Quarterly News Letter for Promoting Excellence in Nursing

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From the Desk of Editorial Board

We are very happy to publish our 2nd volume of "Nursing News & Views". It will be great pleasure if student nurse as well as nurses working in clinical field come forward to share their views.

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**A case scenario:** Patient developed convulsion suddenly all the 3-4 nurses around (including two staff nurses and students) working in the unit rushed to the bedside, forcefully trying to put the baby to lie down, even the mother was crying and trying to hold the baby. Fortunately or unfortunately the junior doctor confused and asking the nurses for the chart (bed ticket).

**Ideal Solution:** I) To stop the convulsion, medication is urgently required, this decision to be taken by nurses immediately either from SOS order or from doctor. II) Administration of O2. III) Baby’s mother who is very much stressed with this situation to be reassured and to be kept away from the bedside till the baby is quite. IV) Protect the baby from injury.

**Another situation:** One Patient is critically ill she needs transfer to ICU. 4-5 staffs are working in the unit. They are very busy with paper work rather transferring the patient immediately.

**Ideal solution:** I) They should shift the patient immediately to the ICU for starting the management as early as possible to save the patient from the critical condition. II) Administer medicine immediately. III) Give proper hand over to the ICU nurse correctly. IV) Then do the paper work of this patient proper charting, recording reporting and hand over the chart to ICU staffs.

**In conclusion:** If the nurses think critically she will be able to take action effectively and can save the patient.
Think Critically And Act Effectively
Ms. Nupurkana Dutta
Deputy Nursing Superintendent, RKMS

Critical thinking is a process which is to examine other’s thinking process and in the conclusion to make decision. This process is urgently required for the nurses who are working in the clinical field and directly interact with the patient and their relatives. A nurse is supposed to solve the problems of ailing humanities as well as of the relatives who are in stress for their beloved one. Nurse will think critically regarding patients problems due to disease process and will render services accordingly of priority basis. On the other hand she will guide the relatives to act accordingly, so that, she gets support from them in rendering services and patient gets relief physically as well as mentally and also relatives gets relief from their stress.

If, we think in a simple way-when we get inside the unit, our gesture, posture and way of interacting with the patient with simple hallo! with clear observation impresses patient and gain confidence. We should assess with the Covert (objective data) and overt data (patient express his/her own problem). Then we make decision of our action plan. For that reason we should be a good listener than that of lecture. If we talk more, we may hurt the patient unknowingly and it may create barrier in taking decision in providing care.

Research Study on Stress and Stressors Among Parents having Children with Congenital Heart Disease in The Paediatric Units of Selected Hospital, Kolkata, West Bengal
Ms. Madhuchanda Guhathakurta
Principal, School of Nursing, RKMS

Background of the Study -
Congenital Heart Disease accounts for almost one-third of the cases; according to the available studies worldwide, the prevalence of children with Congenital Heart Disease is reported to be highest in Asia, occurring in 9.3 out of 1000 babies born. The ventricular septal defect is the common lesion i.e. 21.3% and atrial septal defect is about 18.9%, between the age group of 0-3 years.

The Need for the Study -
The study on identification of stress related Congenital Heart Disease in children has rarely been done in West Bengal, so the researcher would like to do the study on this aspect.

The researcher would like to find out if there are any differences between the stress levels of the parents having children with congenital heart diseases, especially atrial septal defects and ventricular septal defects, respectively. The researcher would like to find out the effects of various stressors like illness profile of the child, social support, emotional support, and financial support on the stress levels of parents having children with congenital heart diseases.

Statement of the Problem -
Identification of stress and stressors of parents having children with Congenital Heart Disease in Paediatric Units of Selected Hospital, Kolkata, West Bengal.

Objectives of the study -
- To identify the selected stressors among parents having children with Congenital Heart Diseases.
- To assess the stress among parents having children with congenital heart diseases.
- To find out the association between stressors and the stress levels among the parents.
- To compare the stress among mothers and the fathers having children with congenital heart diseases.

Variables Under the study -
The research variables of the present study were -
- Stress of parents
- Stressors of parents

Theoretical Framework -
The researcher has based her theoretical frame work on “Richard Lazarus Stress, Coping & Adaptation Model”. The model framed theoretically has four components-
- Antecedents to stress
- Stress
- Coping
- Adaptation

[Coping and Adaptation was not under the study]
Methodology: In view of the nature of the problem selected and objectives of the study, a 'non-experimental Survey Approach' was considered, along with the descriptive-comparative research design was chosen.

Setting: The researcher conducted the study at Rabindranath Tagore International Institute of Cardiac Sciences, Mukundapur, Kolkata, in the Paediatric Ward and Paediatric Out Patient Department.

Population: The target population of the study was parents having children with CHD, especially with Atrial Septal Defect and Ventricular Septal Defect, before surgery, attending OPD and admitted in the Paediatric Ward of the hospital.

Sampling technique: The sample was selected by "purposive sampling technique".

Size: The sample size for the current study was 50 parents having children with congenital heart diseases, from the paediatric ward and outpatient department.

Data collection, tools and Technique: The tools used for data collection were "structured interview schedule" for Tool-1 i.e. demographic profile and stressors of parents. "Standardized tool" was used for stress of the parents for data collection. The technique used was "interviewing technique".

Development of the Tools: The tool was prepared by planning, initial interview, of some parents having children having congenital heart diseases especially Atrial Septal Defect and Ventricular Septal Defect.

Validity of the tool: Tool-1 and tool-2 - The validity was established by sending the tools to experts of various fields of Medicine, Nursing and Applied Psychology.

Reliability of the tool: 1 - The reliability of tool-1 was established by "inter-rater agreement," the average percentage of agreement and reliability was 84%.

Reliability of tool: 2 - The reliability of the Parental Stress Scale" i.e. tool-2 was computed by " Cronbach’s Alpha," r = 0.71, so the tool was reliable.

things will have to wait. Check in with a patient, saying something like "I’m sorry I have to deal with this right now but I will be back to help you in a few minutes."

7. Listen to your patient. Your patient’s priorities may be different to yours, so try not to assume what they would like first, and ask.

8. Take a breather. You’re bound to get more done when you’re feeling in control. The stress of the ward may make it feel like you can’t take a break, but using a few minutes to collect your thoughts can help you relax and focus on what needs to be done.

9. Be flexible. Working on a ward can be unpredictable and your priorities can change very quickly, so learn to be flexible and respond to what’s going on around you. It may be useful to regularly reassess and refresh your to-do list as your shift continues.

10. Don’t be too hard on yourself. With practice, you will get better at time management. Berating yourself for things that you didn’t manage to do during your shift isn’t helpful. There will always be something that you wanted to get done but didn’t have time. Experiment with different styles of time management. Unnecessary tiring is to be avoided, leaving timely from the job is also necessary.
10 Ways To Effectively Manage Time On The Ward
Ms Alindria Khasnobis
Clinical Instructor, School of Nursing, RKMSI

As a newbie nurse, working in the ward is bound to feel a bit overwhelming but you can use these simple time management skills to de-stress and get more work done. So how can you best manage your time? Follow the simple ways like:

1. Get into the habit of arriving early. This will give you the chance to read through your reports and handover sheets, settle your mind and organize your tasks before the hustle and bustle of the shift ahead.
2. Make a note. If it is just for your personal use only, it could be in any form you fancy, whether it’s a tick box on your handover notes, a to-do list in your notebook or a grid of patient names with associated tasks, writing down your activities for the day will allow you to clearly see what jobs you need to accomplish.
3. Estimate how long it will take. Add time estimates next to each task so that you can see how much time you’re likely to spend on each. This will prevent you from spending too much time on one task and neglecting another.
4. Prioritise. Now that you have your list of tasks for the day, it’s a good idea to prioritise them. What needs to be done first? Which tasks are urgent? Which tasks need to be undertaken before you can carry out others? What would happen if a task wasn’t carried out immediately? Give each task on your list a number according to how urgent it is, 1 being the most urgent and 10 being the least.
5. Avoid tasks that aren’t on your list. If they’re not on your list, then they’re probably not the best use of your time. Avoiding activities such as watching television, taking long chats, sending emails or getting involved in long conversations with your colleagues will mean that you’ll fit more things into your shift and feel less stressed too.
6. Learn to say “No”. You can’t be everywhere at the same time, so some

Data Collection: The data was collected by taking formal administrative permission, along with the consent of the participant’s consent. The researcher took patients having children with congenital heart diseases especially ASD & VSD, respectively, after confirmation from echocardiogram reports. The tool was applied on six to nine parents after interviewing, daily. Fifty patients were selected from the Paediatric Ward & Out Patient Department of Rabindranath Tagore International Institute of Cardiac Sciences, Kolkata, by purposive sampling technique and were assured of their confidentiality.

Findings: The frequency percentage distribution of demographic profile of parents are as follows — The data revealed that out of 50 parents’ majority i.e.18 (36%) mothers belonged to the age group of 22-25 yrs, and 17 (34%) fathers belonged to the age group of 30-33 yrs, 42% of mothers and 46% of fathers have secondary level of education, 88% of the mothers were housewives and 38% of the fathers are in service and their per-capita income of 36% of parents was < Rs 480.

The Chi-Square computed to find out the association between the stressors and the stress levels of parents between the stressors and stress level of parents having children with congenital heart diseases.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Stressors</th>
<th>Stress scores of mothers</th>
<th>df</th>
<th>( \chi^2 )</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Type of illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Atrial Septal Defect</td>
<td>&lt;Median=50.5</td>
<td>&gt;Median=50.5</td>
<td>1</td>
<td>2.92</td>
</tr>
<tr>
<td></td>
<td>- Ventricular Septal Defect</td>
<td>20</td>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Stressors</th>
<th>Stress scores of fathers</th>
<th>df</th>
<th>( \chi^2 )</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Type of illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Atrial Septal Defect</td>
<td>3</td>
<td>1</td>
<td></td>
<td>1.90</td>
</tr>
<tr>
<td></td>
<td>- Ventricular Septal Defect</td>
<td>20</td>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Chi-square computed by Yate’s correction shows that there is no association between the two attributes i.e., the type of illness and stress levels of mother and fathers at 0.05 level of significance.
The Chi-Square computed to find out the association between the stressors and the stress levels of parents between the stressors and stress level of parents having children with congenital heart diseases.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Stressors</th>
<th>df</th>
<th>X²</th>
<th>P - value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age of severity of illness noticed and stress levels of mothers.</td>
<td>16</td>
<td>1.36</td>
<td>26.30</td>
</tr>
<tr>
<td>2.</td>
<td>Age of severity of illness noticed and stress levels of fathers.</td>
<td>16</td>
<td>1.95</td>
<td>26.30</td>
</tr>
<tr>
<td>3.</td>
<td>Treatment considered in both surgical and medical with stress levels of mothers.</td>
<td>1</td>
<td>5.13</td>
<td>3.84</td>
</tr>
<tr>
<td>4.</td>
<td>Treatment considered in both surgical and medical with stress levels of fathers.</td>
<td>1</td>
<td>0.33</td>
<td>3.84</td>
</tr>
<tr>
<td>5.</td>
<td>Social network and stress levels of mothers.</td>
<td>1</td>
<td>2.78</td>
<td>3.84</td>
</tr>
<tr>
<td>6.</td>
<td>Social network and stress levels of fathers.</td>
<td>4</td>
<td>1.69</td>
<td>9.49</td>
</tr>
<tr>
<td>7.</td>
<td>Emotional support and stress levels of mothers.</td>
<td>1</td>
<td>1.04</td>
<td>3.84</td>
</tr>
<tr>
<td>8.</td>
<td>Emotional support and stress levels of fathers.</td>
<td>4</td>
<td>1.59</td>
<td>9.49</td>
</tr>
<tr>
<td>9.</td>
<td>Financial support and stress levels of mothers.</td>
<td>4</td>
<td>1.59</td>
<td>9.49</td>
</tr>
<tr>
<td>10.</td>
<td>Financial support and stress levels of fathers.</td>
<td>4</td>
<td>2.03</td>
<td>9.49</td>
</tr>
</tbody>
</table>

So it can be interpreted that there is no association between the attributes like type of illness, age of severity of illness, treatment considered, social support, emotional support, financial support and the stress level of parents at 0.05 level of significance. Except there is significant association between the treatments considered and the stress level of mothers at 0.05 level of significance.

2. The findings related to the comparison of stress among parents reveal that the mean stress score of fathers (49.94) is slightly higher than the mean of mothers (49.88), with a mean difference of 0.06 and SD 5.54, and a t-value of 0.05, for df 98, which is not significant at 0.05 level. Hence null hypothesis is accepted and research hypothesis is rejected.

So it can be interpreted that parents have similar level of stress.

Conclusion:
The study concluded on the basis of the findings showed that the stress levels of parents are eventually similar, showing that there were similar reactions among parents in extremely stressful situations, when their children were found sick.

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Intra Venous fluid Infusion Therapy
### Nursing Care Plan on Hypovolemia:

<table>
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<tr>
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<th>Objective</th>
<th>Planned Approach</th>
<th>Nursing Implementation</th>
<th>Rationale</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Fluid volume deficit related to excessive extracellular fluid loss &amp; decreased fluid intake as evidence by decreased urine output, dehydration sign.</td>
<td>To improve hydration level.</td>
<td>● To evaluate the dehydration level by episodes of excessive thirst, weight loss, poor skin turgor, decrease urine output (400-500 ml/day), pale mucus membrane, sunken eyeballs.</td>
<td>● Dehydration level is assessed by assessment of skin turgor, inspection of eye, dryness of mucus membrane.</td>
<td>● To plan for fluid therapy.</td>
<td>To evaluate according to the nursing approach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>● To provide IV fluid with oral fluid replacement (ORS)</td>
<td>● IV fluid &amp; oral fluid is administered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>● To maintain intake output chart.</td>
<td>● I/O chart is maintained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>● Vital signs are checked &amp; recorded.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Decreased cardiac output related to excessive extracellular fluid losses or decreased fluid intake as evidence by increase pulse rate.</td>
<td>To improve cardiac output.</td>
<td>● To assess general condition.</td>
<td>● General condition is assessed.</td>
<td>● To rule out the level of hydration.</td>
<td>To evaluate according to the nursing approach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>● To administer moist Oxygen if necessary.</td>
<td>● Moist oxygen is administered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>● To check vital signs hourly.</td>
<td>● Vital signs are checked.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>● To give semi Fowler position.</td>
<td>● Semi Fowler position is provided.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>● To maintain intake output chart.</td>
<td>● Intake output chart is maintained.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The study also showed that there is no association between social support, emotional support and financial support and the stress levels at 0.05 level of significance. **Recommendations:**
The recommendations offered for further study can be done for identification of various stressors, related to different disease conditions affecting the children. Comparative study can also be done to assess stress among parents with other diseases, affecting the children. Lastly a stress management of parents can be implemented as a new research subject.
Oh! Pain
Ms. Silka Banerjee
Nursing Superintendent, RKMSP

Pain serves as a mechanism to warn us about the potential for physical harm. Thus pain is the body’s protective mechanism to prevent further damage.

Pain may be defined as personal and subjective experiences and no two people experience pain in exactly the same manner.

Mechanism: Information about inflammation damage, or near damage in tissue to spinal cord and brain. Thus Pain is felt

Patterns/Types of Pain:

- Acute pain
- Chronic pain
- Persistent, Intermittent, Malignant

Sources of Pain

- Cutaneous (Superficial) pain
  - Sharp or stinging quality
  - Slower on set and burning quality depending on type of nerve fiber involved.
- Somatic Pain:
  - Originate from ligaments
  - Tendons
  - Bones
  - Blood vessels

Characteristics:

- pain poorly localized
- changes of blood pressure:
- sweating:
- nausea

- Visceral Pain —
  - Pain originates from body’s viscera or organs.
  - More aching and longer duration.
  - Appendicitis, cholecystitis, pancreatitis, pleural effusion, renal or ureteric colic.
  - Pain associated with restlessness, nausea, sweating and agitation.

- Referred Pain —
  - If is a form of visceral pain and felt in an area distant from actual sites.
  - In M.I. --- Pain may not be felt over chest but felt on jaws, shoulder, left arm.
  - Cholecystitis --- Pains may refer to back and angle of scapula.

- Neuropathic Pain
  - Pain is caused due to damage or injury to nerve fibers in periphery or CNS injury in spinal cord may perceive pain in hand.

- Phantom Limb Sensation
  - Following amputation of body part (E.g. Limb, Breast) —
    Person may continue to experience sensation of the pain which is removed and is still present in that particular site.

<table>
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</thead>
<tbody>
<tr>
<td>2.</td>
<td>Decreased cardiac output related to excessive fluid volume as evidenced by poor cardiac output.</td>
<td>To improve the cardiac output to lower the excess work of the heart.</td>
<td>To maintain appropriate fluid restriction.</td>
<td>Measured daily fluid intake chart provide including tea, coffee etc.</td>
<td>This helps to reduce extracellular fluid &amp; myocardial workload.</td>
<td>To evaluate according to the nursing approach.</td>
</tr>
<tr>
<td>3.</td>
<td>Risk for impaired skin integrity related to edema as evidence by loss of skin turgour.</td>
<td>To improve skin condition.</td>
<td>To assess the skin condition by skin integration.</td>
<td>Skin condition is assessed.</td>
<td>To detect skin abnormality.</td>
<td>To evaluate according to the nursing approach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To provide skin care.</td>
<td>Skin care is given.</td>
<td>To maintain skin integrity.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To change position every 2 hour.</td>
<td>Position is changed every 2 hour.</td>
<td>To reduce the pressure on the dependent part.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To provide back care every 6-hourly.</td>
<td>Back care is provided every 6-hourly.</td>
<td>To improve blood circulation &amp; prevent pressure ulcer.</td>
<td></td>
</tr>
</tbody>
</table>
# Nursing Care Plan for Fluid Electrolyte Imbalance

**Intern G.N.M. Batch September 2010, School of Nursing, RKMSp**

## Nursing Care Plan on Hypovolemia —

<table>
<thead>
<tr>
<th>Bl. No.</th>
<th>Nursing Diagnosis</th>
<th>Objective</th>
<th>Planned Approach</th>
<th>Nursing Implementation</th>
<th>Rationale</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Excess fluid volume related to excessive fluid intake or inadequate excretion of body fluids as evidenced by hydration level.</td>
<td>To maintain fluid volume.</td>
<td>To assess hydration level, swelling in legs &amp; arms, increased intake output, headache, lethargy, moist cracks in the lungs, pulmonary edema, shortness of breath, distended neck vein with increased blood pressure.</td>
<td>Hydration level is assessed.</td>
<td>To plan the daily intake.</td>
<td>To evaluate according to the nursing approach</td>
</tr>
</tbody>
</table>

- **Psychogenic Pain**  
  Person may report pain which does not match with underlying disorder.
- **Nursing Intervention**  
  Before going for pain management assessment of pain and its intensity is very important.  
  The nursing professionals must use the single item assessment tools that is visual analog scale (VAS) numerical scales (0-10) and visual descriptive scale.

## Universal Pain Assessment Tool

**Numerical Scale:**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>Moderate pain</td>
<td>Worst possible pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Visual Descriptive Scale:**

- **WONG-BAKER FACIAL GRIMACE SCALE**  
  0 | 1-2 | 3-4 | 5-6 | 7-8 | 9-10 |
  
  | MILD | MODERATE | SEVERE |
  
  | CAN BE IGNORED | INTERFERS WITH TASKS | INTERFERS WITH CONCENTRATION | INTERFERS WITH BASIC NEEDS | BED REST REQUIRED |

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**14**

**9**
**Thrombolytic Agent**

Ms. Anita Jana & Ms. Sarbani Sarkar  
ICU Sister Incharge, RKMSM

Thrombolytic agent is used for revascularization by proper utilization in GOLDEN hour (within 1 to 3 hours) of attack with thrombus. It is equivalent to angioplasty when it can be administered on time. In our setup in ICU Rama Krishna Mission Seva Pratishthan statistically from January 2013 till date 20% of cases with Myocardial Infraction are saved with thrombolytic agent.

**Thrombolytic Action:-**

Thrombolitics act by activating conversion of plasminogen to plasmin (Fibrinolysin). Plasmin is able to break down clots (fibrin).

**Types:-**

1. Streptokinase- Alteplase
2. Urokinase - a) Tenecteplase (inj. valix) 30 & 40 mg, b) Reteplase (inj. Rtelex 18mg).

**Use:-** Acute MI, Deep vein Thrombosis, Pulmonary embolism, Peripheral arterial occlusion, Stroke Arterial embolism.

**Nursing Responsibilities:-**

**Before Administration:-**
- History regarding on set of illness. (For calculation of time)
- Confirmation of MI by tropy ‘T’ + ECG test.
- History of any hematological problem.
- Counseling for choice of drug which is cost effective.
- Checking of vitals.
- Start I/V lines before thrombolytic therapy.

- Another line for drawing of blood.
- Before thrombolytic therapy, Catheterization should be done (if necessary)

**During administration:-**
- Inj. LOW MOLECULAR HEPARIN to start with.
- Administer thrombolytic agent very slowly.
- During therapy all invasive procedure are avoided to prevent potential bleeding.
- ECG, BP, Pulse monitoring, PCO2 to be recorded
- Close observation of vitals.

**After administration:-**
- Bed Rest.
- Avoid shaving. (Male)
- Mouth rinsing with mouth wash solution.
- Tooth brushing to be avoided.
- Avoid 1/M Injection.
- ECG continuously monitor, check pulse BP.
- To avoid invasive procedure.
- Avoid to check rectal temperature.
- Observe for any bleeding.

**Special Points to Remember:-**
- Cost effectiveness:- Medical Fraternity Doctor & Nurses should take decision to chose the Drug according to financial condition.

**Nursing Responsibilities of I.V. Drug Administration**

Ms. Jayasree Kar  
Asst. Nursing Superintendent, RKMSM

Administration of medication is a basic activity in nursing practice. Nurse must know about the actual drugs & their administration. Nurses are accountable for the safe administration of medications.

To provide safe drug administration, the nurse should maintain followings :-
- The Right Assessment, e.g.- B.P., Respiration, sensitivity of drug etc.
- The Right Client.
- The Right Drug.
- The right dose.
- The Right Time.
- The Right Route.
- The Right Documentation.
- The Education to Client.
- The Right Evaluation of drug Reaction/ Response.

**Guidelines of Correct Intravenous Administration:**
- Identify the patient by ID.
- Check for Manufacture/ Expiry date of drug.
- Check history of drug allergy (if any).
- Wash hand before preparing medication.
- Administer only those drugs that you have prepared.
- Drug should be prepared in front of patient.

- Cross check with second person about the drug.
- Antibiotic should be given after the skin test.
- Maintain aseptic technique.
- Cutting syringe immediately after completing injection and avoid recapping needles.
- Recording should be done – date, time and signature.
- Any complain of patient after/during administration to be taken care of immediately.

**Skin Testing :**
The response provoked by skin testing is an 1gE mediated response. A positive skin prick test results is a wheal, which occurs within 15 minutes after prick.

Administer an intradermal test done of 0.02ml. of the antibiotic to be tested (1mg/1ml).

**Both erythema and weal is measured and recorded :**
- 5x5mm to 25mm Erythema and weal response positive allergy to antibiotic tested.
- 3x3 (>9mm) to <25mm-border line positive.
- < 3x3 (<9mm) - negative to allergy.