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PRESIDENT'S KEYNOTE ADDRESS – CRITICARE NURSING 2014

Prof Jaya Kuruvilla

The theme for the Nursing Conference is Collaborative Practice in Critical Care Nursing, a most spoken about concept but with major difficulties to practice. Collaborative practice is an inter professional process of communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the patient care provided (Jones andway 2000).

Collaborative practice has the additional benefits of reducing the health care costs and improving job satisfaction for the members of inter professional team. Interdisciplinary collaboration benefits the organization in terms of decreased cost, better patient care and economy of decision making (NJ PC 1981).

While the benefits of physician -nursing collaboration in ICU are well documented, there are gaps when translating these principles to clinical practice. (Caitin vade capbed, Yin Hu)

Three components are necessary for collaborative practice clinical expertise , open communication , sharing of knowledge and a relationship based on trust, empathy and respect. Although many factors contribute to the current nursing shortage , one of the primary reasons nurses leave the profession is dissatisfaction with their practice environment (JC AHO 2001), and conflict with physicians has been identified as one stressor in the nurse work environment (Green field 1999)

Frequent duty changes, being blamed for failure of treatment, controversy over decision making on treatment options with physicians and witnessing death of patients they had been taking care of, were some of the factors that produced stress among Critical care nurses. (Kuruvilla J. (Stress among Critical Care Nurses) unpublished research study, 1991.

The nursing profession faces a critical nursing shortage with the nursing workforce expected to decrease by 20% in 2020. (Buehas etal 2005) Making collaboration between nurses and physician needs high priority from nurse administrators as it dilutes the stress and improves efficiency. A study by Pascala M, Le Blanc et al showed that there is a relationship between efficacy belief and collaborative practice . They recommended that health care organizations should create a working environment that provides ICU nurses with sufficient resources to perform their job well (Pascal M Le Blanc JAN Black well publishing Ltd. 2010)

7 Essential elements of collaborative practice are

- Responsibility
- Accountability
- Co-operation
- Assertiveness
- Autonomy,
- Communication
- Co-ordination
- Mutual trust
- Respect

Collaborative Practice results in

- Improved recruitment
- Retention of health care agencies
- Improved patient safety
- Communication
- Efficient and effective employment of human resources
- Improved satisfaction of patients and care givers
- Improved patient care.
- Improved access to health care

CCNS has undergone major progress after its inception in 2011. We have conducted three workshops and one international conference and this is the 2nd conference . Abbot Pharmaceutical is conducting a nationwide CNE program, in collaboration with CCNS on Trauma management and General management of patient in ICU . Modules were prepared and certificates issued by CCNS. So far 576 nurses have attended the same.

Critical Care Nursing Journal acquired ISSN No and is on its way to get it indexed in 2014. We have started allotting credit points for CNE programs conducted by Critical care nurses society and credit point pass book is issued.

However one major challenge we face is in expanding membership and creating chapters state wise / city wise. If only we could achieve this, CCNS would cover all Critical Care nurses. Therefore I urge all present here to take it on yourself to become members and start chapters in your own cities and conduct programs at chapter level.

Commencing online Critical Care Nursing Diploma Program in collaboration with Robert Gordon university is yet another project awaiting to be a reality.

We have identified the areas to venture into, such as creating nursing practice standards, care plans and standardized history format for each speciality and to encourage creating evidence based practice in Nursing.

Data base on Critical care nurses of the country is lacking. CCNS intends to conduct a survey and create data base on Critical care nurses of the country. Nursing Education programs in Critical care nursing all over the country need to become uniform, preparing nurses to be critical thinkers, independent decision makers with cognitive, Intellectual and interpersonal skills to provide holistic care to clients while aiming to be assertive and working in stress free environment. All critical care units should have registered and certified nurses that is what CCNS is envisaging to see it in future.

We can claim to be experts and demand for recognition only when we have adequate knowledge, high level competency and right attitude with sound ethical & moral values. The Critical care nurses need to become accountable for the care provided and elevate themselves to be patient's advocates. Only when we incorporate advocacy into the practice, will the client in particular and society at large recognize the value of nursing therapy. That is when we need to claim for costing of nursing therapy per intervention and as per individual.

CCNS has to become stronger, taller and broader and reach every city of the country and together we will be able to address these issues facing us.

ABSTRACTS OF ARTICLES

DO MEN AND WOMEN PRESENT SYMPTOMS OF ACUTE MYOCARDIAL INFARCTION DIFFERENTLY?

Ms. Jovita Annie John*, **Prof Jaya Kuruvilla****

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Abstract

Objectives: The purpose of the study was to determine the symptom presentation among men and women with AMI & construct a concept map for nurses and an instructional module for patients about symptoms of AMI and its management.

Methodology: A descriptive survey design was used. Subjects were 100 men and 50 women with history of AMI in the month before data collection period from four tertiary care hospitals in Mumbai.

Results: It was found that 99% males experienced chest pain whereas only 40 (80%) of female subjects did so. In the males sweating (85%), dyspnea (68%) and palpitation (57%) were common. In the female group general weakness (100%), dyspnea (96%), sweating (88%), heart burn (70%) and nausea and vomiting (76%) were seen. Women seemed to ignore symptoms more often & access help later than men.

Conclusion: This study has shown that gender differences in the presentation of MI exist. Nurses and other health care professionals should be aware of the difference in the presenting symptoms of MI in men and women.

Key Words: Acute Myocardial Infarction, Symptoms, Men, Women

ABSTRACTS OF ARTICLES

KNOWLEDGE ABOUT MYOCARDIAL INFARCTION: SURVIVORS V/S LAY PEOPLE

Dr. Rani Shetty

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Abstract: Aim: To describe subject characteristics, risk factors present among the subjects. Knowledge regarding signs and symptoms of MI among the study samples from selected areas of Mumbai.

Methods & Results: A two group comparative study was done. 50 patients who were diagnosed with MI were assigned to group one. Group two consisted of 50 relatives of teachers of college of Nursing, who didn't have history of heart disease. The data was collected using a structured questionnaire. Group 1 had 82% males and a mean age of 52.2 whereas group II had 62% males and a mean age of 42.1. Both groups had risk factors of CAD present; strong family history of CAD and comorbidities like diabetes, high BP, overweight, high cholesterol levels and increased stress levels. Habits like smoking (20% & 6%), tobacco use (32%) and alcohol consumption (20% & 28%) were present among the subjects. Participants in group II had better knowledge regarding signs and symptoms of MI. The knowledge difference was statistically significant at 0.01 level ($P = 6.115$)

Conclusion: Knowledge of signs and symptoms of MI was inadequate in both groups. However educated group had better awareness as compared to less educated group. It brings about the importance of improving awareness through mass media campaign in order to prevent the epidemic of CAD in the near future in India.

Keywords: Knowledge, Myocardial Infarction, Signs and symptoms

ABSTRACTS OF ARTICLES

EFFECT OF MUSIC ON PAIN IN BURNS WOUND CARE

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Abstract: Burn injuries are a major medical condition, often resulting in hospital admissions, surgeries, and extensive therapies. Burn injuries cause intense and prolonged pain, made worse by the need to change dressings frequently to prevent infection and aid healing. Studies, as well as clinical experience, have shown that musical intervention has been helpful in assisting patients with pain management in a variety of medical settings. A descriptive evaluative approach was used to study the effect of music therapy during wound care in 30 randomly selected patients with burn injury. The findings established music therapy being a part of complementary therapy may be included as a nursing intervention relieving the pain and anxiety associated with the wound care in patients with burn injuries.

Keywords: Burn injuries, Wound care, Pain, Music therapy

ABSTRACTS OF ARTICLES

WHY DO DIABETICS NOT TAKE INSULIN REGULARLY?

Ms. Sneha. R. Magar*, **Prof. Seema Sane****

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Abstract: Prevalence of Diabetes is on the rise, and the toll is climbing in terms of both human lives as well as the costs to society. Adherence to medical recommendations continues to be a major concern for patients with diabetes mellitus.

Aim: To assess the factors causing non-adherence to insulin injections among diabetic patients admitted in selected hospital.

Methodology: An exploratory descriptive study was conducted with 100 diabetic patients on insulin injection who were interviewed using a semi-structured questionnaire.

Results and Analysis: The most common reasons identified were forgetfulness (87%), stress (18%), fear (11%), cost of insulin injection (16%), dependency on others for injection administration (20%), anxiety (2%), unavailability of insulin injections (9%), unavailability of food (3%) and impaired physical mobility (3%). The complexity of the medication schedule, fasting, travelling, blood tests and distance of the health care facility do not affect the adherence of a person to the insulin injection schedule. It was also found that non-adherence to insulin injection schedule can lead to complications and re-hospitalizations.

Conclusion: This study helped to identify the common causes of non-adherence to insulin schedule and the number of hospital readmissions due to non-adherence. Devising measures to deal with these causes will help not only the patients to become compliant to their insulin injection schedules but also the hospital personnel to minimize the complications and readmissions related to non-adherence. And thus improve quality of life of patients.

Keywords: Diabetes, Insulin, Non-Adherence, Factors for non-adherence, Complications

ABSTRACTS OF ARTICLES

TRANSPORTATION- ACCESS TO BETTER CRITICAL CARE

Ms Siman Xavier

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Abstract: India is a country of paradoxes. On one hand, it has new corporate hospitals for attracting medical tourism and on the other, it has not been able to provide for basic primary health and necessary emergency services to the masses. In rural regions, and also in the slums of large cities, access to health care is often significantly impeded by the difficulty in getting to medical services. Lack of suitable transport is often an important issue for the people both in rural and urban areas. Not only does transport affect access by the public to health facilities, but it also is central in ensuring the supply of essential goods and resources such as drugs and personnel to where they are needed. Adequate transport is therefore an essential pre-requisite to achieve the international health targets.

Keywords: *Health care access, transportation, emergency medical care, critical care*

ABSTRACTS OF ARTICLES

RECENT TRENDS IN THROMBOLYTIC THERAPY

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Abstract: Thrombolytic drugs have been used in clinical arena to treat a wide variety of venous and arterial thromboembolic disorders which are a major cause of death.

Thrombolytic therapy with plasminogen activators could favourably influence the outcome of such life-threatening diseases as acute myocardial infarction (AMI). The main advantage of the latest generation of fibrinolytic drugs for treating AMI is their ease of administration.

Some of those available today are: Alteplase, Reteplase, Streptokinase and Tenecteplase.

The choice of agent for the treatment of AMI at present must be based on considerations of lower cost of streptokinase versus higher efficacy for coronary recanalization of Recombinant tissue plasminogen activator (rt-PA). All thrombolytic agents suffer shortcomings, including submaximal efficacy, limited fibrin-specificity and bleeding side effects. In a search to overcome these drawbacks, many efforts have been made to develop the more potent thrombolytic agents without bleeding complications. This article focuses on different generations of thrombolytic agents.

Keywords: *Thrombolytic disorders, plasminogen activators, third generation thrombolytics*