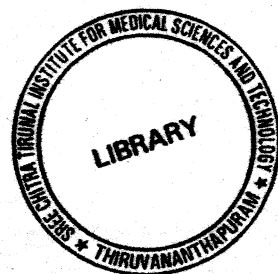


A STUDY TO ASSESS THE EFFECT OF PRE- OPERATIVE THEACHING ON SCHOOL AGE CHILDREN'S PERCEPTIONS OF THEIR CHICU HOSPITALISATION AND POST OPERATIVE RECOVERY IN SCTIMST

PROJECT REPORT

SUBMITTED BY

RESMI.M.I.



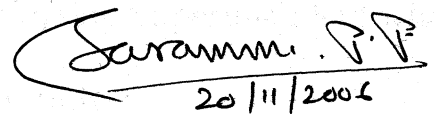
**SREE CHITRA TIRUNAL INSTITUTE FOR
MEDICAL SCIENCES AND TECHNOLOGY**

MEDICAL COLLEGE, THIRUVANANTHAPURAM 2006

CERTIFICATE

Certified that this study to Assess the Effectiveness of Pre-operative teaching on school age children's perceptions of their CHICU hospitalization and post operative recovery is a bonafide work of RESMI.M.I at the Sree Chitra Tirunal Institute for Medical Sciences and Technology.

Submitted in partial fulfilment of the requirement for the Diploma in cardiovascular & Thoracic nursing from Sree Chitra Tirunal Institute for Medical Science and Technology.



20/11/2006

Mrs. Saramma.P.P. M.N
Lecturer in Nursing
SCTIMST
Thiruvananthapuram.

Place: Thiruvananthapuram,
Date : 20.11.2006

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INVESTIGATOR

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CHAPTER – I

INTRODUCTION

Background of the study

Cardiac surgery is a major surgical procedure which can be physically and psychologically stressful for patients. It is hypothesized that preoperative health teaching before surgery improves knowledge of the patients about ICU settings & enhances post operative outcomes and reduce ICU study.

There is widespread argument that children should be given information prior to surgery but debates continue about the most appropriate form and content of preadmission preparation.

There is little research evidence about children's concerns, fears and misconceptions about hospitals and surgery. Previous investigations have examined the view of parents or carers and health care professional rather than the direct reports of children themselves. The study was designed to explore whether children could identify their own needs, their co-operation in ICU and post operative outcomes.

Need and Importance of the study

Health education makes the child to get an awareness about the post operative procedures; their participation in chest physiotherapy, over all structure of Pediatric Intensive Care Unit (PICU). It gives the basic ideas

about post operative stay in ICU and also equips and encourages to increase the knowledge of children about post operative recovery. This helps to attain more co-operation of the child in the ICU which will inturn reduce the ICU stay. This teaching also helps them to known about the need for preoperative hygiene inorder to reduce post operative infections.

Statement of problem

A study to assess the effect of pre-operative teaching on school age children's perceptions of their CHICU hospitalization in SCTIMST.

Objectives

1. to evaluate the effect of Congenital heart intensive care unit hospitalization on critically ill school age children –
2. to discuss the effect of pre-operative visit and teaching of an ICU nurse on post operative recovery of children undergoing cardiac surgery.

Operational definitions

Perception:- In psychology and cognitive science perception is the process of acquiring, interpreting, selecting and organizing sensory informations. In this study perception means school age children's experience in ICU during post operative period.

School age children:- Children of age 6 -12 years

Post operative recovery:-In this study it means co-operation, adjustment and attitude of subjects in breathing and coughing exercise and early ambulation which in turn reduce the length of ICU study.

Delimitations

- Only Malayalam speaking children were included in this study
- All the subjects were undergone either ASD or ICR only.

Summary

The chapter deals with the background of study, need for study, statement of problems objectives, operational definitions and delimitations.

CHAPTER – II

Review of literature

Review of literature is the key step in research process. It refers to a broad, comprehensive, in depth, systemic and critical review of scholarly publications, unpublished scholarly print materials and audiovisual materials. (Basavanthappa 2001)

A review of literature is an essential activity of scientific research projects, which provides a basis for future investigation, justifies feasibility of the study, indicate constraints of data collection and helps to relate findings from one study to another with a view to establish a comprehensive body of scientific knowledge in a professional discipline from which valid and pertinent theories may be developed. (Abdella, 1979)

Bergman (2001) conducted a study to test whether preoperative extensive oral information in combination with more personal attention by the surgeon is associated with any effect on patient's perioperative stress; anxiety and well being. Sixty patients awaiting open heart surgery were divided into 2 groups. Group 1 consisted of 30 patients who received routine medical information through an informative pamphlet. In group 11 (n = 30 pts) additional extensive oral medical information and more personal attention by the surgeon was provided before surgery. Salivary cortisol, plasma cortisol, state of anxiety and patient's well being were

measure perioperatively. Extensive preoperative oral information in combination with more personal attention by the physician didn't have any significant influence on the perioperative psychoendocrinology course of stress. During transport to the operating room, salivary cortisol increased significantly ($P < 0.001$) in both groups. (ranges are 95% confidence interval). (group 1, 23.2 nmol /L) [17.1 – 31.5]; group II 14.6 nmol/L (T. 9.21.3) versus the 1st day in the hospital (group I, 8.4 nmol/L (6.2-11.4); group II (6.7 nmol/L). After the induction of anesthesia plasma cortisol decreased significantly in both groups versus preoperative levels. After surgery well being decreased in all patients and patients state of anxiety was reduced. This data demonstrated a lack of effect of extensive oral medical information that was presented as part of clinical routine on the perioperative psychoendocrinologic course of stress. High levels of stress during transport to the operative room were detected. The quality of stress during transport to the operating room and the perioperative psychoendocrinologic course of stress in combination with two different methods of preoperative medical information as described in 60 consecutive patients awaiting cardiac surgery.

Smith (2005) conducted a study to explore whether children could identify their own information needs prior to admission for elective surgery. Nine children aged 7-11 years were interviewed using the write and draw

technique to ascertain. Their preadmission information needs. Children reported that they had not received direct information from the hospital or from the health professional. They obtained information from a variety of sources including leaflets for parents, televisions and experience of relatives and friends. From this study they contributed to the development of preadmission education. The authors recommended that information about hospital should be presented directly to children is the most accessible and flexible form.

Brewers (2005) conducted a study to determine if children prepared for day surgery by a child life specialist exhibited less anxiety than those who received routine standards of care. 142 children aged between 5 - 11 years old undergoing elective surgery completed the study. The child drawing hospital instrument developed by Simon et al was used to determine children anxiety levels pre-intervention and post intervention. Eighty children received from preparation for their surgery by a child life specialists and 62 received no intervention. The data were analyzed using a repeated measures model with intervention, age, sex and level of surgery for main effects. The anxiety score change was significantly better for the patients in the child life intervention group than for those in nonintervention group. The increase in anxiety scores in the intervention group suggested that children could benefit from pre-operative preparation.

Health professionals including nurses may impact children's ability to cope with a surgical process. The researcher suggested that all children not just those with a perceived need should be prepared prior to an elective day surgery.

Meseri (2005) conducted a randomized prospective study in children about the clowns doctors as a treatment for preoperative anxiety. In this study the sample was composed of 40 subjects (5 -12 years of age) who had to undergo minor day surgery and were assigned randomly to the clown group (N = 20) in which the children were accompanied in the preoperative room by clowns and a parent or the control group (N = 20) in which the children were accompanied by only one of his or her parents. The anxiety of the children in the preoperative period was measured through the modified yale preoperative anxiety scale instrument and anxiety of parents was measured with the State trait anxiety inventory instrument. In addition a questionnaire for health professionals was developed to obtain their opinion about the presence of clowns during the induction of anesthesia and a self education form was developed to be filled out by the clown themselves about their interaction with the child. The result showed that the presence of clowns during the induction of anesthesia together with the children's parents was an effective intervention for managing children's and parents anxiety during the preoperative period.

Asiliogliuk (2004) conducted an experimental study to evaluate the effect of preoperative teaching on anxiety levels of the patients. This study consisted of 100 patients having open cardiac surgery of 50 patients were in the experimental group while the remaining 50 were in the control group. The patients in the intervention groups were given a planned teaching according to the patient education booklet. Patients in the control group were informed about pre and post operative routines by a nurse. The anxiety level of the patients in control and intervention group was measured on the 3rd day after the operation by using the self evaluation questionnaires for state and trait anxiety inventory. The mean post operative state and trait anxiety score in the control group was slightly higher than the mean of the patients in the intervention group. There was no statistically significant difference in the state trait anxiety scores between the groups, and the patients in the intervention group had lower scores than the patients in the control group. In addition all patients were satisfied with the preoperative teaching given by the researcher.

Ivarsson B (2005) conducted a study to describe patients experience of information regarding possible complications related to cardiac surgery, both before and after the operation. A comparison was made between patients who received detailed written information (intervention group) regarding possible complications and patients who received conventional

information (control Group). 182 patients were included in the intervention group and 156 in the control group. Questionnaires were distributed and experiences anxiety and depression. (The hospital anxiety and depression scale) and avoidance of intrusion distress (The impact of event scale IES) were measured before 8th wks after the surgery. The result was that 72% of the intervention group and 69% of the control group wanted information about both common and rare complications. Patients in the intervention group were significantly more satisfied with all aspects of the information between the groups for either HADS or IES. From this the authors concluded that most, but not all patients in the present study were +ve to the written detailed information about risk of complications in connection with cardiac surgery. Detailed information can be a useful base for faithful conversation between the health care personal and the patients.

Hawang SL (1998) investigated the stress reducing effects of a tape recorder message from the physician which provided information regarding the surgery and emotional supports for heart surgery patents post operatively is ICU. Sixty patients who underwent cardiac surgery were randomly selected to 2 equal groups. The patients in the experimental group listened to a tape recorded massage from their attending surgeon soon after they recovered from anesthesia while the control group rested during the study period. The effectiveness of the tape recorded support

programme was evaluated by the influence on heart rate, BP & finger skin temperature as well as degree of subjective pain, tension anxiety, depression and anger. Pain and tension levels of the patients were measured and anger was evaluated using the brief symptoms rating scale. Patient's evaluation of the usefulness of the programme was also assessed. After listening for the physician's recorded message the near increase in the skin finger temperature in the experimental group was higher than in the control group. ($P = 0.0513$). The experimental group had significant decreases in their mean scores of pain (-1.11 VS 0.36, $P = 0.0043$) tension (-2.26 VS -0.025; $P = 0.0001$) anxiety (-1.3 Vs - 0.57, $P = 0.0473$) and depression -2.24 VS - 0.37 $P = 0.0253$). The patients showed a high need for this support programme. These findings showed that a physicians tape recorded message providing information and emotional support could reduce stress in heart surgery post operatively.

Cupples (1991) conducted a study on the effects of timing and reinforcement of preoperative education on knowledge and recovery of patients having Coronary Artery Bypass Graft Surgery (CABG). A randomized experimental and control group including 40 patients. Experimental group received both pre-admission and post admission pre-operative education. The control group only receives routine post admission education. Outcome measured by pre-operative knowledge of

CABG surgery post operative state of anxiety, mood and physiological recovery. The experimental group had significantly higher pre-operative knowledge levels, more positive mood status and more favourable physiologic recoveries than those in the control group.

Shuldhen (2001) conducted a study on pre-operative education for the patients having CABG. In this study potentially beneficial effect on outcomes has been explored. The particular research and meta-analysis of the studies have demonstrated the positive effect of pre-operative education on post operative outcomes in patients having variety of surgical procedures. A broad search strategy revealed - The studies which examined preoperative education and measured post operative outcomes. Data were extracted which revealed there is limited evidence to suggest that pre-operative education benefits patients recovery from CABG surgery.

Bertakis (1986), Conducted a study to test the influence of educational intervention on patient's attitude and subsequent sick role behavior. Mothers of pediatric patients in an experimental group (N = 29) receiving specially designed education about otitis media, would consequently acquire greater awareness of their children's susceptibility to the disease, the possibility of its serious effect and the benefits of treatment than a comparable control group (N = 30) not receiving the educational interventions. It was further hypothesised that patient compliance would

be higher in the experimental group. Control groups attitude did not significantly change. Compliance rate for both group were very high. 91.8% compliance was noted for experimental subjects and 85.6% for control. This may reflect the additional time and attention given all those participating in the study.

CHAPTER – III

RESEARCH METHODOLOGY

Introduction

Research methodology is the way to systematically solve the research problem. It includes the steps that researcher adopts to study his problem with the logic behind.

(Kothari, 1990)

This chapter provides brief description of different steps taken to conduct the study. It includes research approach, research design, setting of the study, sample and sampling technique, criteria for sample collection, data collection, description of tools, pilot study, plan of analysis.

Statement of the problem

A study to assess the effect of pre-operative teaching on school age children's perceptions of their CHICU hospitalization in SCTIMST.

Objectives

- To assess the knowledge of children after cardiac surgery
- To evaluate the effect of CHICU hospitalization on critically ill school age children
- To discuss the effect of pre-operative visit and teaching of an ICU nurse on post operative recovery of children undergoing cardiac surgery.

Research approach

To accomplish the objectives of the study the investigator used consecutive sampling and, patients were randomly assigned to experimental and control group on weekly basis.

Research design

Research design is the conceptual structure within which the research is conducted. It facilitates the smooth sailing of the various research operation, there by making research as efficient as possible yielding maximum information with minimal expenditure of effort, time and money. It is concerned with a researcher plan for obtaining answer to the research questions. The research design selected for the present study was an experimental design.

Settings of the study

The study was conducted in "Sree Chitra Tirunal Institute for Medical Sciences & Technology" Thiruvananthapuram.

The rationale for selecting this institute (SCTIMST) for this study was that the investigator was most familiar with the institution. In addition to that SCTIMST is an institute of national importance where there is a separate complex for congenial cardiac surgery including a congenital heart ward, congenital heart operation theatre and CHICU. A minimum of 2 congenital heart operations are done per day.

Population

School age children (6 -12 years) undergoing cardiac surgery in Congenital heart ward.

Sample and sampling techniques

Consecutive sampling technique was used to select the samples for the study. Patients were randomly assigned to experimental and control group on weekly basis starting with control group patients during the first week of study period. In the 1st stage, 5 samples were selected for the pilot study. In the second stage twenty patients were selected for the study purpose.

Criteria for sample selection

Inclusion Criteria – Children who can understand Malayalam.

Development of Data collection Tool

Data collection tool refers to the instrument which was constructed by the investigator to obtain relevant data. In this study the investigator divided the group into control group and experimental group. Planned health education is given to the experimental group prior to surgery. All the patients were informed about pre and post operative routines by a nurse as per unit protocol. After that the investigator used structured interview schedule to assess both groups post operatively. Opinion by the staff in ICU were also taken. The tool was prepared by the investigator after

extensive review of literature. The tool was examined and content validity was tested by the experts of SCTIMST. A multiple choice questionnaire of 10 questions were prepared based on the literature. (See appendix).

Description of Tools

The structured interview schedule consisted of mainly 3 sections

Section A, B & C

Section A : Deals with demographic data.

Section B : consisted of 10 question regarding post operative outcome and ICU experience .

Section C: Deals with the assessment data obtained from the staff in ICU.

Pilot study

The pilot study was conducted from 28th August to September 2006.

The aim of the pilot study was to find out the practicability and feasibility of the tool. The study was conducted among 4 samples. The sampling technique used was consecutive sampling and patients were randomly assigned to control and experimental group on a weekly basis. Pilot study findings revealed that the study was feasible and practicable.

Data collection procedure

Since no problem was faced during pilot study same method of data collection was used for final study. The final study was done during

September to October of 2006. Research first introduced herself and explained the need and purpose of the study to the subjects and a written consent has been taken from their parents. A planned preoperative education is given to experimental group. Both experimental and the control group were informed about pre and postoperative routines by a nurse as per unit protocol, both the groups were interviewed post operatively. Total time taken for the entire procedure was 20-30 minutes. The samples were co-operative and no problem was encountered.

Plan of data analysis

The researcher decided to analyze the data in terms of frequency and percentages and to present them in the form of tables, and bar diagrams.

Summary

This chapter deals with introduction, statement of the problem, objectives, research approach, research design, settings of the study, Population, samples and sampling techniques, criteria for sample selection, development of data collection tool, description of the tools, pilot study, data collection procedures and plan of data analysis.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

Introduction

This chapter presents the analysis and interpretation of data collected from 20 school age children undergone congenital cardiac surgery in CHICU.

Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered. The overall aim of analysis is to organize, provide structure to and elicit meaning from research data.

Interpretation refers to the process of making sense of the results and examining the implications of the findings with in a broader context.

The findings of the study were arranged and analyzed under the following section.

Section I - Distribution of subjects according to the Demographic data.

Section II - Distribution of subjects according to the post operative outcomes and the ICU experience.

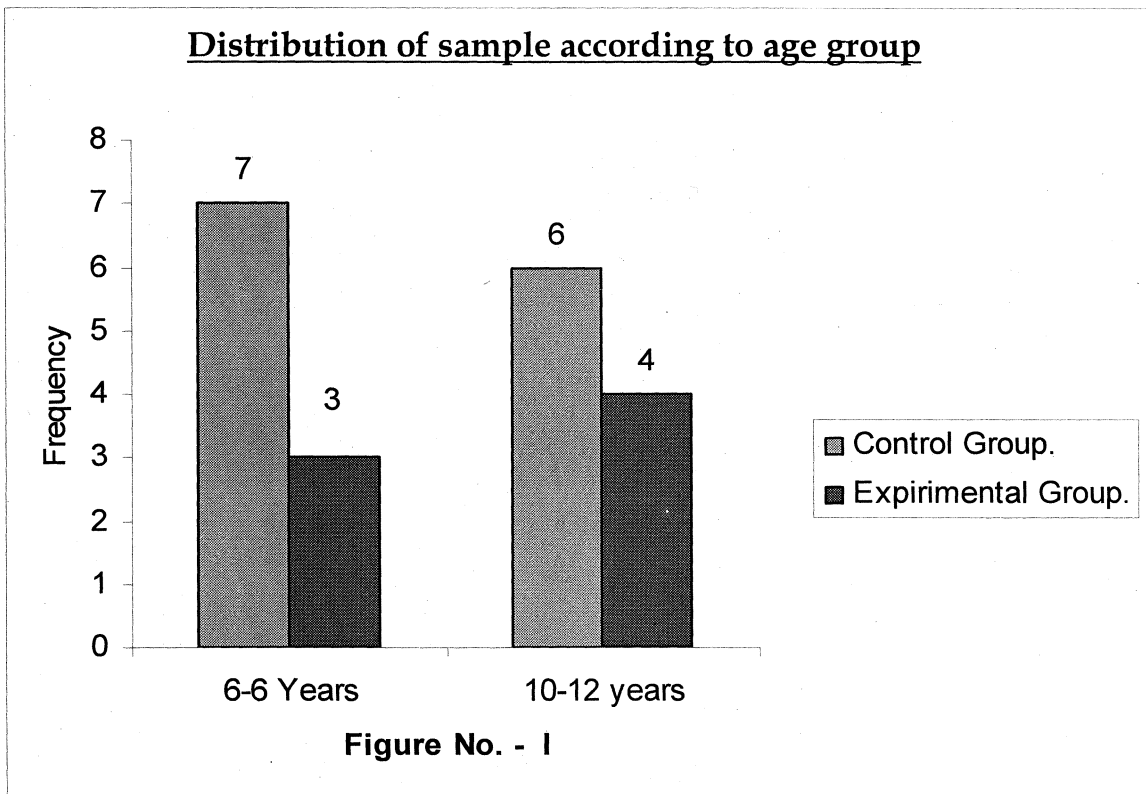
Section III - Distribution of subjects according to hours on ventilator, length of ICU stay and experience in ICU.

SECTION - I

Demographic Data

Distribution of sample according to age group

Age Group	Control group N (%)	Experimental group N (%)
6 - 9	7 (70 %)	6 (60%)
10 12	3 (30%)	4 (40%)
Total	10 (100%)	10 (100%)



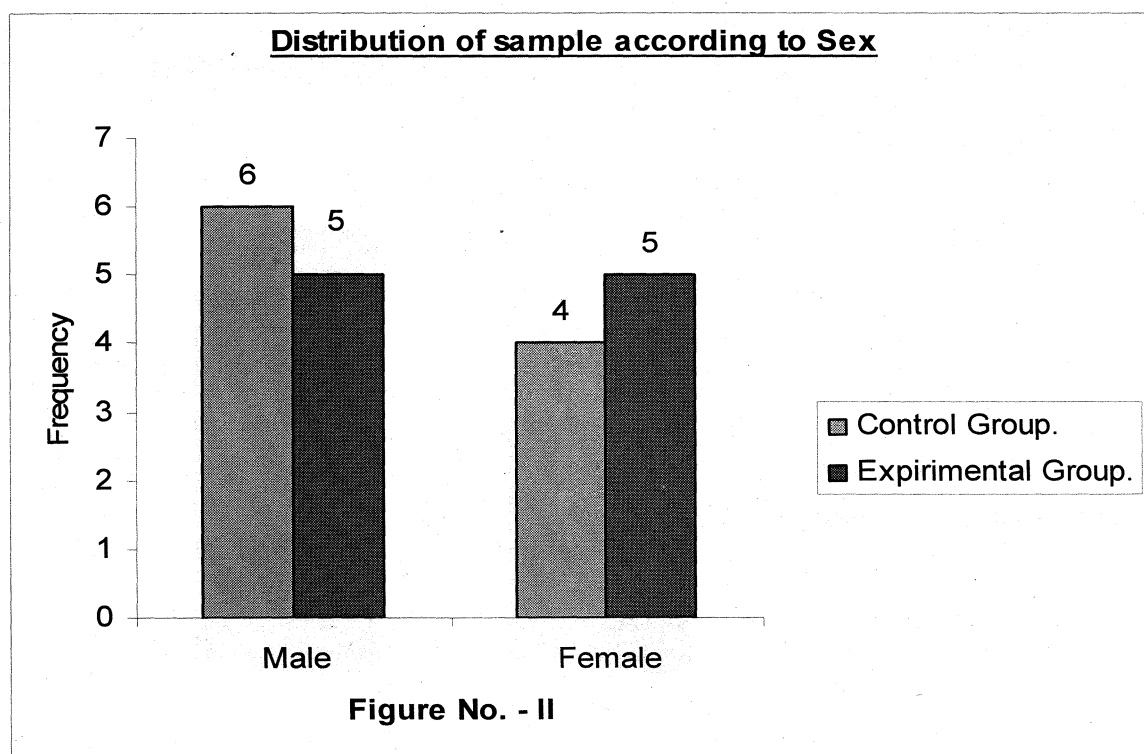
Data presented from the table I shows that majority of control group (70%) and experimental group (60%) belonged to 6 - 9 years of age.

SECTION - II

Distribution of subjects according to Sex

Table II

Sex	Frequency and percentage in control group	Frequency and percentage in Experimental group
Male	6 (60 %)	5 (50%)
Female	4 (40%)	5 (50%)



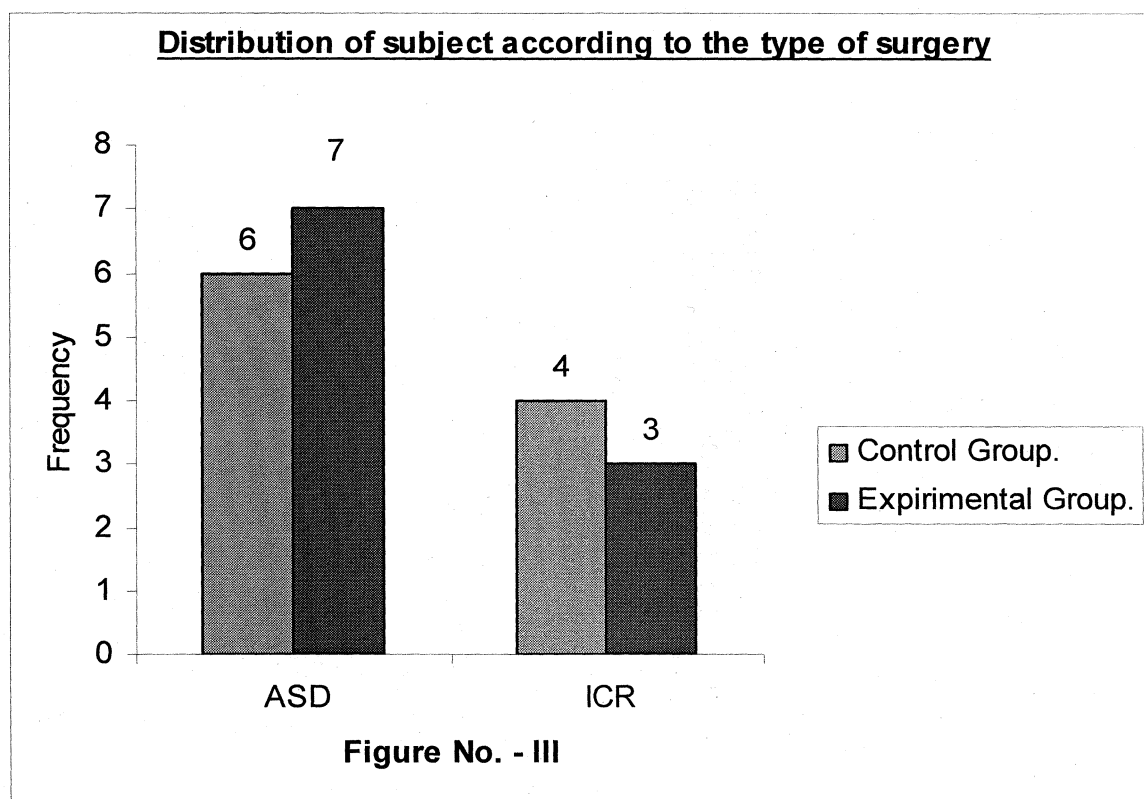
Data presented on Table II shows that 60% of control group and 50% of experimental group were male children. ie. Majority of control group (60%) and half of experimental group (50%) were male children.

SECTION III

Distribution of subjects according to the type of surgery

Table III

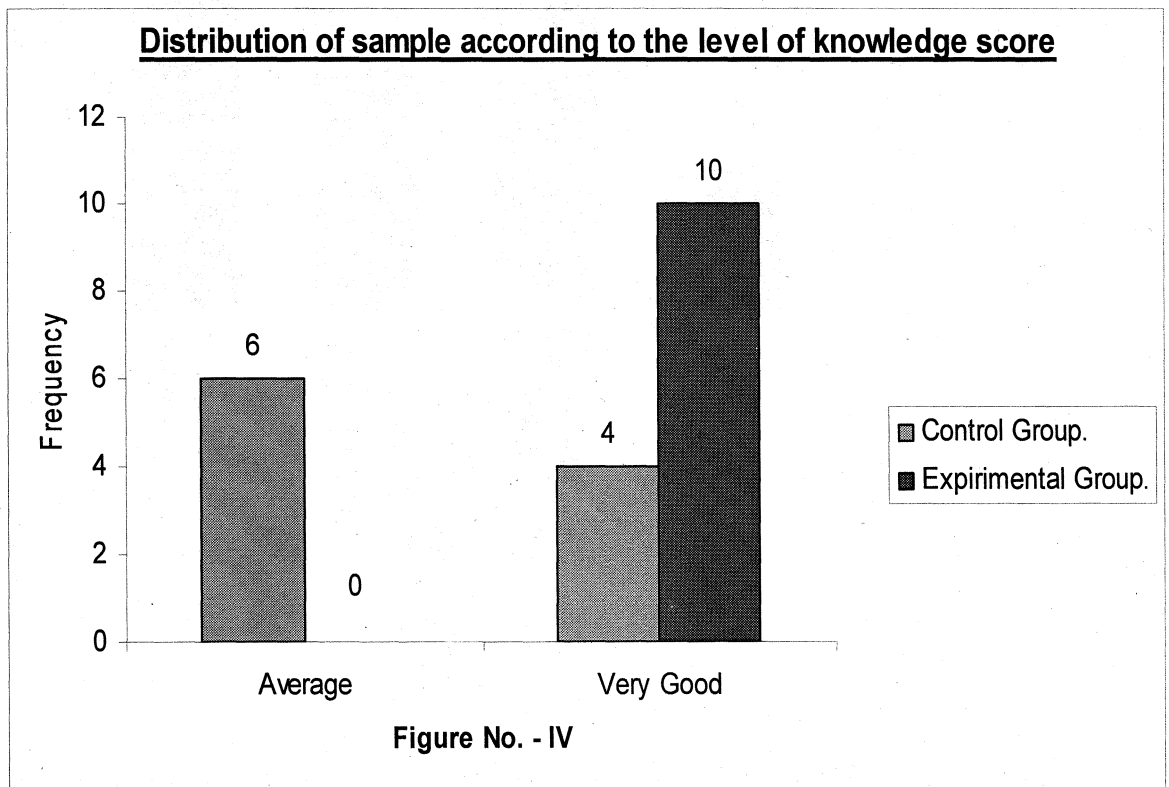
Type of surgery	Control group N (%)	Experimental group N (%)
ASD	6 (60 %)	7 (70%)
ICR	4 (40%)	3 (30%)
Total	10 (100%)	10 (100%)



The data presented on Table III shows that 60% of control group undergone ASD & 40% undergone ICR. Out of 10 subjects 70% of experimental group had undergone ASD and 30% undergone ICR.

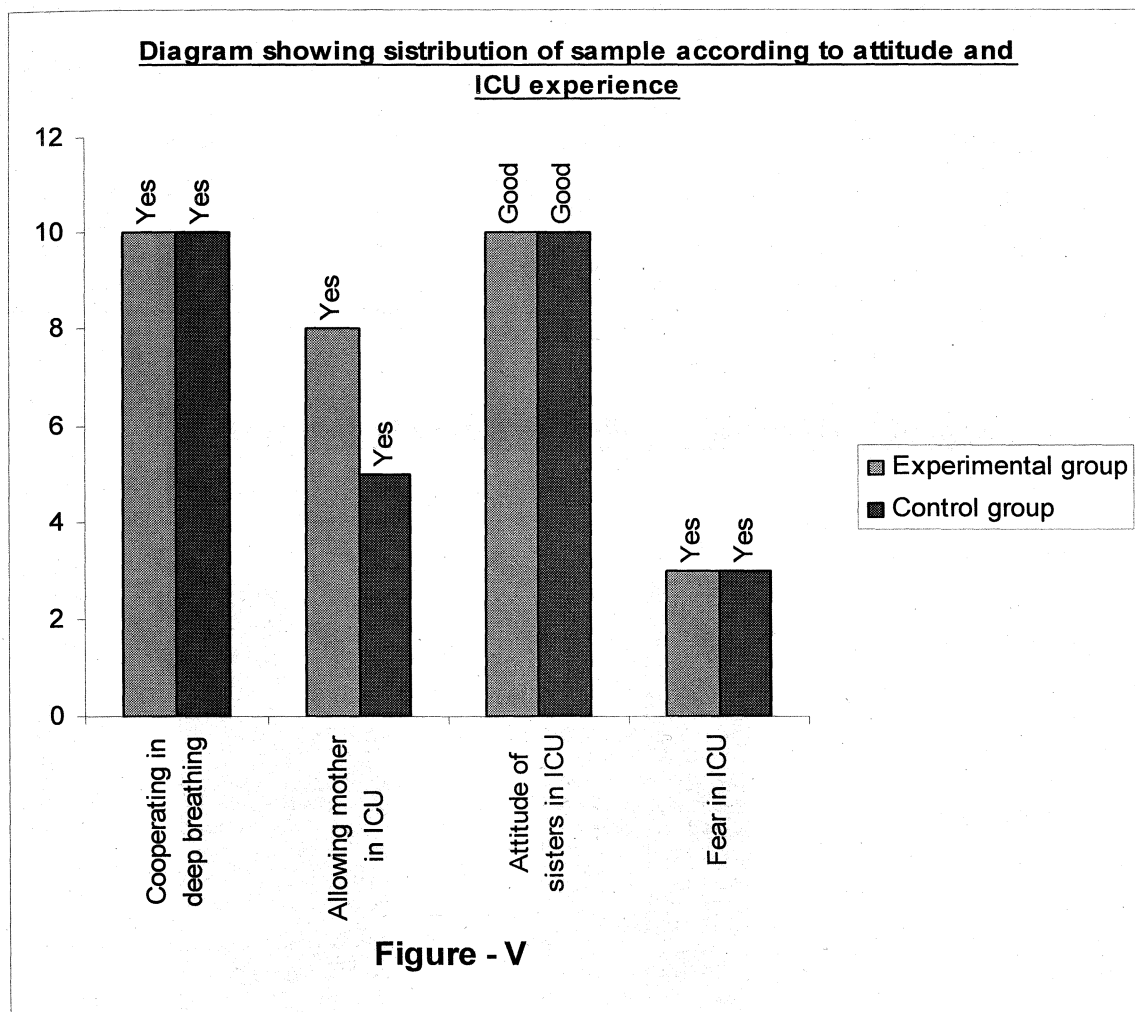
Table -IV

Level of knowledge score	Control group N (%)	Experimental group N (%)
Very Good (80 – 100)	4 (40 %)	10 (70%)
Average (< 60%)	6 (60%)	0 (0%)
Total	10 (100%)	10 (100%)



Data presented in Table and Figure IV shows that out of 10 samples in each group 100% in experimental group and 40% in control group had very good knowledge about post operative outcomes.

Bar diagram showing distribution of sample according to attitude and ICU experience.



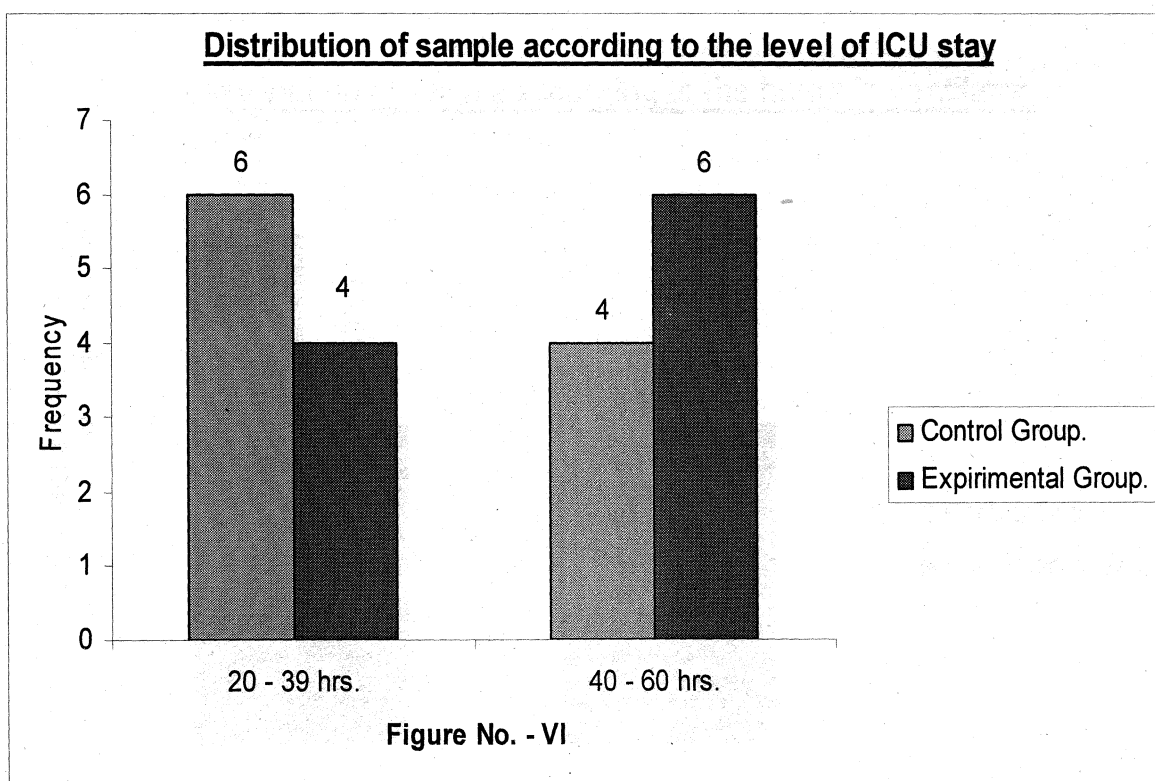
Data presented on figure V shows that out of 10 subjects in each group had 100% co-operation in deep breathing exercise and 80% in control group and 50% in experimental group needs mothers in ICU and 30% of each group had fear in ICU.

SECTION – III

Distribution of sample according to the length of ICU stay

Table – VI

Length of ICU stay	Control group N (%)	Experimental group N (%)
40 -60 hrs.	6 (60 %)	4 (40%)
20-39 hrs.	4 (40%)	6 (60%)
Total	10 (100%)	10 (100%)

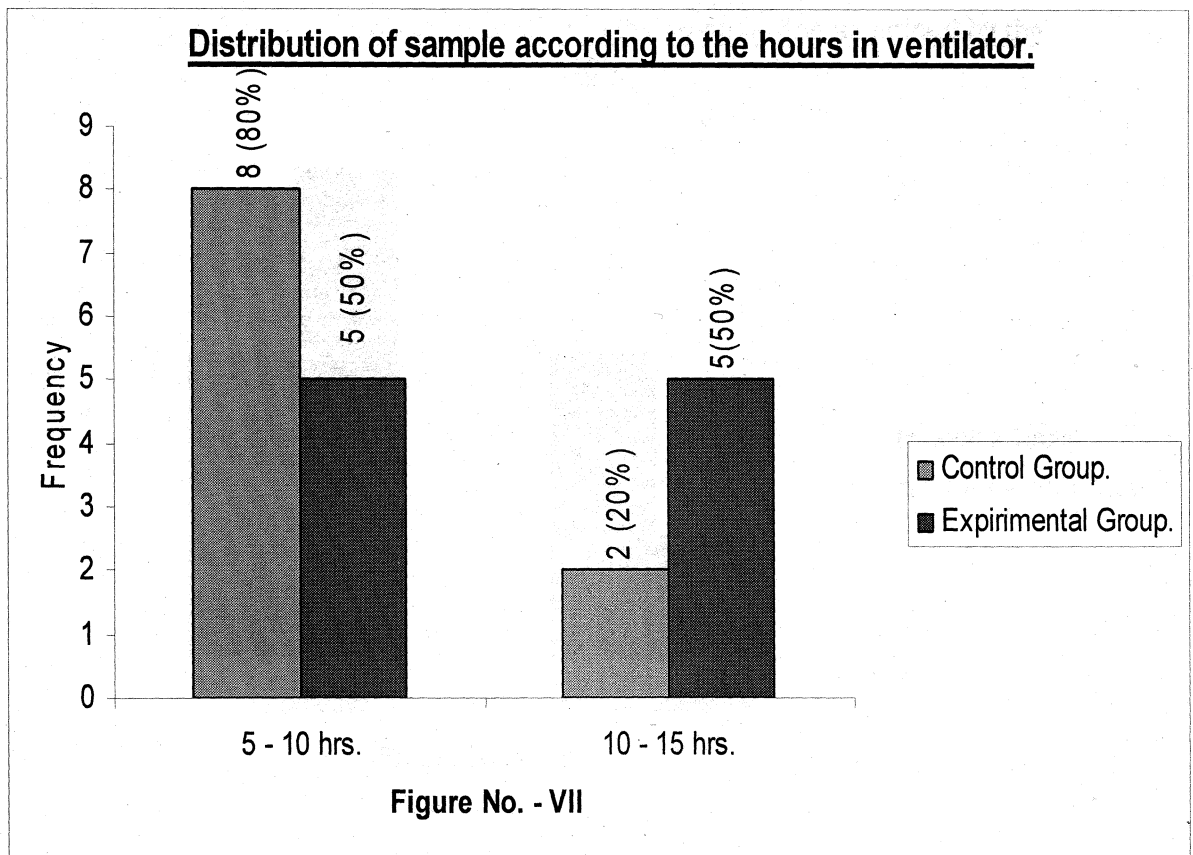


Data presented on Table VI shows that 60% of control group had as ICU stay of 40- 60 hrs. where as 40% of experimental group had 40 – 60 % of ICU stay. ie. the ICU stay of Control group is greater than that of experimental group.

Distribution of sample according to the hours in ventilator.

Table VII

Hours in ventilator	Control group N (%)	Experimental group N (%)
5-10	8 (80 %)	5 (50%)
10-15	2(20%)	5 (50%)
Total	10 (100%)	10 (100%)

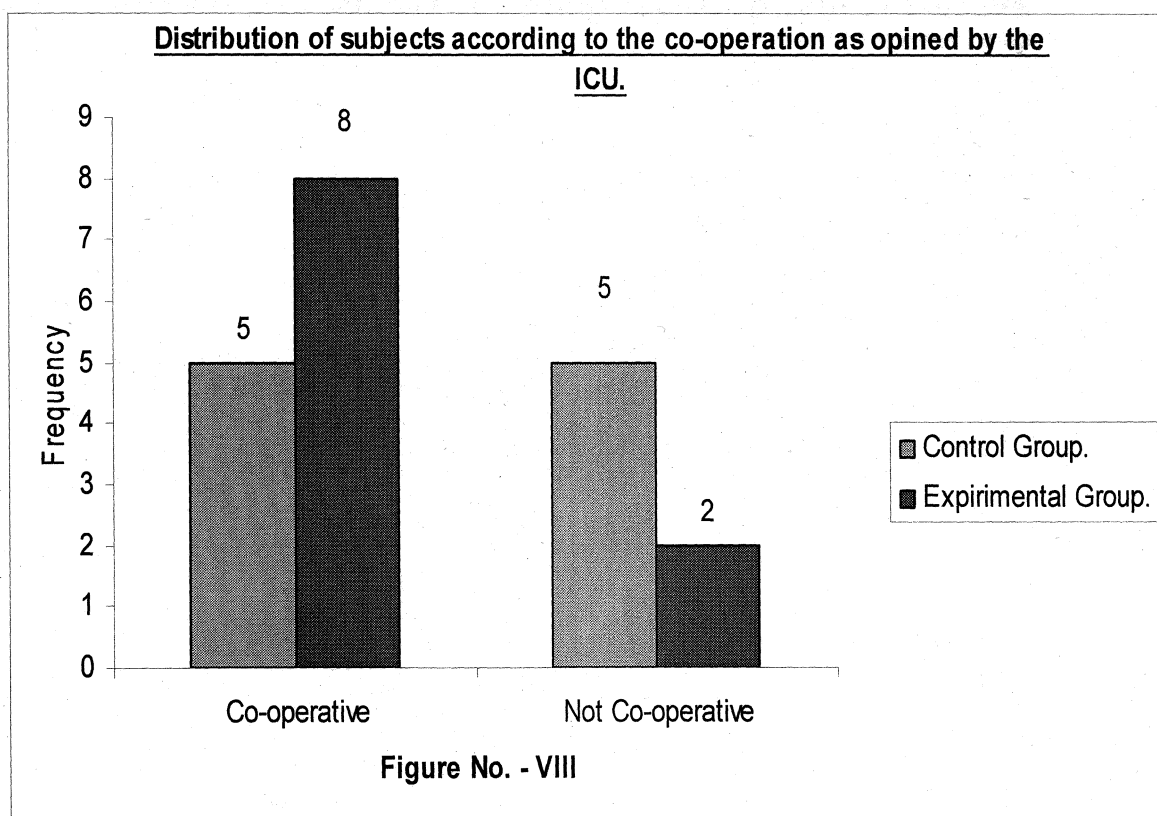


Data represented on Table VII shows that 80% of subjects in control group had undergone 5-10 hours of ventilator and 50% subjects in experimental group had undergone 5-10 hours of ventilator.

**Distribution of subjects according to the Cooperation
as opined by the ICU staff.**

Table VIII

Hours of subjects	Control group N (%)	Experimental group N (%)
Co-operative	5 (50 %)	8 (80%)
Not co-operative	5(50%)	2 (20%)
Total	10 (100%)	10 (100%)



Data presented in table VIII shows that 50% of subjects in control group and 80% of the subjects in the experimental group had good co-operation and attitude. The subjective data obtained from the figure V

shows that 100% of experimental and control group expressed willingness to co-operat in deep breathing exercise in the post operative period. But only 80% of experimental group and 50% of control group had good co-operation during ICU stay, as per the opinion obtained from the ICU staff.

Summary

This chapter dealt with the objectives in which the data were analyzed distribution of samples according to type of surgery. Knowledge level, distribution of samples according to post operative outcomes.

CHAPTER – V

SUMMARY, CONCLUSION, LIMITATION AND RECOMMENDATIONS.

This study was conducted with the objective, to assess the effect of preoperative visit and teaching of an ICU nurse on post operative recovery and knowledge of children undergoing cardiac surgery. The structured interview schedule was used for collecting data from twenty samples.

A review of related research literature helped the investigator to get a clear concept about the research topic undertaken, as well as to develop tools, methodology of the study and decide the plan for data analysis.

The research approach adopted for the study was descriptive approach. This study was conducted at congenital heart ward and ICU. Consecutive sampling technique was used to obtain samples.

Tools used for data collection was structured interview schedule comprising of three sections. Section A deals with demographic data Section B deals with knowledge level of samples Section C deals with post operative outcomes opined by the staff in ICU.

The prepared tool was given to experts for content validity. The pilot study findings revealed that the study was feasible and practicable. The

data collection was done in the month of September and October 2006 and was analyzed and interpreted by using descriptive statistics.

Findings of the study

- Out of 10 subjects in each group 70% in control group and 60% experimental group belonged to 6 – 9 years of age.
- Out of 10 subjects in each group, 60% in the Control group and 70% in the experimental group had undergone ASD.
- The knowledge level of experimental group was higher than that of control group.
- 80% of the experimental group and 50% of the control group showed good co-operation in CHICU.
- The ICU stay of experimental group was less than that of control group.

Limitation

- The sample size was limited to 10 in each group.
- Only Malayalam speaking children were included in this study.

Nursing implications

Nursing education.

Teach the students regarding the importance of preoperative teaching especially in congenital cardiac surgery, so that they can educate the

mothers and children which will help to reduce anxiety and increase positive perception.

Nursing service

Conduct health education programmes in the hospital and explain thoroughly regarding the preoperative health teaching with the help of a pamphlet.

Reporting the higher authorities and health agencies in health maintenance about the findings of the study so that they can take necessary action or measures. More emphasis be given to this condition, cost effective production of materials such as charts, posters, pictures, photographs.

CHAPTER – VI

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സമ്മതപത്രം

രോഗിയുടെ അസുഖവുമായി ബന്ധപ്പെടുത്തിയും അറിവു പരിശോധിക്കുന്നതിനായും എന്നോടു കുറച്ചു ചോദ്യങ്ങൾ ചോദിക്കുന്നതിലും അതിലെ പോരായ്മകൾ എന്നെ പറഞ്ഞു മനസ്സിലാക്കി തരുന്നതിനും ഞാൻ പൂർണ്ണമായി സമ്മതിക്കുന്നു. ഇത് ഒരു പഠനത്തിന്റെ ഭാഗമാണ്. അതായത് “ശസ്ത്രക്രിയയ്ക്കു മുൻപ് ശസ്ത്രക്രിയയെക്കുറിച്ചുള്ള അറിവ് കുട്ടികളുടെ വിവേചന ബുദ്ധിയെ എങ്ങനെ ബാധിക്കുന്നു” എന്നുള്ള ഈ പഠനത്തിനു വേണ്ടി ഞാൻ സഹകരിച്ചു കൊള്ളാമെന്നും സമ്മതിക്കുന്നു.

അമ്മയുടെ ഒപ്പ് ;

പേര് :

തീയതി :
സ്ഥലം ;

- A. Structured interview schedule to assess the knowledge of children undergone cardiac surgery.**

Section A
Socio Demographic Data

Name of the child :

Age :

Sex :

Surgery :

Education :

No. of post operative day. :

Mother's educational status. :

Father's occupation :

SECTION - B

Listen the questions carefully and answer the most appropriate one.

Each correct answer carries 1 marks.

Each wrong answer carries 0 marks.

Total score : 10

1. How many balls are there in incentive Spirometry?
 1. Only one ☐
 2. Only two ☐
 3. Only three ☐
 4. Don't know ☐
2. Soon after the removal of endotracheal tube you can drink water?
 1. True ☐
 2. False ☐
3. Deep breathing exercise is good for lung expansion?
 1. True ☐
 2. False ☐
4. Do you co-operate with the chest physiotherapy?
 1. Yes ☐
 2. No ☐
5. The attitude of sisters in ICU was?
 1. Pleasant ☐
 2. Unpleasant ☐
 3. Satisfactory ☐
6. Coughing during post operative period is?
 1. Needed ☐
 2. Not needed ☐

7. Allowing the mother to stay in ICU along with you?

1. Necessary ☐

2. Not necessary ☐

8. Do you have fear about surgery?

1. Yes ☐

2. No ☐

9. Why the sisters and doctors in ICU wear masks?

1. To prevent infection ☐

2. Don't know ☐

10. When you 1st saw the ICU you feels?

1. Confidence ☐

2. Sad ☐

3. Fear ☐

SECTION - C

Recovery parameters assessed by sisters in ICU

1. Total number of post operative period in ICU -
2. the co-operation of child -
3. Hours on ventilator -
4. Post operative ambulation -

B. ചോദ്യാവലി

Section - A

കുട്ടിയുടെ പേര് ;

വയസ്സ് ;

ശസ്ത്രക്രിയ :

വിദ്യാഭ്യാസ യോഗ്യത :

അമ്മയുടെ വിദ്യാഭ്യാസ യോഗ്യത :

അച്ഛന്റെ ജോലി :

Section - B

ചോദ്യം നന്നായി കേട്ടതിനു ശേഷം ഉത്തരം പറയുക. ഓരോ ശരി ഉത്തരത്തിനും ഒരു മാർക്ക്. ഓരോ തെറ്റ് ഉത്തരത്തിനും “0” മാർക്ക്.

ആകെ മാർക്ക്: 10

1. ഇൻസെൻറിവ് സ്പെറോമെട്രിയിൽ എത്ര ഗോളങ്ങൾ ഉണ്ട് ?

1. ഒന്ന് ☐

2. രണ്ട് ☐

3. മൂന്ന് ☐

2. ശ്വാസനാളത്തിലോട്ട് ഇടുന്ന ട്യൂബ് മാറ്റിയ ഉടനെ വെള്ളം കുടിക്കാവുന്നതാണ്

1. ശരി ☐

2. തെറ്റ് ☐

3. ശ്വാസകോശ വികസനത്തിന് ദീർഘശ്വാസ വ്യായാമം സഹായകരമാണ്?

1. ശരി ☐

2. തെറ്റ് ☐

4. ശ്വസന വ്യായാമത്തിന് നിങ്ങൾ സഹകരിക്കുമോ ?

1. സഹകരിക്കും ☐

2. സഹകരിക്കുകയില്ല ☐

5. ICU വിലെ സിസ്റ്റർമാരുടെ പെരുമാറ്റം എങ്ങനെയായിരുന്നു ?

1. സന്തോഷകരം ☐

2. സന്തോഷകരമല്ല ☐

3. അറിയുകയില്ല ☐

6. ശസ്ത്രക്രിയ ചെയ്തതിനുശേഷം ചുമയ്ക്കുന്നത്?

1. ആവശ്യമാണ് ☐

2. ആവശ്യമല്ല ☐

7. ICU വിൽ നിങ്ങളുടെ കൂടെ അമ്മയെ ഇരുത്തുന്നത്?

1. ആവശ്യമാണ് ☐

2. ആവശ്യമില്ല ☐

8. ശസ്ത്രക്രിയയെ കുറിച്ച് ഭയം ഉണ്ടായിരുന്നുവോ ?

1. ഉണ്ടായിരുന്നു. ☐

2. ഇല്ലായിരുന്നു. ☐

9. ICU വിലെ സിസ്റ്റർമാരും ഡോക്ടർമാരും ഒരു തുണികൊണ്ട് മുഖം മറച്ചിരിക്കുന്നതെന്തിനാണ്?

1. രോഗാണുബാധ തടയാൻ ☐

2. അറിയുകയില്ല ☐

10. ICU ആദ്യമായി കണ്ടപ്പോൾ നിങ്ങൾക്ക് എന്താണ് തോന്നിയത്?

1. ആത്മവിശ്വാസം ☐

2. പേടി ☐

3. ദുഃഖം ☐

Is any one undergone any kind of surgery ever before? Are you have fear about surgery? In case, if you have fear; I will explain certain mental and physical preparation that will help you to face the surgery in a different manner. So let us discuss about that.

Usually the day before surgery you will be admitted in the ward. There your body is shaved and washed with betadine solution. The sisters and attenders in the ward will help you to do all these. You have to take a light diet in the night and after that nil by mouth. An enema is given to you. Incase if you have any morning oral medicines the sister will give you the medicine with sips of water. In the morning also you have to take a bath with Betadine solution. This will help to reduce the chance of infection. An antibiotic test dose to be given in the morning. If you have any itching or redness around the site of injection you have to inform the concerned sister. The sister and parent will be with you when you are shifted to OT. The entry of parents inside the theatre is restricted.

Before starting operation the anesthetist will give you a small injection. That will help you to sleep comfortably without any pain. After the completion of surgery you will be shifted to paediatric ICU.

When you awakes you will be in pediatric ICU. The sisters in CHICU will wear a rose gown and a blue mask. You cannot talk after getting consciousness. Because a small tube is there in your nose or mouth, that will be connected to machine which will help you to breath. This will be there until when you taken you own respirations without the help of machine. It will take about 4 - 8 hrs. When the ET Tube is removed you can talk. The sister will understand all your needs and medicines for pain relief are also given at regular intervals. 4 - 6 hrs. after the ET Tube removal you can take oral fluids.

After surgery you have to cough properly in order to expel the sputum. So that you can improve your lung functions and chance of chest infection is less and easily shifted to ward. There in ICU the incentive spirometry is given to you. You have to raise the 3 balls. So that the lungs become expanded, along with that you have to perform deep breathing exercise. The physiotherapist will help you to perform this. There will be an urinary catheter to drain urine. After one or two days the tube will be removed. Your vital signs will be monitored continuously. The sister and doctors will be there all the time. The parents shouldn't be there is the ICU. After you are exubated. We allow your mother to see you. When your general condition improves you will be shifted to second ICU.

In the ICU there were lot of toys to play. If you likes music you can hear music. If you do the breathing exercise properly and cough out sputum then the chance of chest infection is reduced and it also reduces the chance of fever. So you can go to ward earlier. I hope that you understand all these things. These are all helps you to reduce the fear in ICU and you can easily get along with all procedures and which will provide a better outcome.

Thank you.

ഹൃദയ ശസ്ത്രക്രിയയ്ക്ക് വിധേയരാകുന്ന കുട്ടികൾ അറിഞ്ഞിരിക്കേണ്ട കാര്യങ്ങൾ

ഇതിനുമുമ്പ് ഓപ്പറേഷൻ കഴിഞ്ഞിട്ടുള്ള ആരെങ്കിലുമുണ്ടോ? നിങ്ങൾക്ക് ഓപ്പറേഷനെ കുറിച്ച് പേടിയുണ്ടോ? അഥവാ ഉണ്ടെങ്കിൽ അതു കുറയ്ക്കുന്ന തിനും നിങ്ങളുടെ ആരോഗ്യം വളരെ പെട്ടെന്ന് വീണ്ടെടുക്കുന്നതിനും കുറച്ച് തയ്യാറെടുപ്പുകൾ ചെയ്യണം. അതിനെക്കുറിച്ച് നമുക്ക് ചർച്ചചെയ്യാം.

ഓപ്പറേഷൻ ചെയ്യുന്ന ദിവസത്തിനു തലേദിവസം നിങ്ങളുടെ ദേഹത്ത് ഒത്തിരി രോമങ്ങൾ ശസ്ത്രക്രിയ ചെയ്യുന്ന ഭാഗത്ത് ഉണ്ടെങ്കിൽ അത് ഷേവ് ചെയ്തു കളയും. കുളിച്ചതിനു ശേഷം ബിറ്റാടിൻ മരുന്നു വച്ച് ദേഹം തുടയ്ക്കും. രാത്രി ലഘുഭക്ഷണം കഴിയ്ക്കണം. അതിനുശേഷം ഒരു Enema തരും. ഇതു കഴിഞ്ഞാൽ പിന്നെ വെള്ളവും ഭക്ഷണവും കഴിയ്ക്കരുത്. ഇനിയിപ്പോൾ ഏതെങ്കിലും മരുന്ന് രാവിലെ കഴിയ്ക്കണമെങ്കിൽ സിസ്റ്റർ പറയുന്നതുപോലെ ഒരല്പം വെള്ളത്തിൽ കഴിക്കുക. രാവിലെ ഒരിയ്ക്കൽ കുടി ബിറ്റാടിൻ മരുന്ന് ഉപയോഗിച്ച് കുളിക്കണം. ഇത് അണുബാധ ഉണ്ടാകാതെ സൂക്ഷിക്കും. അലർജി ടെസ്റ്റ് ചെയ്യുന്നതിനുവേണ്ടി ഒരു ചെറിയ കുത്തിവയ്പ് തരും. കുത്തിവയ്പ് എടുത്ത ഭാഗത്ത് എന്തെങ്കിലും ചൊരിച്ചിലോ മറ്റോ ഉണ്ടെങ്കിൽ സിസ്റ്ററിനെ അറിയിക്കണം. രാവിലെ കുളികഴിഞ്ഞ ഉടനെ ശസ്ത്രക്രിയ ചെയ്യുന്ന ഭാഗം സ്പിരിറ്റും ബിറ്റാടിനും ഒഴിച്ച് വൃത്തിയാക്കിയതിനുശേഷം ഒരു തുണിവച്ച് സിസ്റ്റർ കെട്ടിത്തരും. അത് അഴിയ്ക്കാൻ പാടില്ല. അതിനു പുറത്തുകൂടി പുതിയ ഒരു ഹോസ്പിറ്റൽ ഡ്രസ്സ് ഇടുക. കൈയിൽ ഇരുപോലുള്ള ഒരു സൂചി വയ്ക്കും. അതിനുമുമ്പ് കുത്തുന്നതിന്റെ വേദന അറിയാതിരിക്കാൻ ഒരു ജെല്ലി പുരട്ടിത്തരും.

ഓപ്പറേഷനും അരമണിക്കൂർ മുമ്പ് നിങ്ങളെ നിങ്ങളുടെ അച്ഛന്റെ അല്ലെങ്കിൽ അമ്മയുടെ കൂടെ സിസ്റ്റർ ഓപ്പറേഷൻ തിയേറ്ററിൽ കൊണ്ടുപോകും. ഓപ്പറേഷൻ

തീയേറ്ററികൾക്ക് അമ്മയേയും മറ്റുള്ളവരെയും പ്രവേശിപ്പിക്കുകയില്ല. ഓപ്പറേഷനു മുൻപ് ഒരു ചെറിയ കുത്തിവയ്പ് നല്കും. അത് എടുക്കുന്നതോടു കൂടി നിങ്ങൾ ഉറങ്ങിപ്പോകും. പിന്നെ ഓപ്പറേഷന്റെ വേദനയോ ഒന്നും നിങ്ങൾ അറിയുകയില്ല. ഓപ്പറേഷനുശേഷം നിങ്ങളെ കുഞ്ഞുങ്ങളുടെ ICU വിൽ കിടത്തും.

നിങ്ങൾ ഉണർന്നു കഴിയുമ്പോൾ നിങ്ങളുടെ ചുറ്റും പിക് നിറത്തിലെ ഉടുപ്പ് ധരിച്ച് സിസ്റ്റർമാർ ഉണ്ടായിരിക്കും. നിങ്ങളെ നോക്കുന്ന ഡോക്ടർമാരും അവിടെ ഉണ്ടായിരിക്കും. അവരുടെ മുകളും വായും ഇതുപോലൊരു തുണികൊണ്ട് മൂടിയിരിക്കും. ഇത് രോഗാണു ബാധ തടയുന്നതിനു വേണ്ടിയാണ്. ഉണർന്ന ഉടനെ നിങ്ങൾക്ക് സംസാരിക്കാൻ സാധിക്കുകയില്ല. കാരണം ഒരു ചെറിയ ട്യൂബ് നിങ്ങളുടെ മുകളിലൂടെയോ വായിലൂടെയോ ഇത് അതിൽകൂടിയാണ് ശ്വാസം നൽകുന്നത്. നിങ്ങൾക്ക് സ്വന്തമായി ശ്വാസമെടുക്കാൻ കഴിയുന്നതുവരെ ഏകദേശം 5 - 8 മണിക്കൂർ ഇത് ഉണ്ടായിരിക്കും. അതു മാറ്റികഴിയുമ്പോൾ നിങ്ങൾക്ക് സംസാരിക്കാൻ കഴിയും. നിങ്ങളുടെ എല്ലാ ആവശ്യങ്ങളും സിസ്റ്ററിന് മനസ്സിലാക്കാൻ കഴിയും. വേദനയ്ക്കുള്ള മരുന്ന് ഇടവിട്ട് തരുന്നതിനാൽ നിങ്ങൾക്ക് വേദനയും കുറവായിരിക്കും. ട്യൂബ് മാറ്റിയതിനുശേഷം 4 - 5 മണിക്കൂർ കഴിഞ്ഞ് ആദ്യം കുറച്ചും പിന്നീട് ആവശ്യത്തിനും വെള്ളം കുടിക്കാൻ തരും.

ഓപ്പറേഷൻ കഴിഞ്ഞതിനുശേഷം നിങ്ങൾ നല്ലതുപോലെ ചുമച്ച കഫം പുറത്തുകളഞ്ഞാൽ മാത്രമേ പെട്ടെന്ന് ICU വിൽ നിന്നും വാർഡിലോട്ട് മാറ്റാൻ കഴിയൂ. ഇവിടെ നിങ്ങൾ ചെയ്യുന്നതുപോലെ ഈ 3 ഗോളങ്ങളുള്ള കളിപ്പാട്ടം ICU വിലും തരും. ശ്വാസം ഉള്ളിലോട്ടെടുത്ത് അതു നല്ലതുപോലെ ഉയർത്തണം. എന്നാൽ മാത്രമേ ശ്വാസകോശം വികസിക്കുകയുള്ളൂ. ഓപ്പറേഷനുശേഷം ഇപ്പോൾ ചെയ്യുന്നതുപോലെ ചെയ്യാൻ കഴിയില്ല. എങ്കിലും നിങ്ങൾ നല്ലതുപോലെ ചെയ്യണം. ഇവിടെ ദീർഘശ്വാസമെടുക്കാൻ പറഞ്ഞുതരുന്ന ഫിസിയോതെറാപ്പിസ്റ്റ് ICU വിൽ 3 നേരം വരും. അവരും സിസ്റ്റർമാരും നിങ്ങളെ സഹായിക്കും. മുത്രം പോകുന്നതിന്

ട്രൂബ് ഉണ്ടായിരിക്കും. 1 - 2 ദിവസം കഴിയുമ്പോൾ അത് മാറ്റും. ICU വിൽ എപ്പോഴും നിങ്ങളുടെ പനി, ഹൃദയമിടിപ്പ് എന്നിവയെല്ലാം ഒരു സ്ക്രീനിൽ കൂടി വന്നുകൊണ്ടിരിക്കും. പിന്നെ ICU വിൽ അച്ഛനമ്മമാരെയൊന്നും ഇരുത്തുകയില്ല. Machine - ൽ നിന്നും മാറ്റിയതിനുശേഷം ഒരു പ്രാവശ്യം കാണിച്ചുതരും. സിസ്റ്റർമാരും ഡോക്ടർമാരും എപ്പോഴും അവിടെ ഉണ്ടായിരിക്കും. നിങ്ങളുടെ ആരോഗ്യനില മെച്ചപ്പെടുമ്പോൾ നിങ്ങളെ രണ്ടാമത്തെ ICU വിലേയ്ക്ക് മാറ്റും.

ICU വിൽ ധാരാളം കളിപ്പാട്ടങ്ങളുണ്ട്. പാട്ട് ഇഷ്ടമുള്ളവരാണെങ്കിൽ പാട്ടും കേൾക്കാം. നിങ്ങൾ നല്ലതുപോലെ ശ്വാസ വ്യായാമം ചെയ്താൽ പെട്ടെന്ന് ICU വിൽ നിന്നും വാർഡിലോട്ട് മാറ്റും. ഇത്തരത്തിലുള്ള ഒരു തയ്യാറെടുപ്പ് ചെയ്തതിനുശേഷമാണ് നിങ്ങൾ ഓപ്പറേഷന് പോകുന്നതെങ്കിൽ നിങ്ങൾക്ക് പേടി അധികം തോന്നുകയില്ല. പനിവരാനുള്ള സാധ്യതയും കുറവാണ്. അപ്പോൾ പെട്ടെന്ന് നിങ്ങൾക്ക് വീട്ടിലേയ്ക്ക് പോകാം.

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