s occupation, 52.9% were daily wage earners, 35.7% were belonging to other kind of employment, 9.4% percent self-employed, 1.1% were private employees and only 0.9% were government employees.

With regard to father’s income, Majority, 57.1% had less than Rs.5000/-, 28% had income between Rs.5001 to 10,000/-, 5.7% were between Rs.10,000/- to 15,000/-, 4.9% were belonging to above Rs.15,000/- and 4.3% were unemployed.

The percentage distribution of the sample by their mother’s income shows that majority 82.6% were getting Rs.5000/-, 14.0% were getting Rs.5001/- to 10,000/-, 2.9% were getting Rs.10,001/- to 15,000/- and 0.6% were getting income Rs.15,000/- above.

With regard to type of family 89.7% visually impaired adolescent girls belonged to nuclear family, whereas 10.3% belonged to joint family. Majority 73.1% were from size of family with 4-6 members, 13.7% were from 7-9 members, 11.7% were from family with more than 9 members.

Table 2: Association between the Reproductive Health Knowledge scores of sample on Reproductive Health Knowledge and Age, Education of the child, Father’s education, Mother’s education, Father’s occupation, Father’s Income, Mother’s Occupation, Mother’s Income, Type of family, size of family. n = 350

<table>
<thead>
<tr>
<th>S.No</th>
<th>Variable</th>
<th>df</th>
<th>value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td>4</td>
<td>14.16</td>
<td>0.007</td>
</tr>
<tr>
<td>2</td>
<td>Education of the child</td>
<td>4</td>
<td>14.268</td>
<td>0.01</td>
</tr>
</tbody>
</table>

The table 2 indicates the result of association between reproductive health knowledge and selected demographic variables of VIAGs such as Age, Education of the child, Father’s Education, Mother’s Education, Father’s Occupation, Father’s Income, Mother’s Occupation, Mother’s Income, Type of Family and size of family.

The table shows that the demographic variables of Age, Education of the child, Father’s Education, Mother’s Education, Father’s Occupation, Father’s Income, Mother’s Occupation, Mother’s Income and size of family have significant association with the Reproductive Health knowledge of VIAGs results estimated that calculated $\chi^2$ Value of age (14.16), education of the child (14.26), mother’s Income (37.83) which is greater than tabulated value of $\chi^2$ at degree of freedom 4; Father’s education (15.02), Mother’s education (31.91), mother’s occupation (50.315), size of family (25.07) which is greater than tabulated value of $\chi^2$ at degree of freedom 6; father’s occupation (50.43), father’s Income (53.32) which is greater than tabulated value of $\chi^2$ at degree of freedom 8.

Hence research hypothesis was accepted i.e. there is significant association between Reproductive Health knowledge and selected demographic variables like age, education of the child, father’s education, mother’s education, Father’s Income and size of family.
Significant association was not established for demographic variable type of family.

**Conclusion:** School-based life skills education appears capable of communicating key information and helping youth develop skills relevant to reducing HIV risk. However, the South African national program has yet to be fully implemented, and whether this initiative will result in sustained behavior modification among youth on a sufficient scale to affect the HIV/AIDS epidemic is uncertain.

Based on the finding’s of the study the following conditions were drawn.

- The present review, though limited in nature highlights that a significant proportion of youth has health impacting behaviours and conditions that affect their growth and development, that the problem is on the increase, many are interlinked and coexist, and likely to increase in the coming years.
- Some of the major health impacting behaviours and problems among the young people include undernutrition and over nutrition, common mental disorders including stress and anxiety, suicidal tendencies and increased suicidal death rates, increased consumption of tobacco, alcohol and other substance use, NCDs, high risk sexual behaviours including STIs and importantly, injuries mainly RTIs and violence. Many of these problems are closely linked to ongoing nutrition and epidemiological transition and are behaviour related with a life course perspective.
- There is a strong need for public health community to identify, prepare, integrate and implement activities that help to promote health and healthy lifestyles of young people and establish mechanisms for delivery of population-based interventions along with measuring its impact.
- There is a need to generate good quality and robust population data that can drive policies and programmes. Strategic investments in health, nutrition, education, employment and welfare are critical for healthy growth of young people and these programmes need to be monitored and evaluated for their efficacy and effectiveness using public health approaches.

**Recommendations**

The following recommendations are made based on present study.

1. Replication of the sample study on a large sample may help to draw conclusion that are more definite and generalize to a larger population.
2. A comparative study may be conducted on both sighted Girls and VIAGs from high schools and Blind VIA girls.
3. A case study may be carried out a Reproductive Health of VIAGirl.
4. Replication of LSRHE and the methodology of the present study may be carried out for effective LSRHE to VIAGs.

**References:**

INTRODUCTION: A woman is born with approximately two million eggs in her ovaries. By her teenage years, this number is reduced to about 400,000. She will subsequently lose about one thousand eggs each month, until eventually no eggs remain. At that point, she begins menopause. The pace of this inexorable loss of eggs as a woman gets older is not affected by birth control pills, pregnancies, nutritional supplements, healthy living, or youthful appearance.

The ticking of her ovarian biological clock, and not knowing where she is on that biological clock, is one of the biggest dilemmas every woman faces. Most women (98%) are fertile through their early twenties. Yet by their mid thirties, the infertility rate increases to almost 30%. This phenomenon, referred to as the “biological clock”, is a direct result of the limited egg supply with which each woman is born.

Assessing where a woman is on a particular biological clock has always been like peering into a black box.

Some women remain fertile well into their forties, while others lose their fertility in their early twenties. Some of us have to face unexpected disease (like cancer, the treatment of which, though it can save your life, threatens to wreck your chances to have children). We all simply have to face age, as we are pressured to put off pregnancy by unexpected turns of career and marriage. women has her life and her career, which in the modern world may mean putting off childbearing, but nonetheless she wants eventually to have children. Fortunately, there are now three new technologies to address this dilemma. They are called Antral Follicle Count (AFC), Ovarian Tissue Freezing, and Egg Freezing.

Presently, there is a simple test to determine where a woman is on her biological clock: The Antral Follicle Count (AFC).

Antral Follicle Count is a precise technique of determining ovarian reserve. Ultrasound is used to count the number of eggs left in ovaries. We can thus calculate where the woman is on the biological clock (and even calculate the time remaining until menopause). This ultrasound test can be performed by any radiology center or gynecologist who is aware of what to look for. Fortunately, the information needed to perform this test is not complicated, and can be easily described to the radiologist/gynaecologist.

Antral Follicle Count is a singularly empowering tool in decisions about career, marriage, birth control, and when to start being concerned. It solves one half of the riddle of preserving the fertility: knowing how long it will last.

There are now safe, successful techniques to preserve a woman’s fertility indefinitely.

Recent advances in cryopreservation make it possible to preserve female fertility for any length of time. It’s well known that for some years we have been able to preserve fertilized eggs, or embryos; we can freeze them indefinitely, then thaw the embryos at a later date, and achieve high pregnancy rates in IVF. It’s essentially a time-delayed IVF procedure, with a waiting period as long as like, from when retrieve and fertilize the egg, until do the embryo implantation.

Preservation of fertility is generally done for one of two reasons: a woman requires medical treatment
such as chemotherapy, surgery, or radiation therapy that can negatively impact fertility, or she is not yet ready for childbearing or childrearing for a variety of personal reasons. In either situation, eggs can be retrieved and stored for use at a later time.

**What is egg freezing?**

Egg freezing is a method of storing a woman’s unfertilised eggs to allow her to try to conceive at a later date, when natural conception would be unlikely. It may be seen as a way of preserving the possibility of fertility for women who are not in a position to becoming pregnant straight away, or whose fertility is at risk for medical reasons such as cancer treatment. Frozen eggs may be stored for many years without significant deterioration. When the woman is ready to use her eggs, they are warmed, and then fertilised with sperm. The aim is for the fertilised egg to develop into an embryo, which can then be transferred to the woman’s uterus giving a chance of pregnancy.

**Overview of the embryo and egg freezing process.**

**Ovulation Induction:** During a typical menstrual cycle, the ovaries release one egg. In preparation for egg freezing, fertility drugs called gonadotropins are self-administered daily to stimulate the ovaries to mature numerous eggs in the month of the treatment cycle. If more eggs mature, more can usually be harvested and used. Our goal is to retrieve somewhere between 8 and 25 eggs per treatment attempt. Most often, a higher number of eggs improves the chances of fertilization and, ultimately, future pregnancy.

**Egg (Oocyte) Retrieval:** When the eggs are ready to be retrieved from the uterus, a 5 to 10 minute harvest procedure is performed at the Fertility Center using mild sedation. The doctor (using the aid of ultrasound visualization) guides a needle through the vaginal wall and into the ovaries to gently suction the eggs into a sterile test tube. After they are retrieved, the eggs are transferred to the embryology laboratory. Generally, about three-quarters of retrieved eggs are mature enough for freezing. An anesthesiologist is present for all egg retrieval procedures.

**Cryopreservation in the Lab:** After the eggs arrive in the embryology lab, analyzes them for maturity. Eggs can be fertilized with sperm at this time to create an embryo, if desired. If embryos are created, preimplantation genetic screening can be performed on them prior to freezing. If eggs are frozen unfertilized, pre implantation genetic screening can be performed after the eggs are thawed, fertilized, and allowed to develop for several days in the laboratory. After they are frozen, eggs and embryos remain on-site at the Fertility Center.

**Embryo freezing:** If there is a partner for the woman who is about to undergo medical treatment that might affect the fertility, she may choose to freeze embryos for future fertility treatment. Embryo freezing involves undergoing an IVF cycle where the ovaries are stimulated with hormone injections, prior to the eggs being retrieved in a short surgical procedure, then fertilised with sperm in a laboratory and the resulting embryos frozen and stored. Frozen embryos can be stored for many years.

Embryo freezing is a highly successful treatment option. As with a standard IVF procedure, women under the age of 38 at the time of egg retrieval will have a higher chance of pregnancy success in the future. When considering embryo freezing the stability of your relationship is important. Where embryos are created, both partners have the right to veto future use of the embryos. The serious consequences of this is that if the relationship is broken down, for either the woman or man undergoing fertility preservation, then they could lose access to their own reproductive material.

**Ovarian tissue freezing:** This involves removing a small piece of ovarian tissue from one ovary, cutting it into tiny slices and then freezing it. Later, when the woman are to ready to conceive, the ovarian tissue slices are grafted back into pelvis. Around nine months later, the grafted ovarian tissue can start to produce reproductive hormones and follicular development.
Pregnancy may be achieved either with ovarian stimulation and IVF, or perhaps even naturally. Further research and experimental work needs to be completed before this will be routine clinical treatment; at present this is still considered to be experimental.

What is cryopreservation?

Cryopreservation is freezing tissue or cells in order to preserve it for the future.

There are 2 methods currently used for freezing in IVF labs.

- Slow freezing
- Vitrification (ultra-rapid freezing)

How many embryos are frozen on the average with an IVF cycle?

- This is age dependent
- Younger women respond better to the IVF ovarian stimulation process and produce more eggs, resulting in a higher likelihood for having excess embryos available for freezing.

What is vitrification for IVF?

- To embryologists, vitrification is ultra-rapid IVF embryo freezing instead of the traditional slow freezing process.
- To a science dictionary, vitrification is the process of converting something into a glass-like solid that is free of any crystal formation.

For an example, by adding a cryoprotectant, water can be cooled until it hardens like glass without any ice crystals forming. This is important in the embryology world because ice crystal formation can be very damaging to frozen embryos (or other frozen cells).

- Vitrification in IVF can allow freezing of spare embryos with better post-thaw survival rates and higher pregnancy and live birth rates from frozen embryo transfer cycles.
- Started vitrification of blastocysts in IVF lab in early 2008 and have seen excellent post-thaw embryo survival and substantially higher pregnancy rates after frozen transfer procedures.

Conclusion

Some women may prefer egg freezing, because it does not involve a laparoscopy; only transvaginal ultrasound-guided needle aspiration. Still, it can require many aspirations plus preliminary medication to give them some assurance that they will have enough eggs frozen to insure them a high likelihood of future pregnancy. Other women will prefer ovarian biopsy because it involves no preliminary medication; only one brief outpatient procedure (and not multiple egg retrievals). Some women may prefer to do both just as an extra measure of assurance. Whichever strategy is chosen, a woman now has the option to breathe more easily, and not feel rushed into marriage or pregnancy before she is ready! Even those for whom egg donation is forbidden for religious reasons now have the option of ovarian tissue transplant or to read a detailed scientific paper on Ovarian Transplantation.

- The reasonable man adapts himself to the world:
- The unreasonable one persists in trying to adopt the world to himself.
- Therefore all progress depends on the unreasonable man – George Bernard Shaw.

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Evaluate the performance on nursing horizon among fourth year BASIC B.Sc (N) students using modified Mc Naughton scale

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Naryana College of Nursing,
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Abstract:
Clinical experience has been always an integral part of nursing education. It prepares student nurses to be able of “doing” as well as “knowing” the clinical principles in practice. The clinical practice stimulates students to use their critical thinking skills for problem solving. Nursing student’s experiences of their clinical practice provide greater insight to develop an effective clinical teaching strategy in nursing education. The main objective of this study was to investigate student nurses’ experience about their clinical practice.

Methodology: Exploration approach and descriptive design were selected to conduct this observational study on 60 fourth year basic B.Sc (N) students selected by non probability purposive sampling technique in AVBR hospital. Data were collected by using rating scale to evaluate the performance on nursing horizon.

Results: The mean and standard deviation of nursing students’ scores in communicating with patients were 58.98±13.76 out of 87. The students’ performance was desirable at the beginning of interview and interaction skills are semi-desirable. In the end follow up, and disease description, undesirable at the end of interview. There was no significant difference between the scores, and socio demographics like different age groups, semester of study, year of the study and the type of ward they were attending.

Conclusion: Although students’ communication skills are in a desirable level, revising educational programs and improving teaching methods with focus on communication skills are recommended.

Introduction: Effective communication is a vital component of nursing care. However, nurses often lack the skills to communicate with patients, carers and other health care professionals. Communication skills training programs are frequently used to develop these skills. However, there is a paucity of data on how best to evaluate such courses. The aim of the current study was to evaluate the relationship between student self rating of their own ability and their satisfaction with a nurse training course as compared with an objective measure of communication skills. 209 first year nursing students completed a communication skills program. Both qualitative and quantitative data were collected and associations between measures were investigated. Paired samples t-tests showed significant improvement in self-rated ability over the course of the program. Students generally were very satisfied with the course which was reflected in both qualitative and quantitative measures. However, neither self-rated ability nor satisfaction was significantly correlated with the objective measure of performance, but self-rated ability and satisfaction were highly correlated with one another. The importance of these findings is discussed and implications for nurse education are proposed.

**TITLE OF THE STUDY:**
A study to evaluate the performance on nursing horizon among fourth year BASIC B.Sc (N) students by using modified Mc Naughton scale.
OBJECTIVES OF THE STUDY:
1. To assess the performance of nursing students in communication skills.
2. To assess the knowledge of nursing students.
3. To associate the knowledge and performance of nursing students in safety measures.

ASSUMPTIONS
- The fourth year BASIC B.Sc (N) students may have some knowledge regarding the performance.
- The skill of the students may differ from individual to individual.

METHODOLOGY: Exploration approach and descriptive design were selected to conduct this observational study on 60 fourth basic B.Sc (N) students selected by non probability purposive sampling technique in AVBR hospital. Data was collected by using rating scale to evaluate the performance on nursing horizon.

The way nursing students communicate with patients can show their actual performance in the future. A research was performed to determine how nursing students communicate with hospitalized patients in hospitals affiliated to Kerman University of Medical Sciences. In a descriptive study, 175 students who had medical surgical unit, were selected by census sampling method in the year 2005. Data gathering was done by a 29 item checklist. While interacting with patients, each student was observed by a trainer, three times in the ward, and the results were recorded. Data analysis was done by SPSS software using mean, and standard deviation, and the comparisons were made by t-test, ANOVA and Tukey.

In This Study the tool was used Rating scale for evaluate the performance on nursing horizon among fourth year BASIC B.SC (N) using modified McNaughton scale.

INCLUSION CRITERIA:
- Student Nurses those who are.
  - working in medicine ward.
  - available at the time of data collection.
  - willing to participate in the study.
  - able to read and understand English.

EXCLUSION CRITERIA
- Student Nurses who have attended training or educational programmes on performance of nursing horizon.

FINDINGS
Findings of the study have been discussed with reference to the objective of the research and assumptions of the study. The following conclusions were drawn from the finding of the present study:

This study shows that 45% of the nursing students were having good level of communication skill score, 46.67% had very good and remaining 8.33% had excellent level of communication skill score. The minimum score was 17 and maximum was 36 and the mean communication skill was 25.38 ± 3.55 with a percentage score of 63.45 ± 8.89.

Graph 1: Assessment of communication skill score
This study shows that 6.67% of the nursing students were having average, 46.67% had good, 41.67% had very good and remaining 5% had excellent level of knowledge score. The minimum score was 5 and maximum was 13 and the mean knowledge score was 9.21 ± 2.02 with a percentage score of 61.44 ± 13.50.

Graph 2: Assessment of safety measures
This study shows that 6.67% of the nursing students were having average, 40% had good, 43.33% had very good and 10% had excellent level of safety
measures score. The minimum score was 6 and maximum was 18 and the mean knowledge score was 12.70 ± 2.65 with a percentage score of 63.50 ± 13.25.

CONCLUSION: The following conclusions were drawn from the finding of the present study: After the details analysis of this study leads to the following conclusions, 45% of the nursing students were having good level of communication skill score, 46.67% had very good and remaining 8.33% had excellent level of communication skill score. 6.67% of the nursing students were having average, 41.67% had good, 41.67% had very good and remaining 5% had excellent level of knowledge score. And 6.67% of the nursing students were having average, 40% had good, 43.33% had very good and 10% had excellent level of safety measures score.

IMPLICATIONS OF THE STUDY: The findings of the study have implications in nursing practice, nursing education, nursing administration and nursing research.

Nursing practice: In nursing practice, nurse can expand and extend her role in primary health centre and as a direct care provider, thus providing direct care. To prepare a nursing care plan, it is essential to understand and apply this level of knowledge to client, primary health centre and other health worker. It will be helpful for the population to do practice based on knowledge.

Nursing Education: The nursing curriculum should emphasize on including new teaching learning modalities. It helps the nursing students to improve their knowledge and practice in their field.

Nursing Administration: Findings of the study can be used by the Nursing Administrators in creating policies and plans that will include all the nursing staff to be effectively involved in health education programmes in their respective centers. It will help the nursing administrator to be planned and organized and in giving continuing education to groups.

Nursing Research: The study would contribute to new innovative practices and problems solving in different difficulties faced. Research study may be conducted to bring awareness, and formulation of strategies and standards of care.

Nursing research is essential aspect of nursing as it uplifts the profession, develop new norms, and enhance the body of nursing knowledge. It also improves the image and perception of nursing in society, which is urgently required for the future of the nursing.

RECOMMENDATIONS: On the basis of finding of the study, it is recommended that the following study can be conducted:
1) A study can be conducted to see the improvement in skill of nurses in future.
2) A similar study can be replicated on a large sample to generate the findings.
3) An experimental study can be undertaken with control group for effective comparison.
4) A study can be conducted by including additional demographic variables.
5) A similar study can be conducted by using appropriate intervention like planned teaching and self instructional module for educating students.

BIBLIOGRAPHY
Abstract: In Indian context, adolescent girls are vulnerable to physical and educational neglect. Malnutrition is more common in India with over 90% of young girls reported as anemic. Academically, adolescent girls (AGs) have a much higher rate of school dropout than boys. Such neglect becomes an impediment to the progress of young girls and women in society. The RGSEAG (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls) introduced SABLA program in November, 2010 by the Govt of India under the ministry of women and child development department and works to combat these issues by focusing on educational, nutritional and health requirements.

Background of the theme: In the Indian context, adolescent girls are vulnerable to physical and educational neglect. Malnutrition is more common in India with over 90% of young girls reported as anemic. Academically, adolescent girls (AGs) have a much higher rate of school dropout than boys. Such neglect becomes an impediment to the progress of young girls and women in society. The RGSEAG (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls) introduced SABLA program in November, 2010 by the Govt of India under the Ministry of Women and Child Development Department, works to combat these issues by focusing on educational, nutritional and health requirements.

Objectives: The objectives of the scheme are to:
(i) Enable self-development and empowerment of Adolescent Girls.
(ii) Improve their nutrition and health status.
(iii) Spread awareness among them about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH), and family and child care.
(iv) Upgrade their home-based skills, life skills and vocational skills.
(v) Mainstream out - of - school Adolescent Girls into formal/non formal - education.
(vi) Inform and guide them about existing public services, such as PHC, CHC, Post Office, Bank, Police Station, etc.

**Beneficiaries of SABLA**

The scheme aims at covering adolescent girls in the age group of 11 to 18 years under all ICDS Projects in selected 200 districts across India on pilot basis.

**Program features**

ICDS infrastructure would be used for the implementation of SABLA. Anganwadi Centers would be the focal points for delivery of services. The scheme is aimed at both in-school adolescent girls and out-of-school adolescent girls. Various services to be provided to the girls are mentioned as below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Service Provider</th>
<th>Target Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional provision Rs. 5 per day</td>
<td>600 calories and 18-20 gm protein for 300 days a year in the form of hot cooked meal or take home ration</td>
<td>Anganwadi</td>
<td>11-14 (Out-of-school) 14-18 (Both)</td>
</tr>
<tr>
<td>Iron Folic Acid (IFA) Supplementation</td>
<td>2 IFA tablets per week to be administered to girls at Anganwadi centers</td>
<td>Anganwadi</td>
<td>11-18 (Out-of-school)</td>
</tr>
<tr>
<td>Health check-up and referral services</td>
<td>General health check up every 3 months. Records of height, weight, and any specific medical problem to be recorded in Kishori Cards</td>
<td>Anganwadi Medical Officer</td>
<td>11-18 (Out-of-school)</td>
</tr>
<tr>
<td>Nutritional and Health Education</td>
<td>Spreading awareness on nutritional deficiency, balanced diet, personal hygiene, first aid and home remedies in Anganwadi</td>
<td>Anganwadi Medical Officer / ASHA</td>
<td>11-18 (Both)</td>
</tr>
<tr>
<td>Counseling on Family welfare practices</td>
<td>Age appropriate awareness sessions on reproductive and sexual health, child care practices and home management to be carried out in Primary Health care centers</td>
<td>Anganwadi Medical Officer / NHRM Setup</td>
<td>11-18 (Both)</td>
</tr>
<tr>
<td>Life Skill education</td>
<td>Imparting skills focused on personality development, functional literacy and accessing public services in Anganwadi centers</td>
<td>Anganwadi/ NGO/ Youth Affairs/Education Setup</td>
<td>11-18 (Both)</td>
</tr>
<tr>
<td>Vocational Training using NSDP</td>
<td>Vocational Training provided for a maximum period of 3 years with desired level of flexibility in location to ensure maximum benefit</td>
<td>Through NSDP of Ministry of Labour</td>
<td>16-18 (Out-of-school)</td>
</tr>
</tbody>
</table>

**Components of SABLA:**

**a) Nutrition:** Each AG will be given Supplementary nutrition (SN) containing 600 calories, 18-20 grams of protein and micro-nutrients, per day for 300 days in a year. The out of school AGs in the age group of 11-15 years attending Anganwadi Centers (AWCs) and all girls in the age group of 15-18 years will be provided...
Supplementary nutrition in the form of Take Home Ration (THR). However, if hot cooked meal is provided to them, strict quality standards have to be put in place. The Take Home Ration as provided to Pregnant and Lactating (P & L) mothers may be provided for AGs also, since the financial and calorific norms of Supplementary nutrition for both is same.

b) IFA Supplementation: Under Reproductive and Child Health (RCH-2) of National Rural Health Mission (NRHM), school children (6-10 years) and adolescents (11-18 years) have been included in the National Nutrition Anemia Control Programme (NNAPP). States will establish convergence with the programme being implemented by Ministry of Health and Family Welfare to provide 100 adult tablets of IFA to each beneficiary through supervised consumption. IFA tablets will be distributed to AGs on Kishori Diwas.

c) Health check-up and Referral Services: There will be general health check up of all AGs, at least once in three months on a special day called the Kishori Diwas. The Medical Officer/Auxiliary Nurse & Midwife (ANM) will provide the de-worming tablets to the girls requiring this (as per State specific guidelines). Height, weight measurement of the AGs will be done on this day. Kishori cards for every girl will be prepared and maintained by marking major milestones. The weighing scales provided under ICDS will be used for weighing AG.

d) Nutrition and Health Education (NHE): NHE will be given to all AGs in the AWC jointly by the ICDS and health functionaries and resource persons/field trainers from NGOs/Community Based Organizations (CBOs). This will include encouraging healthy traditional practices and dispelling harmful myths, healthy cooking and eating habits, use of safe drinking water and sanitation, personal hygiene, including management of menarche, etc. The adolescent girls will be informed about balanced diet and recommended dietary intake, nutrient deficiency disorders and their prevention, identification of locally available nutritious food, nutrition during pregnancy and for infants. This would also include imparting information about common ailments, personal hygiene, exercise/ yoga and holistic health practices.

e) Life Skills Education and Accessing Public Services: Its ultimate aim is to enable AGs in self development. Broad topics to be covered in the training for development of life skills may include confidence building, self awareness and self esteem, decision making, critical thinking, communication skills, rights and entitlement, coping with stress and responding to peer pressure, functional literacy, etc.

So far, about 3.51 lakh adolescent girls have been provided with vital services aimed at improving their nutritional and health status and enabling their self-development.

Apart from that, adolescent girls (AG) scheme with some modification and content enrichment was also experimented in some areas. Under ICDS programme in 47 blocks of Tamil Nadu, modified AG Scheme was successfully implemented. Again in Rajasthan and Andhra Pradesh, State specific interventions for Adolescent Girls have been implemented.

There have also been persistent demands from the States on the urgent need to provide cover of ICDS to adolescent girls in all the ICDS Projects.

Conclusion:

Sabla aims to converge the pressing requirements of adolescent girls viz. nutritional needs and skill development. Hence this comprehensive scheme provides nutritional supplement and vocational training to out-of-school girls to create avenues of economic empowerment. It also aims to increase awareness on health, nutrition, life style, adolescent reproductive and sexual health to facilitate a smooth transition into womanhood.

References
Knowledge and practice on biomedical waste management among health care providers

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Nellore.

ABSTRACT:
Proper handling and disposal of bio-medical waste is very essential. Unfortunately, laxity and lack of adequate knowledge and practice on bio-medical waste disposal leads to staid health and environment apprehension.  

Aim: To assess the knowledge and practice of bio-medical waste management among the health care providers working in Chettinad Hospital and Research Institute, Kelambakam, Kanchipuram (D.T), with the view to prepare informational booklet.  

Methods: In the present study, health care providers are categorized into four; Senior Health Workers (SHW), Junior Health Workers (JHW), Laboratory Technicians and Pharmacists. Periodical visits were made to analyse knowledge and practice about biomedical waste management among health care providers of Chettinad Hospital and Research Institute, Kelambakam, Kanchipuram (d.t), by using questionnaires.  

Conclusion: Findings from this study revealed the lack of knowledge and awareness of bio-medical waste management even among health workers. This has led to the poor practice of biomedical waste handling and management, hence exposing themselves and the public in general to health and environment hazards.  

Key words: Bio-medical waste, Waste management, Knowledge, Practice, Health care providers.

INTRODUCTION:
Unwanted materials generated during diagnosis, treatment, operation, immunization or in research activities including production of biologicals is termed as biomedical waste. Day to day activities in health institutions generate a lot of waste which is biological in nature and are potential sources of infection transmission, especially hepatitis B and C, HIV, and tetanus. Approximately 1.45 kgs waste is generated per patient per day in Indian hospitals. It is as high as 4.5 kgs in developed countries. According to western figures, approximately 15-20% of this total waste is hazardous, whereas, it would be much higher in India because proper waste segregation and waste disposal methods either does not exist or not practiced. Many Indian newspapers and magazines have reported that re-use of disposable syringes, needles, catheters, bags, drug vials, bottles, and intravenous drip sets are picked up by rag pickers and purchased by duplicators, recycled, replaced without proper treatment. Highly infected human tissues are just thrown in municipal dustbins, further disposed at landfill site, which contribute to air pollution. The incinerators used by some of the hospitals pollute the environment because of improper segregation of the wastes used in incinerators. Such practices of waste management are posing serious threat of diseases to the close by residence. To protect the environment and health of the community, the Ministry of Environment and Forestry has notified ‘Bio-medical waste (management and handling) Rules 1998’. All hospitals, clinics, nursing homes, community health centers, primary health centers, slaughter houses and laboratories have to ensure safe disposal and environmentally sound management of waste produced by them as specified in the rules for proper disposal of bio-medical waste.
It is the responsibility of head of the health care facility to safeguard the health of workers involved in handling, transportation, and disposal of bio-medical waste besides ensuring safety to the community and environment. Any violation of the rules by any person is punishable with fine or imprisonment under the Environment protection Act 1986.

**Statement of the problem:** A study to assess the knowledge and practice on biomedical waste management among health care providers working in selected tertiary hospital, Kanchipuram district, Tamilnadu, India.

**Objectives:**
- To assess the level of knowledge and practice regarding biomedical waste management among health care providers.
- To find out the association between the level of knowledge regarding biomedical waste management among health care providers with their socio demographic variables.
- To find out the association between the practice regarding biomedical waste management among health care providers with their socio demographic variables.

**METHODOLOGY:** A quantitative descriptive survey design was adopted for this study. The study subjects were health care providers posted in general wards in Chettinad hospital and Research Institute, at Kelambakkam, Kanchipuram district.

120 health care providers were selected by using non probability convenience sampling technique. Semi structured questionnaire was used to assess the knowledge of health care providers. The study period was one month, March, 2011. The data entry and analysis was done, using the Microsoft excel. Results were presented as percentage, mean and standard deviation of knowledge scores.

**Ethical Clearance:** There was no drug administration or invasive procedure involved in the study. A written permission was obtained from the institutional authority and ethical committee. Written informed consent was obtained from mothers who participated in the study and Confidentiality and anonymity of the subjects was maintained throughout the study.

**Results:** The data was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics based on the objectives of the study. The findings were presented in the following sections.

**The analysis of the data was mainly classified as Section-I**

**Table 1: Frequency and percentage distribution of socio demographic variables of Health care providers**

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Fre (f)</th>
<th>Per (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in yrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td>35</td>
<td>29</td>
</tr>
<tr>
<td>31-40</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>41-50</td>
<td>35</td>
<td>29</td>
</tr>
<tr>
<td>≥ 51</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>43</td>
<td>36</td>
</tr>
<tr>
<td>Female</td>
<td>77</td>
<td>64</td>
</tr>
<tr>
<td>Qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPHW/ ANM</td>
<td>101</td>
<td>85</td>
</tr>
<tr>
<td>DMLTC</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>D.Pharm</td>
<td>09</td>
<td>07</td>
</tr>
<tr>
<td>Position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Health Worker</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Junior Health Worker</td>
<td>89</td>
<td>75</td>
</tr>
<tr>
<td>Laboratory Technician</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>09</td>
<td>07</td>
</tr>
<tr>
<td>Total years of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5</td>
<td>39</td>
<td>33</td>
</tr>
<tr>
<td>6-10</td>
<td>28</td>
<td>23</td>
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<tr>
<td>11-15</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>≥ 16</td>
<td>35</td>
<td>29</td>
</tr>
</tbody>
</table>

The data presented in the Table-1 shows that the majority of the subjects, 35 (29%) belonged to age group 21-30 years and 41-50 years. Maximum number of subjects 77 (64%) were females. Majority of the subjects 101 (85%) were qualified as a MPHW/ANM, and 89 (75%) were Junior Health Worker. The maximum number of subjects 39 (33%) were having 0-5 years of experience.

**Section-II**

**Frequency and percentage distribution of level of knowledge and practice of bio-medical waste management among health care providers.**

The majority of subjects 79 (65%) had average knowledge and 29 (24%) had good knowledge. Majority of subjects 63 (53%) had average practice and 42 (35%) had good practice.
Table 2: Association between knowledge scores and selected demographic variables:

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td>09</td>
<td>22</td>
<td>04</td>
<td>C = 3.255</td>
</tr>
<tr>
<td>31-40</td>
<td>05</td>
<td>24</td>
<td>02</td>
<td>T = 12.592</td>
</tr>
<tr>
<td>41-50</td>
<td>10</td>
<td>22</td>
<td>03</td>
<td>NS</td>
</tr>
<tr>
<td>≥ 51</td>
<td>05</td>
<td>11</td>
<td>03</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>28</td>
<td>04</td>
<td>C = 0.089</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>51</td>
<td>08</td>
<td>T = 5.991</td>
</tr>
<tr>
<td>Qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPHW/ANM</td>
<td>21</td>
<td>69</td>
<td>11</td>
<td>C = 6.034</td>
</tr>
<tr>
<td>DMLTC</td>
<td>03</td>
<td>06</td>
<td>01</td>
<td>T = 9.488</td>
</tr>
<tr>
<td>D.Pharm</td>
<td>05</td>
<td>04</td>
<td>00</td>
<td>NS</td>
</tr>
<tr>
<td>Designation</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Senior Health Worker</td>
<td>01</td>
<td>09</td>
<td>02</td>
<td>C = 7.454</td>
</tr>
<tr>
<td>Junior Health Worker</td>
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<td>60</td>
<td>09</td>
<td>T = 12598</td>
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<tr>
<td>Laboratory Technician Pharmacist</td>
<td>03</td>
<td>06</td>
<td>01</td>
<td>NS</td>
</tr>
<tr>
<td>Total year of experience</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>0-5</td>
<td>10</td>
<td>25</td>
<td>04</td>
<td>C = 11.24</td>
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<td>6-10</td>
<td>07</td>
<td>19</td>
<td>02</td>
<td>T = 12.592</td>
</tr>
<tr>
<td>11-15</td>
<td>03</td>
<td>14</td>
<td>01</td>
<td>NS</td>
</tr>
<tr>
<td>≥ 16</td>
<td>09</td>
<td>21</td>
<td>05</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Association between practice scores and selected demographic variables:

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years)</td>
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<td></td>
</tr>
<tr>
<td>21-30</td>
<td>10</td>
<td>22</td>
<td>03</td>
<td>C = 6.463</td>
</tr>
<tr>
<td>31-40</td>
<td>09</td>
<td>15</td>
<td>07</td>
<td>T = 12.592</td>
</tr>
<tr>
<td>41-50</td>
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<td>18</td>
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<td>NS</td>
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<tr>
<td>≥ 51</td>
<td>09</td>
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<td>02</td>
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<tr>
<td>Gender</td>
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<td></td>
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<tr>
<td>Male</td>
<td>16</td>
<td>21</td>
<td>06</td>
<td>C = 0.374</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>42</td>
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<td>T = 5.991</td>
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<tr>
<td>Qualification</td>
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</tr>
<tr>
<td>MPHW/ANM</td>
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<td>54</td>
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<tr>
<td>DMLTC</td>
<td>04</td>
<td>06</td>
<td>00</td>
<td>T = 9.488</td>
</tr>
</tbody>
</table>

Table 2: shows the distribution of knowledge and practice scores. The knowledge was distributed with a mean of 15.25 and S.D. 3.47 and the Practice has mean of 14.01 with S.D. 4.39.
Results show that there is no significant association found for any of the selected socio-demographic variables as stated in the objective. Total years of experience is 16.865 and was more than tabulated value. Hence there is significant association between practice and total year of experience.

**Conclusion:** It is important that all health care providers should have proper knowledge to practice bio-medical waste management in better way to protect self, the community and more importantly the environment.

**Recommendations:**
- A similar study should be conducted for health care providers of the whole district to make a generalized conclusion.
- Comparative studies can be done in private and public sectors of health care providers regarding biomedical waste management.
- Comparative study may be done in different categories of health care providers.

**REFERENCES:**
CASE REPORT ON STATUS ASTHMATICUS

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Asso. Prof.,  
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Narayana College of Nursing, Nellore.

Mrs. M. Radhika,  
M.Sc(N), Nellore.

Abstract: Asthma is the common health problem among children which require hospital admission for intensive treatment. Asthma is an inflammatory disease with edema, bronchial constriction, and mucous plugging. It can be dangerous and life threatening. Its prevalence, morbidity, and mortality have been increasing. It is also very challenging when presenting with acute asthmatic exacerbation (status asthmaticus). These children require aggressive treatment with β-agonists, anticholinergics, and corticosteroids. Endotracheal intubation with mechanical ventilation, is also needed.

Key words: asthma, status asthmaticus, mechanical ventilation, β blockers.

Introduction:  
Children with acute asthma exacerbation are frequently admitied in an emergency department with signs of respiratory distress. Over 9% of children with asthma had made at least one visit to the emergency department with asthma exacerbations and it accounted for 3% to 7% of all paediatric emergency department visits. More than 50% of children who are admitted to the emergency department with an asthma exacerbation are preschool age (<5 years). The most common triggers for asthma exacerbations in both younger and older children are viral respiratory tract infections and exposure to allergens.

Characteristics: A male baby was born at 38 weeks of gestation with the birth weight of 3.2 kgs. There is no family history of bronchial asthma. The child had a history of dust and smoke allergy from the past. At the age of eight years, the child developed the signs and symptoms of respiratory distress with increased respiratory rate. The symptoms were worsening after 4 days and the child was brought to the emergency department. On examination, there was fever, respiratory distress and chest retraction. A chest examination shows bilateral wheezing with increase respiratory rate with the use of accessory muscle. Investigations performed include: Hb of 12.5 gm/dl, Complete blood count of 24700 cells/ cumm, Neutrophils 77%, lymphocytes 14%, eosinophils 03%, monocytes 06%, ESR 36 mm/hr. The child was treated with O2 3 liters, Inj. Augmentin, Inj. Hydrocortison 100 mg and Nebulization with Budecort and Ipravent. On the 3rd day, there was a clear response to treatment and O2 requirement was decreased.

Discussion:  
Pathophysiology:  
Due to airway inflammation and edema, bronchial smooth-muscle spasm, and mucous plugging  
\[\text{Obstruction of respiratory tract}\]

\[\text{Ventilation/ perfusion mismatching resulting in hypoxemia.}\]

\[\text{Increased respiratory rate, heart rate, decreasing of blood pressure and wheezing}\]

\[\text{Respiratory failure}\]
Management:
- Assess the child's respiratory distress to classify the severity.
- Focus on physical examination to estimate the functional severity of obstruction.

NURSING MANAGEMENT:
The possible nursing diagnosis and relevant interventions are discussed below.

1. **Ineffective airway clearance related to mucus obstruction and broncho spasm.**

**Goal:** Maintain the patent airway.

**Nursing interventions:**

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess the respiratory function: breath sounds, depth and accessory muscles.</td>
<td>Wheezing indicate the presence of excessive secretion.</td>
</tr>
<tr>
<td>Provide deep breathing and coughing exercise.</td>
<td>Loosen the secretion.</td>
</tr>
<tr>
<td>Provide chest physiotherapy.</td>
<td>Loosen the secretion.</td>
</tr>
<tr>
<td>Provide postural drainage.</td>
<td>Remove the secretion.</td>
</tr>
<tr>
<td>Administer nebulization.</td>
<td>To loosen and remove the secretion.</td>
</tr>
<tr>
<td>Provide broncho dilators.</td>
<td>Increase the bronchial diameter.</td>
</tr>
<tr>
<td>Administer O₂</td>
<td>To increase the O₂ supply.</td>
</tr>
</tbody>
</table>

2. **Impaired gas exchange related to hypoventilation**

**Goal:** Maintain normal arterial blood gas

**Intervention:**

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess the respiratory function: breath sound, depth and accessory muscles.</td>
<td>Wheezing indicate the presence of excessive secretion and respiratory obstruction</td>
</tr>
<tr>
<td>Monitor the vital signs.</td>
<td>Early detection of severe cases by assessing drop of BP, increased heart rate and respiratory failure.</td>
</tr>
<tr>
<td>Administer O₂</td>
<td>To increase the O₂ supply</td>
</tr>
<tr>
<td>Suction patient as needed</td>
<td>Remove secretion from airway</td>
</tr>
<tr>
<td>Monitor ABG’s if necessary</td>
<td>To assess the respiratory failure</td>
</tr>
</tbody>
</table>

**Conclusion:**

Asthma is a common inflammatory disorder of airway with hyper responsiveness. Status asthmaticus is defined as uncontrolled asthmatic symptoms with aggressive treatment and is one of the major problems in emergency admission. The common causes of status asthmaticus during childhood are viral infection and exposure to allergens. The child must be ruled out for specific allergic reaction. It helps prevent the exposure to allergens that reduces the prevalence of asthmatic episodes.

**Reference:**

1. O Ortiz-Alvarez, A Mikrogianakis; Canadian Paediatric Society Acute Care Committee Paediatric Child Health 2012;17(5):251-5.
INTRODUCTION: Pregnancy is a unique, exciting, and often joyous time in a woman’s life as it highlights the woman’s amazing creative and nurturing powers while providing a bridge to the future. The lack of nutritional and other factors may cause many of the problems during the antenatal period. One of the major problems that can be detected in antenatal mothers in developing countries such as India is anemia during pregnancy. Anemia is defined as decrease in Hb levels to below the normal range of 13.5 gm/dl (men), 11.5 gm/dl (women), and 11.0 gm/dl (children and pregnant women). Anemia is a widespread public health problem associated with an increased risk of morbidity and mortality, especially in pregnant women. It has multiple causes, both nutritional (vitamin and mineral deficiencies) and nonnutritional that frequently co-occur. It is assumed that the most common contributing factors are iron deficiency, folic acid deficiency, and vitamin B₁₂ deficiency. Anemia resulting from iron deficiency is considered one of the top ten contributors to the global burden of disease. In developed countries, it is estimated that approximately 2% of women are anemic; in developing world, this figure may be as high as 50% and this contributes to the high rate of maternal mortality. The unavailability of nutritious food, food taboos, and eating and cooking customs all play a part. In order to prevent anemia, mothers must not only understand the problem but also anemia social circumstances that give rise to.

Statement of the problem: “A study to assess the knowledge regarding anemia during pregnancy among antenatal mothers in Narayana Medical College Hospital, Nellore.”

Objectives:
1. To assess the knowledge regarding anemia during pregnancy among antenatal mothers in Narayana Medical College Hospital, Nellore.
2. To associate the level of knowledge of antenatal mothers with their selected socio demographic variables.

Methodology:
Research approach: A quantitative research approach.
Research design: Descriptive research design was adopted for the study.
Setting of the study: The study was conducted in Narayana Medical College Hospital, Nellore.
Target population: The target population of the study includes all the antenatal mother.
Accessible population: The accessible population of the study is the antenatal mothers in Narayana Medical College Hospital, Nellore.

Sample: Sample of the study was the antenatal mothers in Narayana Medical College Hospital, who fulfill sampling criteria.

Sample size: Sample size was 50 antenatal mothers.

Sampling technique: Non probability purposive sampling technique was adopted.

Description of the tool:
Part-A: It consists of socio demographic variables which includes age, gravida, education, type of family, occupation, monthly income and source of information.

Part-B: Structured questionnaire was related to knowledge on anemia during pregnancy.

Data collection procedure: After obtaining formal permission from the medical superintendent, the sample were informed about the nature and the purpose of the study and informed consent was obtained. Data was collected for a period of four weeks by administering structured questionnaire.

Data analysis: The study sample consisted of 50 antenatal mothers. About 40% of antenatal mothers belong to the age group of 19-22 years, and majority (56%) of antenatal mothers belong to gravid 2 and above. Maximum percentage (58%) of antenatal mothers had high school education. About 58% of the participants belonged to a nuclear family. Most of the antenatal mothers (78%) were housewives. Nearly (62%) of the samples had income Rs. 5001-10000. Most of the mothers (64%) had information about anemia from health workers.

Figure 1: Bar diagram showing level of knowledge of antenatal mothers on anemia during pregnancy.

The data presented in the diagram shows that the majority of the antenatal mothers (54%) had satisfactory knowledge, 38% had poor knowledge and 8% had good knowledge about anemia during pregnancy.

Association between knowledge regarding anaemia among antenatal mothers and their selected socio-demographic variables.

The chi-square values of demographic variables such as age, gravida, type of family, education, occupation, monthly family income, and source of information, regarding anemia during pregnancy among antenatal mothers were not significant at 0.05 level of significant. Thus, it is concluded that there was no association between knowledge score and selected demographic variables.

Discussion: In this present study, results revealed that majority of antenatal mothers (54%) had satisfactory knowledge on anemia during pregnancy, 38% had poor knowledge, and 8% had good knowledge score. The mean percentage of knowledge score of antenatal mothers on anemia during pregnancy was 29.9%.

Conclusion: Early detection and management strategies should be adopted to prevent anemia. Research studies should be conducted to assess the needs of pregnant women. The main focus of research studies should be behavior modification of individual. The approach of primordial prevention should be adopted, which involves preventing anemia and spread of risk factors and lifestyle modification through health education programs conducted by the nursing personal both in hospital and community.

References:
Post operative care of patients with kidney transplantation among staff nurses and nursing students

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ABSTRACT:
Background: Kidney transplantation is the treatment of choice for clients with end stage of kidney disease. Kidney transplantation allows the recipient to enjoy a much less restricted life style. The care for the clients undergoing renal transplantation is complex and specialized standard post-operative nursing interventions are applicable with the added consideration of assessing for signs of rejection and prevention of infection.

Objective: To assess the level of knowledge regarding postoperative care of patients with kidney transplantation among staff nurses and nursing students in Narayana Medical College and Hospital.

Materials and Methods: Descriptive cross sectional design and convenient sampling technique was followed which included 30 samples. Data was collected using structured questionnaire. Data analysis was done with SPSS.

Results: Shows that with regard to level of knowledge regarding post-operative care of patients with kidney transplantation among staff nurses 2(13.3%) had inadequate knowledge, 12(80%) had moderately adequate knowledge and 1(6.7%) had adequate knowledge. Among nursing students 3(20%) had inadequate knowledge, 6(40%) had moderately adequate knowledge and 6(40%) had adequate knowledge.

Conclusions: The present study concluded that comparing the level of knowledge between staff nurses and nursing students, nursing students have adequate level of knowledge than staff nurses regarding post-operative care of patients with kidney transplantation.

INTRODUCTION: Kidney serves the body as a natural filter of the blood and removes waste products of metabolism. The care for the client undergoing renal transplantation is complex and specialized standard post-operative nursing intervention are applicable with the added consideration of assessing for signs of rejection and prevention of infection.

The post-operative nursing care of kidney transplantation client is very important. One has to follow complete aseptic techniques for postoperative care. The first day of postoperative period is closely monitored with 30 minutes intervals, for signs and symptoms of kidney transplantation rejection such as increased blood pressure and edema. Antibiotics and anti-hypertensive drugs are used to maintain the electrolyte balance and blood pressure. Dextrose and sodium solution are administered post-operatively with the ratio of saline and dextrose as 2:1. Urine is monitored hourly. It is very important to maintain intake and output chart to detect the transplanted kidney function.

Drain has to be monitored as increased drain volume is a sign of bleeding. Abdominal drain is placed for 5-7 days. Doppler ultrasound can be advised after...
24 days. Position should be closely monitored. Immunosuppressant drugs, fluid and electrolyte balance, wound care, pain management, intensive spirometry, early ambulation and restoration of normal bowel elimination are the areas of concern. Recovery of upper gastro intestinal function is usually uncomplicated but constipation is common problem because of ileus after a retroperitoneal dissection and the constipating side effects of phosphate hinders corticosteroids. Therefore stool softening, bulk forming laxatives and enemas are necessary.

**OBJECTIVES OF THE STUDY:**
- To assess the level of knowledge regarding post-operative care of patients with kidney transplantation among staff nurses.
- To assess the level of knowledge regarding post-operative care of patients with kidney transplantation among nursing students.
- To compare the level of knowledge regarding post-operative care of patients with kidney transplantation among staff nurses and nursing students.
- To find out the association between the level of knowledge regarding post-operative care of patients with kidney transplantation among staff nurses with their selected socio demographic variables.
- To find out the association between the level of knowledge regarding post-operative care of patients with kidney transplantation among nursing students with their selected socio demographic variables.

**MATERIALS AND METHODS:** Descriptive cross sectional design is used to assess the level of knowledge regarding post-operative care of patients with kidney transplantation among staff nurses and student nurses in Narayana Medical College Hospital. Non-probability convenient sampling was used. 15 Staff nurses and 15 student nurses who were eligible, can understand regional language, who were available during data collection and voluntarily willing to participate in the study are included. Staff nurses who are sick, who are on leave were excluded. Prior Permission was obtained from ethical clearance committee. Participants signed an informed consent and were told they could withdraw from the study at any time for any reason.

**DESCRIPTION OF TOOL:**
**PART I:** Deals with demographic variables including age, gender, educational qualification, working experience, source of information and attended any CNE programme.

**PART II:** It deals with structured questionnaire to assess the knowledge regarding post-operative care of patients with kidney transplantation among staff nurses and student nurses. It consists of 45 multiple choice question. Each correct answer carries ‘1’ score, wrong answer 0 score.

**Score Interpretation:** The score was interpreted as follows:
- Inadequate knowledge : 0-15
- Moderately adequate : 16-30
- Adequate knowledge : 31-45

**Data analysis:** Data was analyzed by using descriptive and inferential statistics. Frequency, percentage, mean, standard deviation and chi-square test were done.

![LEVEL OF KNOWLEDGE](image)

**Fig-1:** Percentage distribution of level of knowledge between staff nurses and Nursing students.
Table 1: Comparison of mean and standard deviation of knowledge scores between staff nurses and nursing students.

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff nurses</td>
<td>28.2</td>
<td>3.97</td>
</tr>
<tr>
<td>Nursing students</td>
<td>27.9</td>
<td>5.99</td>
</tr>
</tbody>
</table>

For staff nurses there was no significant association between age, gender, educational qualification, working experience, source of information and attending CNE programme, and for nursing students there was no significant association between age, educational qualification, year of course, source of information and attending CNE programme.

DISCUSSION: The discussion of the present study was based on the findings obtained from the descriptive and inferential statistical analysis of collected data. It is presented in the view of the objectives of the study. The study related to level of knowledge regarding post-operative care of patients with kidney transplantation among staff nurses.

2 (13.3%) had inadequate knowledge, 12 (80%) had moderately adequate knowledge and 1 (6.7%) had adequate knowledge. Among nursing students, 3 (20%) had inadequate knowledge, 6 (40%) had moderately adequate knowledge and 6 (40%) had adequate knowledge.

For staff nurse’s results Shows that with regard to association of level of knowledge regarding post-operative care of patients with kidney transplantation among staff nurses and selected demographic variables. The calculated value is less than the table value at P=0.05. So statistically there is no significant associations between the level of knowledge among nursing students with their selected socioeconomic variables.

CONCLUSION: In the present study concluded that comparing the level of knowledge between staff nurses and nursing students, nursing students have adequate level of knowledge than staff nurses regarding post-operative care of patients with kidney transplantation.

RECOMMENDATIONS

- A similar study can be replicated on a large sample to generalize the findings.
- An experimental study can be conducted to assess the effectiveness of teaching programme post-operative care of patients with kidney transplantation.
- Similar study can be done on different hospital settings.
- A comparative study can be undertaken to compare the knowledge of staff nurses and nursing students about post-operative care of patients with kidney transplantation.

REFERENCES:


Journal references:

2. Johanc (2009), Care of kidney transplant patients, Medical science, 6(3), 89.
KNOWLEDGE REGARDING SITZ BATH AMONG STAFF NURSES AND NURSING STUDENTS

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ABSTRACT:

Background: Sitz bath name comes from the German verb “Sitzen meaning to sit”. It is safe method of treatment for a rectal and gynecological conditions. Sitz bath is a type of bath in their procedure only the hips and buttocks are soaked in water or saline solution.

Objective: To assess the level of knowledge on sitz bath among staff nurses and student nurses in Narayana medical college and hospital.

Materials and Methods: Descriptive cross sectional design and convenient sampling technique was followed which included 30 samples were used. Data was collected using structured questionnaire. Data analysis was done with SPSS.

Results: Shows that with regard to level of knowledge regarding Sitz bath among staff nurses 10 (66.7%) have Moderate knowledge, 5 (33.3%) have adequate knowledge among nursing students, 11 (73.3%) have adequate knowledge and 4 (26.7%) have Moderately adequate knowledge regarding Sitz bath.

Conclusions: In the present study concluded that comparing the level of knowledge between staff nurses and nursing students, Nursing students having adequate level of knowledge than staff nurses regarding sitz bath.

Key words: sitz bath, Perineum, rectum

INTRODUCTION

Sitz bath is a type of bath in their procedure only the hips and buttocks are soaked in water or saline solution. Sitz bath name comes from the German verb “Sitzen meaning to sit”.

A sitz bath is a warm, shallow bath cleanses the perineum (The space between the rectum and the vulval scrotum). Sitz bath is used to relieve discomfort or pain, swelling, Irritation, relaxation, induces healing process in the lower part of the body. Sitz bath procedure is used for few conditions such as hemorrhoids, fissures, rectal diseases, episiotomy, uterine cramps, inflammatory bowel diseases and infecting of the bladder, painful ovaries and testicles, piles, vaginal infections.

Sitz bath procedure is keeping the affected area clean and increasing blood flow. The warm sitz bath is safe for reducing morbidity. It is safe method of treatment for a rectal and gynecological conditions. Most physicians including colon and rectal surgeons recommended warm sitz bath reduce the pain in the perineal region and to promote wound healing. A sitz bath or hip bath is a bath in which person sits in warm water temperature (35°C) or 11°F to 115°F for 15-20 minutes. Alternatively a large basin can be used.

The solutions are used for sitz bath are potassium permanganate, solution 1:5000, Boric acid 1 dram to 1 pint. Ensol solution, Dettol solution 1:40. The
procedure for sitz bath are wash hands, arrange all the articles, wash hands, wear clean gloves. Explain the procedure to the patient. Screen the patient. Fill the tub with warm water temperature should be checked 115°F. The solution are used for sitz bath dettol 1:40. Place the sitz bath on top of in toilet seat. Sit comfortably in the solution up to 15-20 minutes. After that get up slowly from sitz bath tub. Carefully dry the area. Repeat the sitz bath once/twice a day. Discard the water. Replace the articles. Hand washing, recording and reporting.

The contra-Indications of sitz bath are pregnancy, menstruation, renal inflammation, increase Irritability of the genital organs.

The healing procedure for sitz bath is the most popular hemorrhoids relief. These treatment can give fast relief to hemorrhoids pain. More than 8 to 12 weeks may need prescription medication like 1% of hydrocortisone or may include nitroglycerin, cream, botulinum toxin etc. This study is done by a researcher as she felt that nurses need to have good knowledge regarding sitz bath.

**OBJECTIVES**

- To assess the level of knowledge regarding sitz bath among staff nurses.
- To assess the level of knowledge regarding sitz bath among student nurses.
- To compare the level of knowledge regarding sitz bath among staff nurses and nursing students.
- To find out the association between the level of knowledge regarding sitz bath among staff nurses with their selected socio demographic variables.
- To find out the association between the level of knowledge regarding sitz bath among nursing students with their selected socio demographic variables.

**MATERIALS AND METHODS:** Descriptive cross sectional design, used to assess the level of knowledge regarding sitz bath among staff nurses and student nurses in Narayana Medical College Hospital. Nonprobability convenient sampling was used. Staff nurses and student nurses who were eligible, who were available during data collection and voluntarily willing to participate in the study. Who are sick, who are on leave were excluded. Prior Permission was obtained from ethical clearance committee Participants signed an informed consent and were told they could withdraw from the study at any time for any reason.

**DESCRIPTION OF TOOL**

**PART I:** Deals with demographic variables for staff nurses are age, gender, educational qualification, Work experience, Area of working, source of information, attended any CNE programme. For nursing students which includes the age, educational status, source of information and CNE programme attended.

**PART II:** It deals with structured questionnaire to convey the knowledge regarding sitz bath among staff nurses and student nurses. It consists of 30 multiple choice questions. Each question gives correct answer as 1 score. Nurses answering gives 0 score.

**Score Interpretation:** The score was interpreted as follows:

- Inadequate knowledge : 0-10
- Moderately adequate : 11-20
- Adequate knowledge : 21-30

**Data analysis:** Data was analysed by using descriptive and inferential statistics. Frequency, percentage, Item analysis, mean, standard deviation and chi-square test were done.

**Results:** Shows that frequency and percentage distribution with regard to age, of staff nurses 14(93.3) are between 21-25 years and 1(6.7) are between 26-30 years of age, Gender of 14(93.3%) are females and 1(6.7%) are males, educational qualification, 3(20%) studied GNM, and 12(80%) studied B.Sc(N), working experience, 2(13.3) have <1 year, 12(80%) have 1-6 years, 1(6.7%) have 4-6 years, area of working, 6(40%) are working in ICU, 9(60%) are working in General Ward, source of information, 3(20%) gained from journals, 4(26.6%) gained from practical experiance, 1(6.7) gained from curriculum, and 1(6.7%) gained from internet, 6(40%) gained from All the above, CNE programme, 2(13.3) have attended, and 13(86.7%) have Not attended.

Results Shows that frequency and percentage distribution with regard to age 13(86.7%) nursing students are between 18-19 years, 2(13.3%) are between 20-21 years, Educational qualification, all the15(100%) are studying B.Sc.(N), source of information, 5(33.3%) gained from curriculum, 6(40%) gained from Internet, 3(20%) gained from Practice Experience and 1(6.7%) gained from all of the above, year of course, 2(13.3) are studying 1st year B.Sc(N), 11(73.4%) are studying 3rd year
B.Sc(N) and 3(13.3) are studying 4th year B.Sc(N), CNE programme attended, 6(40%) have attended and 9(60%) have Not attended any CNE.

**Percentage distribution of level of knowledge between staff nurses and nursing students**

Table-1: Comparison of mean and standard deviation of level of knowledge regarding sitz bath between staff nurses and nursing students.

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff nurses</td>
<td>21.13</td>
<td>2.25</td>
</tr>
<tr>
<td>Nursing students</td>
<td>20.86</td>
<td>2.13</td>
</tr>
</tbody>
</table>

For staff nurses there was no significant association between age, educational qualification and attending CNE programme, gender, working experience and source of information and for nursing students there was no significant association between age, educational qualification year of course, source of information and attending CNE programme.

**DISCUSSION:** The discussion of the present study was based on the findings obtained from the descriptive and inferential statistical analysis of collected data. It is presented in the view of the objectives of the study. The study related to level of knowledge regarding Sitz bath among staff nurses10(66.7%) have Moderate knowledge, 5(33.3%) have adequate knowledge among nursing students, 11(73.3%) have adequate knowledge and 4(26.7%) have Moderately adequate knowledge regarding sitz bath.

For staff nurses result shows that with regard to association of level of knowledge regarding Sitz bath among staff nurses and selected demographic variables. The calculated value is less than the table value at P=0.05 so statistically there is no significant association between level of knowledge among staff nurses and selected demographic variables. And for student nurses association of level of knowledge regarding Sitz bath among nursing students with their selected socio demographic variables. The calculated value is less than the table value, so statistically there is no significant association between the level of knowledge among nursing students with their selected socio demographic variables.

**CONCLUSION:** In the present study concluded that comparing the level of knowledge between staff nurses and nursing students, Nursing students having adequate level of knowledge than staff nurses regarding sitz bath.

**RECOMMENDATIONS:**
- A similar study can be replicated on a large sample to generalize the findings.
- An experimental study can be conducted to assess the effectiveness of teaching programme on sitz bath.
- Similar study can be done on different hospital settings.
- A comparative study can be undertaken to compare the knowledge of staff nurses and nursing students about sitz bath.

**References:**
02. ANU THOMAS. A comparitive study to assess the effectiveness of sacral massage versus hot application in sacral area for pain during active first stage of labour among primi mothers. NNJ. (2013), [cited July 01, 2016]; 2(2): 29-3.
Lidocaine spray in reducing pain of intramuscular injection among adults

“For all the happiness mankind can gain is not in pleasure but in rest from pain”.
- JOHN DRYDEN.

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ABSTRACT
Pain has been defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Pain is the most common reason for people to seek health care. Despite being one of the most common symptoms in the medical world, it is one of the least understood phenomenon.

Results: In the present study, regarding pretest level of pain is assessed by using standardised wong baker pain rating scale, and the level of pain categories as pre test - no pain – 0%, mild pain – 4(13.33%), moderate pain – 20(66.7%) and severe pain – 6(20%) and regarding post test level of pain as no pain – 4(13.33%), mild pain – 20(80.00%), moderate pain – 2(6.67%) and severe pain – 0% . The obtained ‘t’-test value for pain level is significant at level 0.05. The adult clients post test pain levels of intramuscular injection decreased as compared to pretest and the lidocaine spray has the effectiveness in reducing pain of intramuscular injection.

Conclusion: The findings show that there was a significant difference in pre-test and post-test pain levels. The lidocaine spray is effective in reducing pain of Intramuscular injection.

Key Words: Effectiveness, Level Of Pain, Lidocaine Spray, Intramuscular Injection, Adults.

INTRODUCTION: Pain has been defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. It is initiated by stimulation of nociceptors in the peripheral nervous system or by damage to or malfunction of peripheral or central nervous system. Pain is the most common reason for people to seek health care. Despite being one of the most common symptoms in the medical world, it is one of the least understood phenomenon. The nature of pain is complex, it is much more than a single sensation caused by a specific stimulus (Melzack, 1987).

NEED FOR THE STUDY: Pain management is one of the main facets of nursing care, where nurses need to be competent. Nurses are obligated to mitigate every kind of pain, even the “minor” procedural pain. Procedural pain is an important source of discomfort for hospitalised patients from which, all instinctively try to escape.

OBJECTIVES
- To assess the intramuscular injection pain level without lidocaine spray.
- To assess the intramuscular injection pain level with lidocaine spray.
- To assess the effectiveness of lidocaine spray by comparing the pain levels without lidocaine spray and with lidocaine spray.
- To find out association between pain levels with lidocaine spray on selected demographic variables.

ASSUMPTIONS
- The lidocaine spray will have some effect on perception of pain when intramuscular injection is given.
- All the clients pain sensation will not be the same.
HYPOTHESIS
H₁ - There will be a significant relationship between lidocaine spray and level of pain after giving intramuscular injection.
H₂ - There will be significant association between level of pain and selected socio demographic variables.

DELIIMTATIONS
- The study is limited to adult clients (18-45yrs) who are visiting for Saroor nagar PHC and receiving B-complex (neurobion) I.M. injection.
- Clients who were willing to participate in the study.
- The sample size limited to 30 only.

CRITERIA FOR SAMPLE SELECTION:
INCLUSION CRITERIA
- Adult clients attending PHC, Saroor nagar and receiving B-complex (neurobion) I.M. injection.
- Adult clients who are willing to participate in the study.
- Clients who are available at the time of data collection.
- Clients who are aged between 18-45 years of age.
- Clients who were able to respond to the pain sensation (both male and female).
- Clients who could understand and speak telugu.

EXCLUSION CRITERIA
- Clients who are unconscious.
- Clients who are paralytic.
- Clients who are not disabilities at the time of data collection.
- Clients who are not willing to participate in the study.
- Clients who cannot follow the instructions.

MATERIALS AND METHODS:
Quantitative research approach with pre-experimental research design was adopted for the study which was conducted in selected PHC, Saroor nagar, Hyderabad, AP”. 30 adult clients between 18-45 years was recruited in study by purposive sampling technique. Wong baker pain rating scale was used to measure pre and post test pain levels. Data was analysed by using descriptive and inferential statistics. Percentages of categorical variable were computed.

DEVELOPMENT & DESCRIPTION OF THE TOOL: A search of literature is made for the purpose of developing appropriate tool for assessing the effectiveness of lidocaine spray on pain of intra muscular injection among adults, with the help of related literature from various books, journals and discussion with experts in the field of nursing. Data was collected through a structured interview schedule questionnaire and it consists of the following sections.

PART-A: It deals with socio demographic data of clients, that includes- Name, gender, religion, marital status, education, occupation, income, diagnosis etc.

PART-B: It deals with wong baker pain rating scale, it consist of 0-10 degree of pain rating measure.

METHOD OF DATA COLLECTION: The method of data collection is structured interview schedule. It is the method of gathering information from the patient. The interview schedule was selected as it is most appropriate, useful data gathering device in research project to collect desired factual information. Formal permission was taken from the consent authority to conduct the study. 30 clients will be selected by using purposive sampling technique. Then Written consent was obtained from the sample by assuring anonymity. Initially interview schedule was conducted to obtained the demographic data of sample, followed by pre-test score of pain level during I.M. injection was obtained by using wong baker pain rating scale and post test score of pain was obtained following the application of lidocaine spray for 2-3 minutes before giving I.M. injection. Both pre test level of pain and post test level of pain was compared to evaluate the effectiveness of lidocaine spray in reducing the pain of I.M. injection.

SCORE INTERPRETATION:
Score interpretation according to wong baker face pain rating scale and assessment of pain level will be categorized into-4.

- 0 : no pain
- 1-2 : mild
- 3-6 : moderate
- 7-10 : severe

PLAN OF DATA ANALYSIS:
It was planned to analyse and interpret the data with the help of descriptive and inferential statistics i.e frequency and percentage distribution, mean, standard deviation and standard error, pearson correlation, paired t-test computed from the raw scores obtained in pre and post test. paired t-test was computed by comparing two means of pre and post
test. The analysis and interpretation of the data was planned in three parts.

SECTION-I: Description of sample characteristics according to the socio demographic variables such as age, gender, marital status, education, occupation, income, diagnosis etc., of the clients with the help of frequency and percentage distributions.

SECTION-II: Comparison of pain level scores of the clients regarding in administering B-complex (neurobion) intramuscular injection in pre and post-test and assessing the effectiveness of lidocaine spray in reducing the pain of intramuscular injection by comparing the pre-test and post-test pain levels of the clients.

SECTION-III: Relationship between post-test pain levels of the clients and selected demographic variables such as age, gender, marital status, education, occupation, income, diagnosis of the clients by using chi-square test. Frequency and percentage of pre and post-test pain levels of clients receiving I.M injection. (n = 30).

DISCUSSION AND FINDINGS OF THE STUDY:

The present study assessed the lidocaine spray has the effectiveness in reducing pain of intramuscular injection. This study was conducted on 30 adult clients who are aged between 18-45 years, and attending Saroor nagar PHC, Hyderabad, A.P, and receiving B-complex (neurobion) injection.

The demographic data collection was collected with the help of structured interview schedule and pre and post test pain levels were obtained by using wong baker pain rating scale, & the data was analyzed with the help of descriptive and inferential statistics. The findings shows that over all pre-test Mean score was 5.30 and post-test Mean score was 1.13, the obtained “t”-value was 17.35 found greater than the table value. There was significant difference in the pre-test and post-test pain levels. The findings shows that the post-test pain levels were lower than the pre-test pain levels, hence the formulated hypothesis was accepted.

RECOMMENDATIONS:

- The study can be replicated on a large sample to validate the findings of the present study.
- A similar study can be conducted in the hospital.
- We can conduct the study as quasi-experimental study with control and treatment group.

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JOURNAL:

INTERVENTIONS FOR BURNS AND SCALD WOUND HEALING

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*Dr. A. Padmaja,* Prof. & HOD, SVIMS College of Nursing, Tirupati.

Abstract: Burn injury in children represents a unique form of trauma that requires continuous, holistic and preferably multidisciplinary care with long-term follow up to prevent acute wound becoming a chronic disability.

Aim: To assess the effectiveness of structured teaching programme on interventions for burns and scalds wound healing among mothers of under-fives.

Methodology: Quasi experimental one group pretest post test design was adopted. A sample of 50 mothers was selected using convenient sampling technique. Pretest and posttest data was collected using structured questionnaire. Post test was collected one week after structured health teaching program. Data analysis was done using descriptive and inferential statistics.

Results: The pretest and post test scores reveals that 72% and 46% had inadequate knowledge, and 2% and 16% had adequate knowledge respectively.

Conclusion: There is a significant difference between pretest and post test mothers knowledge at p<0.001.

Key words: burn injury, trauma, multidisciplinary team, disability, acute wound

Introduction:

A burn is an injury to the skin or other organic tissue primarily caused by heat or due to radiation, radioactivity, electricity, friction, or contact with chemicals. Burns are a global health problem accounting for an estimation of 2, 65,000 deaths annually. Burns are the 11th leading cause of death of children aged 1 - 9 years. In India, over 10 lakh people are moderately or severely burnt every year. Burns cause aesthetic problems as well as acute physical problems and if not taken proper care, they can cause serious complications in the form of secondary bacterial infection, various degrees of contractures which restrict the daily activities. Eg. septicemia. Despite many medical advances, burns continue to remain a challenging problem due to the lack of infrastructure and trained professionals as well as the increased cost of treatment. However, if the principles of first aid are properly applied, a great degree of suffering due to burns can be avoided.

Need for study:

The burn child undergoes a wide range of physiologic and metabolic changes in response to the burn injury. Many more children suffer burn related disabilities and disfigurements leading to considerable personal and economic effects for both individuals and their families.

In 2011, a study was conducted to assess prevalence and correlations related to sub optimal outcome after pediatric burns. A cross-sectional study is done on quality of life after burns in a sample of 138 children aged 5-15 years admitted to a burn centre. Results revealed that children after burns experience substantial problems, mainly, itch and bad appearance and several psychological dimensions.
In 2008, a retrospective study was conducted on 5 year review of the epidemiology and outcomes associated with pediatric upper extremity burns treated at an urban health centers. A sample of Two hundred and sixty nine children with burns was selected. Results revealed that mechanism of burn included direct contact (47%), scalds (29%), flame (12%), electrical (10%), and friction or chemical (1.5%). Fifty percent of patients suffered from burns over less than 1% BSA to 95% had burns on less than 5% TBSA, 75% of patients have second degree burns, 21% had first degree burns, and 2% had third degree burns forty patients had plastic surgery consultation, seven required skin grafting, complications occurred in five (2%) patients. Education to parents and physicians should be reemphasized.

The burn client undergoes a wide range of physiologic and metabolic changes in response to the burn injury. So the investigator felt one should know about the interventions of burns and scalds wound healing to prevent the occurrence of complications.

**Problem statement:**
“A study to assess the effectiveness of structured teaching programme on management of burns and scalds wounds among mothers of under-fives admitted in pediatric ward at SVRR GGH”.

**Objectives:**
- To assess knowledge on management of burns and scalds wounds among mothers of under-fives
- To evaluate the effectiveness of structured teaching program on management of burns and scalds wounds among mothers of under-fives
- To associate the level of knowledge on management of burns and scalds wounds among mothers of under-fives with their selected demographic variables

**Hypothesis:** There is a significant difference in the knowledge of mothers of underfives on management of burns and scalds wounds before and after structured teaching program.

**Methodology**

**Research design:** Quasi experimental one group pretest and post test design.

**Setting:** The study was conducted in pediatric ward, SVRRGG Hospital Tirupati, Chittoor district, Andhra Pradesh.

**Sample:** A sample of 50 mothers of under five children.

**Sampling technique:** Convenient sampling technique.

**Instrument:** The study was carried out by using a structured questionnaire. It consists of 3 sections:

**Section-I:** This consists of socio demographic data such as age of mother and child, education and occupation of mother and father, type of house, number of rooms, mode of coking, religion, type of family, mode of preserving hot foods and fluids, source of information regarding burns and scalds management were recorded.
Section-II: It consists of 10 multiple choice questions related to knowledge regarding management of burns and scalds wounds.

Section-III: It consists of 15 statements of self reported checklist on practice of burns and scald wound care

Score Interpretation:
The scores were interpreted in the following manner: knowledge and knowledge on practices scores
<50% : Inadequate knowledge
50-75% : Moderately adequate knowledge
>75% : Adequate knowledge

Content validity: Questionnaire and structured teaching was validated by experts from the department of pediatrics, S.V.R.R.G.G.H, Tirupati, and from department of child health nursing from various government and private nursing colleges, Tirupati.

Pilot study: The pilot study was conducted with a sample size of 10 mothers of under fives. Reliability of the instrument on knowledge was 0.98 and on practices was 0.99.

Data collection procedure: Data collection was done at SVRR GGH Tirupati. A sample size of 50 mothers having under-five children were selected by using convenient sampling technique and the purpose of the study was explained. The mothers were divided into 5 groups. Pre-test was conducted to using structured questionnaire and checklist. Structured teaching programme was carried out for all the groups. Post-test was conducted using same questionnaire after 1 week of structured teaching programme.

Data analysis: Descriptive statistics and inferential statistics were used to analyze the data.

Results:
Table - 1: Distribution of level of knowledge and knowledge on practices regarding interventions on burns and scalds wound healing in pretest.
Table - 1: shows that among 50 mothers of under-fives 94%(47), had inadequate knowledge and 6%(3), had moderate knowledge 50% (25) had adequate on practice in pretest respectively. Overall level of knowledge in pre-test shows that 72% had inadequate knowledge, 26% had moderate knowledge, and 2% had adequate knowledge.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Variables</th>
<th>Inadequate knowledge</th>
<th>Moderate knowledge</th>
<th>Adequate knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Knowledge</td>
<td>47 94</td>
<td>3 6</td>
<td>0 0</td>
</tr>
<tr>
<td>2.</td>
<td>Knowledge on practices</td>
<td>2 50</td>
<td>24 48</td>
<td>1 2</td>
</tr>
<tr>
<td>Total Knowledge</td>
<td>36 72</td>
<td>13 26</td>
<td>1 2</td>
<td></td>
</tr>
</tbody>
</table>

Table - 2: Distribution of level of knowledge and knowledge on practices regarding interventions on burns and scalds wound healing in post test.
Table - 2: shows that among 50 mothers of under-fives 64%(32) had inadequate knowledge, 22%(11), had moderate knowledge and 14%(7), had adequate knowledge in post test. Overall level of knowledge in pre-test shows that 46% had inadequate knowledge, 38% had moderate knowledge, and 16% had adequate knowledge.

The second objective was to evaluate the effectiveness of structured teaching programme on interventions of burns and scalds wound healing.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Variables</th>
<th>Inadequate knowledge</th>
<th>Moderate knowledge</th>
<th>Adequate knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Knowledge</td>
<td>32 64</td>
<td>11 22</td>
<td>7 14</td>
</tr>
<tr>
<td>2.</td>
<td>Knowledge on practices</td>
<td>16 32</td>
<td>25 50</td>
<td>9 18</td>
</tr>
<tr>
<td>Total Knowledge</td>
<td>23 46</td>
<td>19 38</td>
<td>8 16</td>
<td></td>
</tr>
</tbody>
</table>
Table-3: Effectiveness of structured teaching programme regarding interventions on burns and scalds wound healing.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Variables</th>
<th>Score improvement Pre - test</th>
<th>Post - test</th>
<th>'t' value</th>
<th>'p' value</th>
<th>significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Knowledge</td>
<td>3.22</td>
<td>4.80</td>
<td>8.965</td>
<td>0.001</td>
<td>***</td>
</tr>
<tr>
<td>2.</td>
<td>Knowledge on practices</td>
<td>7.08</td>
<td>8.76555</td>
<td>7.006</td>
<td>0.001</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Total Knowledge</td>
<td>10.32</td>
<td>13.26</td>
<td>8.228</td>
<td>0.001</td>
<td>***</td>
</tr>
</tbody>
</table>

Table 3 indicates that there was a significant improvement in knowledge and knowledge on practices regarding interventions on burns and scalds wound healing at p<0.01 level.

The third objective was to associate the relationship between sociodemographic variables with level of knowledge and knowledge on practices related to interventions on burns and scalds wound healing.

It shows that in pretest the association between the level of knowledge and the education of mother was significant at p<0.01 level. In the post-test the association between the level of knowledge and the total number of rooms was significant at p<0.01 level.

Major findings of the study revealed that regarding overall level of knowledge in pre-test, 72% had inadequate knowledge, 26% had moderate knowledge, and 2% had adequate knowledge.

Overall level of knowledge in post-test shows that 46% had inadequate knowledge, 38% had moderate knowledge, and 16% had adequate knowledge. The data proved that knowledge of mothers had increased after administering structured teaching programme. Hence hypothesis is accepted.

**Recommendations:**
- A comparative study can be done between urban and rural mothers.
- Same study can be replicated using large sample size.
- Same study can be done on nursing students.

**References:**
Knowledge regarding assessment of placenta among staff nurses and nursing students.

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ABSTRACT:
Background: The human placenta is discoid. It is originating from the trophoblastic layer of the fertilized ovum. It links closely with mothers circulation to carry out function that the fetus is unable to perform for itself during intrauterine life.

Objective: To assess the level of knowledge on assessment of placenta among staff nurses and student nurses in Narayana Medical College and Hospital.

Materials and Methods: Descriptive cross sectional design and convenient sampling technique was used to select 30 samples. Data was collected using structured questionnaire. Data analysis was done with SPSS.

Results: With regard to knowledge on placenta, among 15 staff nurses, 5(33.33%) had inadequate knowledge, 9(60%) had moderately adequate knowledge and 1(6.67%) had adequate knowledge. Among 15 nursing students, 5(33.33%) had inadequate knowledge, 9(60%) had moderately adequate knowledge and 1(6.67%) had adequate knowledge.

Conclusions: The study concluded that majority of staff nurses had moderately adequate knowledge and majority of nursing students had moderately adequate knowledge regarding assessment of placenta.

Key words: placenta, umbilical cord, trophoblastic.

INTRODUCTION:
Placenta is a remarkable organ. The human placenta is discoid. Its originating from the trophoblastic layer of the fertilized ovum. It links closely with mothers circulation to carry out function that the fetus is unable to perform for itself during intrauterine life.

The development of placenta is initially from the ovum, appears to be covered with a fine doung hair, which consist of the projections from the trophoblastic layer. These proliferate and branch from about 3 weeks after fertilization and are called chorionic villi. The villi erode the walls of maternal blood vessels as they penetrate the decidua. Each chorionic villi is branching structure arising from one stem and branches of umbilical artery and vein.

The placenta mainly has two surfaces, maternal surface and the fetal surface. In maternal surface the blood gives this surface a dark red. It is arranged in about 20 lobes. The lobes are made up of lobules. Numerous small greyish spots are visible. Fetal surface is covered by the smooth and glistening amnion, which gives it a white shiny appearance. Branches of umbilical vein and arteries are visible, separating out from the insertion of umbilical cord, which is normally in the centre.

The placenta has the function of respiration during intrauterine life. Oxygen from the mothers blood passes into the fetal blood by simple diffusion and similarly the fetus gives off carbon dioxide into maternal blood. It also provides nutrition to fetus. The placenta selects the substances need for the fetus and supplies to the fetus. The placenta also excretes carbon dioxide from the fetus. It protects the fetus by building a barrier to infection.
There is a marked variation in the morphology including size, shape and weight of the placenta. When the placenta is implanted partially or completely over the lower uterine segment, it is called placenta praevia. The term praevia denotes the position of placenta in relation to the presenting part in which the placenta may be large and thin. Placenta praevia is an obstetric complication which leading to antepartum haemorrhage. It affects approximately 0.4- 0.5% of all labors in pregnancy.

Clinical characteristics of placenta shows that the usual term placenta is about 22cm in diameter and 2.0 to 2.5cm thick. It generally weighs approximately 470g. The term umbilical cord is 55 to 60 cm long, with a diameter of 2.0 to 2.5 cm. The short cord may result in cord rupture. The umbilical cord typically inserts into the placenta near its center. About 90% of cord insertions are central. The cord is attached to ventral surface of the embryo, close to the caudal extremity. The umbilical arteries do not possess an internal elastic lamina but have got well developed muscular coat. A true cord knot occurs when the fetus passes through a loop of umbilical cord. If sufficient tension is placed on the cord before or during labour and delivery, blood flow may be cut off. The umbilical cord typically contains two arteries and a single vein. If only one artery and one vein are grossly visible, the fetal anomaly rate is nearly 50%.

**Examination of Placenta:**

- Explain procedure to parents and ask if they want to observe.
- Wash hands, wear an apron and gloves.
- The delivery trolley is a good surface to use.
- Lay out the placenta with the fetal surface uppermost, noting shape, size, colour and smell.
- The cord is then examined for the length, point of insertion and presence of knots. Normal length is 40cm.
- Count the vessels in cut end of cord. The absence of one artery can be associated with renal agenesis.
- Observe fetal surface for irregularities.
- After observing the cord and hold the placenta up, and observe the membranes. There should be a single hole present.
- The placenta is replaced to the surface and the membranes are spread out in order to look for extra vessels, lobes and holes.
- The amnion is pulled back towards the cord there by separating the membranes.
- The placenta is turned over to inspect the maternal side.
- The cotyledons are examined to ensure that they are all present.
- Estimate blood lost.
- Take cord blood samples.
- Weigh or swab if indicated and dispose the placenta.
- Clean away equipment and wash hands.
- Discuss findings with patients.

**Placental abruption complicates 0.4 to 1% of pregnancies.** The incidence appears to be increasing, possibly due to increasing in the prevalence of risk factors for the disorder and change in ascertainment of cases. In one review, 40 to 60% of abruptions occurred before 37 weeks of gestation and 14% occurred before 32 weeks.

**As Per university of medical and health sciences, JAMSHORO (2013)** The main aim of study was to see the morphological changes of placenta. They have selected age all parturient was between 17 to 32 years. 120 placenta were collected from labor room and gynecology operation theatre of Liaquate hospital. About 40% placenta have pregnancy induced hypertension. It’s showing result of placental parameter and fetal weight with statistical analysis of parameter show highly significant (p=<0.001) difference in weight. A total of 104 women with confirmed transvaginal diagnosis of placenta previa before 32 weeks gestation. And 60% women found with low lying placenta.

**As Per Nightingales Times of Nursing**

**JITENDRA P.PATEL (2010)** states that assessment of placenta study was carried out selecting 70 mothers with uncomplicated pregnancy from indoor patients of gynaecology department of health science. It showing result of placental weight, surface area volume is directly proportional to weight of baby. The correlation coefficient for birth weight of baby from placenta in centrally attached umbilical cord is 0.884, 0.651 inter immediately attached cord and 0.913 in marginally attached. About 64% placenta is central and 36% have pregnancy induced hypertension.

The purpose of study is to identify the knowledge of assessment of placenta among staff nurses and student nurses. So, the researcher selected this
statement to improve the knowledge regarding examination of placenta in order to prevent the placental abnormalities.

**OBJECTIVES OF THE STUDY:**
1. To assess the level of knowledge regarding assessment of placenta among staff nurses.
2. To assess the level of knowledge regarding assessment placenta among student nurses.
3. To compare the knowledge between staff nurse and student nurse regarding assessment of placenta.
4. To find out association between the level of knowledge regarding assessment of placenta among staff nurses with selected demographic variables.
5. To find out association between the level of knowledge regarding assessment of placenta among student nurses with selected demographic variables.

**MATERIALS AND METHODS:**
Descriptive cross sectional design is used to assess the level of knowledge regarding assessment of placenta among staff nurses and student nurses in Narayana Medical College Hospital. Non-probability convenient sampling was used. Staff nurses and student nurses who were eligible, can understand regional language, who were available during data collection and voluntarily willing to participate in the study are included. Who are sick, who are on leave were excluded. Prior Permission was obtained from ethical clearance committee Participants signed an informed consent and were told they could withdraw from the study at any time for any reason.

**DESCRIPTION OF TOOL**
**PART I:** Deals with demographic variables include age, gender, educational qualification, source of information, attended any CNE programme.

**PART II:** It deals with structured questionnaire to convey the knowledge partograph among staff nurses and student nurses. It consists of 30 multiple choice question. Each correct answer is given 1 score and each wrong answer gives 0 score.

**Score Interpretation:** The score was interpreted as follows:
- Inadequate knowledge : 0-10
- Moderately adequate : 11-20
- Adequate knowledge : 21-30

**Data analysis:** Data was analysed by using descriptive and inferential statistics. Frequency, percentage, mean, standard deviation and chi-square test were done.

**Results:** The results shows that frequency and percentage distribution with regard to age 8(53.34%) staff nurses are between 20-22 years and 7(46.66%) are between 23-25 years, with regard to gender, 15(100%) staff nurses are females, regard to educational qualification, 1(6.66%) staff nurses studied GNM and 14(93.34%) studied B.Sc Nursing, with regard to working experience, 8(53.34%) have <1 year experience, 7(46.66%) have 1-3 years experience, regard to source of information, 1 (6.66%) gained from TV/Radio, 2(13.34%) from practice experience, 5(33.34%) from curriculum and 7(46.66%) from all the sources and with regard to attending CNE programme on assessment of placenta 15(100%) staff nurses did not attend.

For nursing students with regard to age 12(80%) nursing students are having 20 years and 3(20%) are having 22 years, with regard to educational qualification, 15(100%) studied B.Sc Nursing, with regard to year of course, 9(60%) students are studying 3rd year and 6(40%) are studying 4th year, with regard to source of information, 1(6.66%) gained from TV/Radio, 3(20%) from practice experience, 2(13.34%) from curriculum and 9(60%) from all the sources and with regard to CNE programme 15(100%) nursing students did not attend.

**Fig - 1: Percentage distribution of level of knowledge between staff nurses and nursing students.**
### Table no.1: Comparison of mean and standard deviation of knowledge scores between staff nurses and nursing students. (n=30)

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff nurses</td>
<td>18.46</td>
<td>2.77</td>
</tr>
<tr>
<td>Nursing student</td>
<td>18.46</td>
<td>3.93</td>
</tr>
</tbody>
</table>

For staff nurses there was no significant association between the age, gender, education qualification and working experience, source of information and attending CNE and for nursing students there was significant association with source of information and remaining there was no significant association between age, educational qualification and year of course.

**DISCUSSION:** The discussion of the present study was based on the findings obtained from the descriptive and inferential statistical analysis of collected data. It is presented in the view of the objectives of the study. The study related to level of knowledge regarding assessment of placenta among 15 staff nurses majority 9(60%) had moderate knowledge and among the 15 student nurses majority 9(60%) had moderate knowledge.

With regard to association, staff nurses there was no significant association between the age, gender education qualification and working experience, source of information and attending CNE and for nursing students there was significant association with source of information and remaining there was no significant association between age, educational qualification and year of course.

**CONCLUSION:** The study findings concluded that majority of the staff nurses had moderate knowledge and majority of nursing students had moderate knowledge regarding assessment of placenta. There is significant association between the level of knowledge with socio demographic variables such as age, gender, Educational qualification, Working experience, Source of information and attending CNE programme among staff nurses.

### RECOMMENDATIONS:
1. A similar study can be conducted on large number of sample in different settings.
2. An quasi experimental study can be conducted for identifying the effectiveness of structured teaching programme on assessment of placenta among staff nurses and nursing students.
3. The intervention can be made as regular, reduce the complication of placenta.

### REFERENCES:
ABSTRACT:

Introduction: The problem of excessive alcohol consumption is a major cause of public health concern both in the urban and rural areas. Addiction to alcohol has become a problem for the individual family and the community. The wives of alcoholics use various adaptive and maladaptive coping behavior to restore the equilibrium and to relieve stress; this can lead to increased stress perception and crisis.

Aim: This study aimed to assess the coping strategies in wives of alcoholics at Budhwarpet, Kurnool.

Methodology: A cross-sectional descriptive design study was conducted at Budhwarpet, in Kurnool District. Sample sizes of 25 alcoholic wives were selected by simple random sampling technique. Study uses structured questionnaire and coping check list was prepared for the wives of alcoholics.

Results and Conclusion: The results reveal that with regard to out of 25 subjects, 32%(8) had below average knowledge, 36%(9) had average knowledge level and 32%(8) had above average knowledge level regarding coping strategies of alcoholism. This study concluded that still there is a need to adopt with the coping behavior to adjust with alcoholic husband.

Key words: Coping strategies, alcoholic wives, knowledge.

Introduction: The problem of drink and family disorganization is closely allied to that of personal disorganization. Drinking leads to serious interpersonal discard with family, especially wife. The disturbances include interpersonal and intra-personal relationships. The problem of excessive alcohol consumption is a major cause of public health concern both in the urban and rural areas. Addiction to alcohol has become a problem for the individual family and the community. The family is a key factor in the social dimension. The wives of alcoholics use various adaptive and maladaptive coping behavior to restore the equilibrium and to relieve stress; this can lead to increased stress perception and crisis.

Need for study: According to WHO (2002) an estimated 2.3 million people die due to alcohol related causes, which accounted for 3.7% of global mortality in all age groups and 4.4% of disability adjusted life years (DALYS). World Bank report states that in India alcoholism and drug dependents account for 25.7% of DALYS in men and 6.5% in women. Now alcoholism affects about 18 million people throughout the United Stated alone. The impact of this has a price tag of nearly 100 million per years due to factors such as loss in production, health and medical care, motor vehicle accidents, violent crime and social service programs. Nearly 1,00,000 American people lose their lives to alcohol related causes each year.

Fig:1 Deaths due to alcohol.

Statement of the problem: “A study to assess the coping strategies in wives of alcoholics at Budhwarpet, Kurnool”.

Objectives of the study:
1. To assess the coping strategies of wives of alcoholics.
2. Estimate the coping strategies utilized by wives of alcoholics.
Operational Definitions:
Assess: ability to understand identify the level of knowledge of wives of alcoholics regarding coping strategies.

Coping strategies: The adopted methods of coping used by wives of alcoholics measured by structured Questionnaire prepared by the investigator.

Wives of alcoholics: The women whose husbands have been addicted to alcoholism.

METHODOLOGY:
Research approach: The research approach adopted for this study is descriptive.
Research design: Research design was cross – sectional descriptive design.
Setting of study: The study was conducted in urban slum area in Kurnool at Budhawarapeta.

Population: The population for the present study comprises of wives of alcoholics who are residing in Budhawarapeta, Kurnool.

Sampling Technique: Simple random technique (lottery method) was used to select the study samples, 25 houses were randomly selected.

Results:
Table - 1: Frequency and percentage distribution of alcoholic wives with regard to coping strategies in subjects.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Coping strategy</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>You will not argue on any issue when your husband is in alcoholic state</td>
<td>14</td>
<td>56</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td>2.</td>
<td>You try to adopt the best possible efforts with in your limits like praying / meditation</td>
<td>10</td>
<td>40</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>3.</td>
<td>You seek advice about your husband’s alcoholism from people who close to you</td>
<td>11</td>
<td>44</td>
<td>14</td>
<td>56</td>
</tr>
<tr>
<td>4.</td>
<td>You are trying to find out de-addiction centers for your husband</td>
<td>4</td>
<td>16</td>
<td>21</td>
<td>84</td>
</tr>
<tr>
<td>5.</td>
<td>You have left the things to God and waiting for a change in husband.</td>
<td>13</td>
<td>52</td>
<td>12</td>
<td>48</td>
</tr>
<tr>
<td>6.</td>
<td>You try to create a fear in your husband by saying that you will leave him life he consumes alcohol.</td>
<td>15</td>
<td>60</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>7.</td>
<td>You become involved in other things like work, hobbies or visiting friends to distract your self from the pain of alcoholic behaviour of your husband</td>
<td>10</td>
<td>40</td>
<td>15</td>
<td>60</td>
</tr>
</tbody>
</table>

Operational Definitions:
Assess: ability to understand identify the level of knowledge of wives of alcoholics regarding coping strategies.

Coping strategies: The adopted methods of coping used by wives of alcoholics measured by structured Questionnaire prepared by the investigator.

Wives of alcoholics: The women whose husbands have been addicted to alcoholism.

METHODOLOGY:
Research approach: The research approach adopted for this study is descriptive.
Research design: Research design was cross – sectional descriptive design.
Setting of study: The study was conducted in urban slum area in Kurnool at Budhawarapeta.

Population: The population for the present study comprises of wives of alcoholics who are residing in Budhawarapeta, Kurnool.

Sampling Technique: Simple random technique (lottery method) was used to select the study samples, 25 houses were randomly selected.

Results:
Table - 1: Frequency and percentage distribution of alcoholic wives with regard to coping strategies in subjects.
The above table shows the analysis of coping strategies of alcoholic wives. It describes that 56% (14) subjects answered that they don’t argue on any issue when her husband is in alcoholic state, 44% (11) subjects argue with their husbands, when he is in alcoholic state.

- Out of 25 subjects, 40% (10) subjects controlled themselves by praying / meditation and only 60% (15) subjects were not able to follow this coping strategy.
- Out of 25 subjects, 44% (11) subjects were seeking advice from close people about their husbands alcoholism and 56% (14) subjects were not utilizing this type of coping method.
- 16% (4) subjects were trying to find out de-addiction centers for their husbands, and maximum number of subjects i.e., 84% (21) did not try to find out de-addiction center.
- Most of the subjects 52% (13) left the things to God and waited for a change in their husbands and only 48% (12) were not having hope on the God.
- 60% (15) subjects expressed their view that they create a fear in their husbands by saying that they leave him if he consumes alcohol and 40% (10) did not follow this type of coping method.
- 40% (10) subjects were involved in other activities to distract their pain due to alcoholic behavior of their husband and 60% (15) did not follow this method of coping.

**Table - 2: Frequency and percentage distribution of level of knowledge regarding coping strategies of alcoholism.**

<table>
<thead>
<tr>
<th>Level of knowledge</th>
<th>Score</th>
<th>Fre (f)</th>
<th>Per (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below average</td>
<td>0 - 10</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Average</td>
<td>11 - 20</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Above average</td>
<td>21 - 30</td>
<td>8</td>
<td>32</td>
</tr>
</tbody>
</table>

**Table - 3:** The results reveal that out of 25 subjects, 32%(8) had below average knowledge level, 36%(9) had average knowledge level and 32%(8) had above average knowledge level regarding coping strategies of alcoholism.

**Recommendations:**
- The study can be replicated to larger sample. These findings can be generalized to a large population.
- Experimental study can be conducted with structured teaching programme on adaptation of coping strategies on wives of alcoholics.
- An experimental study can be conducted to find out the effectiveness of a counseling programme on coping strategies.
- A cross sectional study can be conducted to assess the impact of culture in coping behavior of wives of alcoholics.
- A comparative study can be conducted on association between the social coping strategies and demographic variables.

**CONCLUSION:**

The present study to "Assess the coping strategies in wives of alcoholics at Budhawadarpeta in Kurnool" showed that there is a need to adopt to the coping behavior, to adjust with alcoholic husband and to live in a happy and healthy environment.

**REFERENCES:**
01. The effectiveness of nurse-client communication is best validated by:
   Ans: a. Client feedback

02. Examples of international torts include
   Ans: c. False imprisonment and battery

03. The major role in maintaining fluid balance in the body is performed by the:
   Ans: d. Kidneys

04. The most important electrolyte of intracellular fluid is:
   Ans: d. Potassium

05. Infection with Group A beta-hemolytic streptococci is associated with:
   Ans: a. Rheumatic fever

06. Postural changes immediately after spinal anesthesia may result in hypotension because there is:
   Ans: a. Dilation of capacitance vessels

07. When caring for a client after cardiac catheterization, it is most important that the nurse:
   Ans: d. Check pulse distal to the insertion site

08. Antibodies are produced by:
   Ans: b. Plasma cells

09. The primary use of glucagon is to treat:
   Ans: c. Insulin-induced hypoglycemia

10. Increased blood concentration of cortisol (hydrocortisone):
    Ans: c. Decreases the anterior pituitary secretion of ACTH

11. Therapy for a client with Addison's disease is aimed chiefly at:
    Ans: c. Restoring electrolyte balance

12. When a client has hematuria, the nurse should observe for:
    Ans: d. Gross blood in the urine

13. A rectocele and cystocele are usually due to:
    Ans: c. Relaxation of musculature of the pelvic floor

14. One of the main functions of bile is to:
    Ans: b. Emulsify fats

15. Most peptic ulcers occurring in the stomach are in the:
    Ans: a. Pyloric portion

16. Secretin and pancreozymin are hormones secreted by the:
    Ans: d. Duodenum

17. A client who has had a colostomy should follow a diet that is:
    Ans: d. As close to normal as possible

18. The fact that a client cannot close the right eye can be explained by nonconduction of:
    Ans: d. The 7th cranial nerve

19. Impulses initiated by stimulation of pain receptors are conducted by the:
    Ans: c. Lateral spinothalamic tracts

20. The nurse should expect a client with an exacerbation of multiple sclerosis to experience:
    Ans: a. Double vision
Questions for qualifying examinations

Department of Child Health Nursing

Dr. Indira . S, Ph. D, Narayana College of Nursing, Principal

01. When administering an IM injection to an infant, the nurse in charge should use which site? ( )

02. Clour of diphtheric membrance is: ( )
   a. Greyish white  b. Pink  c. Yellow  d. Cream

03. In a child with croup nurse should expect all of the following EXCEPT: ( )

04. Eyes need to be covered during phototherapy section because: ( )
   a. To make sure that newborn closed the eyes well  b. Reduce overstimulation from bright colors  c. Prevent injury to conjunctiva and retina  d. Limit excessive rapid eye movements and anxiety

05. Long term side effect of cortisone therapy is: ( )

06. Stomach volume of a child estimated to be: ( )
   a. 2% of child's body weight  b. 1% of child's body weight  c. 3% of child's body weight  d. 4% of child's body weight

07. Recommended daily intak of vitamin-B12 in an infant is: ( )
   a. 1 mcg  b. 2mcg  c. 0.2 mcg  d. 0.8 mcg

08. Measles vaccine is stored at: ( )
   a. -20°C  b. 0°C  c. 2-8°C  d. Room temperature

09. In following which vitamin is also termed as anti infective vitamin: ( )

10. Concentration of epinephrine administered in a newborn is:( )
   a. 1: 100  b. 1: 1000  c. 1: 10000  d. 1: 100000

11. Following are the clinical features of hypothermia except: ( )
   a. Poor feeding  b. Metabolic acidosis  c. Increased peripheral perfusion  d. Respiratory distress

12. Complications of phototherapy in a neonate include except: ( )

13. Bronze-baby syndrome is characterized by: ( )
   a. Dementia, diarrhea and dermatitis  b. Pigeon chest, bony deformity and curved legs  c. Brownish black colour of skin, serum and urine  d. Presence of blood in vomitus

14. Total ling capacity in a newborn is: ( )
   a. 100ml  b. 150 ml  c. 500 ml  d. 350 ml

15. Clinical feature of down's syndrome includes: ( )
   a. Round face  b. Flat nasal bridge  c. Single plamer-crease  d. All

16. Features of hypothyroidism include except: ( )
   a. Decreased BMR  b. Anorexia  c. Prone to hypothermia  d. Weight loss

17. All are true about Down syndrome Except: ( )

18. Complications of undescended testes includes: ( )
   a. Atrophy of testes  b. Strangulated hernia  c. Sterility  d. All

19. Most abundant imunoglobulin of human body is: ( )
   a. IgG  b. IgM  c. IgA  d. IgD

20. Commonest cause of obstructive hydrocephalus in children? ( )
Chi-Square Goodness Of Fit Test.
The test is applied when one categorical variable from a single population. It is used to determine whether sample data are consistent with a hypothesized distribution.

Use the Chi-Square Goodness of Fit Test
The chi-square goodness of fit test is appropriate when the following conditions are met:
- The sampling method is simple random sampling.
- The variable under study is categorical.
- The expected value of the number of sample observations in each level of the variable is at least 5.

This approach consists of four steps:
1. State the hypotheses,
2. Formulate an analysis plan,
3. Analyze sample data, and
4. Interpret results.

Formulate an Analysis Plan
The analysis plan describes how to use sample data to accept or reject the null hypothesis. The plan should specify the following elements.

Significance level. Often, researchers choose significance levels equal to 0.01, 0.05, or 0.10; but any value between 0 and 1 can be used.

Test method. Use the chi-square goodness of fit test to determine whether observed sample frequencies differ significantly from expected frequencies specified in the null hypothesis.

Analyze Sample Data
Using sample data, find the degrees of freedom, expected frequency counts, test statistic, and the P-value associated with the test statistic.

Degrees of freedom. The degrees of freedom (DF) is equal to the number of levels (k) of the categorical variable minus 1: $DF = k - 1$.

Expected frequency counts. The expected frequency counts at each level of the categorical variable are equal to the sample size times the hypothesized proportion from the null hypothesis.

$$E_i = np_i$$

Where $E_i$ is the expected frequency count for the $i$th level of the categorical variable, $n$ is the total sample size, and $p_i$ is the hypothesized proportion of observations in level.

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