

Quarterly News Letter for Promoting Excellence in Nursing

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From the Desk of Editorial Board

Our 3rd volume of nursing "News and Views" is been published. Thanks to writers, specially to little Angels (Student Nurse) who have shared their views to enrich the journal.

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Contents

	Page No.
1. Food Safety — Ms. Arpita Chandra	3
2. Nursing Responsibilities for A Patient Receiving Chemotherapy — Ms. Swaranita Dey	5
3. Recognition And Early Management of The Critically Ill Ward Patient — Ms. Binita Saho	8
4. Proper Care of Intravenous Channel Site — Ms. Santa Sarbabidya	10
5. Diabetes Foot Care — Ms. Soma Biswas	11
6. Signs of Stroke (Fast) — Ms. Sanchita Banerjee	13
7. Measures To Reliefe Low Back Pain — Ms. Swagata Das	14
8. A Short Case Report — Mrs. Soma Kundu	16
9. How to Cope With Depression Without Seeking Professional Help — Ms. Arpita Jana	18
10. The Effects of Music Therapy on Anxiety Related To Terminally Ill Patients — Ms. Arpita Das	21
11. Studies Done on Effects of Mobile Phones on Human Health — Ms. Monalisa Chakraborty	23
12. Research Study to Evaluate The Effectiveness of A Planned Teaching Programme on Common Accidents, Their Prevention and First Aid Management Among Mothers of Toddlers in A Selected Rural Community of West Bengal — Mrs. Suchanda Pal	26
13. Neonatal Care Workshop	29

Food Safety

Ms. Arpita Chandra

1st Year, G.N.M. Student, School of Nursing, RKMS

Introduction :-

Food safety is a scientific discipline describing handling, preparation and storage of food in ways that prevent food borne illness.

General Principles of Food Safety :-

The five key principles of food hygiene, according to WHO are-

- i. Prevent contaminating food with pathogens spreading from people, pets and pests.

- ii. Separate raw and cooked foods to prevent contaminating the cooked foods.
- iii. Cook foods for the appropriate length of time and at the appropriate temperature to kill pathogens.
- iv. Store at proper temperature.
- v. Do use safe water for cooking.

Food Borne Infections:-

Certain food borne infections which effects the individual is highlighted as:-

Group	Examples of illness in each group
Bacterial diseases	Typhoid Fever, Paratyphoid Fever, Salmonellosis, Staphylococcal intoxication, Cl. perfringens illness, Botulism, B. cereus food poisoning, E. coli diarrhea, Non-cholera vibrio illness, V. Parahaemolyticus Infection, Streptococcal infection, Shigellosis, Brucellosis.
Viral disease	Viral hepatitis, Gastroenteritis.
Parasites	Taeniasis hydatidosis, Triclinosis, Ascariasis, Amoebiasis, Oxyuriasis.

Food Hygiene :-

It is necessary to observe the following facts in food hygiene:-

- 1 Contaminated sewerage water should not be used in the irrigation of the land especially for fruits and vegetables production.
- 1 Food should be transport in such a way that safe packing, appropriate temperature, preventing infection when storage.

- 1 Special attention should be given some food articles e.g. milk, meat, fish, vegetables etc. like-
 - 1 Sterilization of milk by boiling, fruits are washed before eating, milk and fish should be fresh and all articles should be covered.
 - 1 Maintain cleanliness in the kitchen and dining rooms and also arrangement for water, drainage and space.

- 1 Wash hand before taking food or serving food.

Food Safety and Standard Act - 2006 :-

The standards for quality and safety laid down in the Food Safety and Standard Act (FSSA) - 2006 are harmonized standards and applicable through out the country and all other standards / specifications become null and void.

Reference :

- 1 Park. K, Preventive And Social Medicine, M/s. Banarsidas Bhanot, 19th edition, page no. - 521

Conclusion :-

Under the provision of FSSA - 2006, FSSAI has also taken several measures for ensuring transition from PFA Act to the new regulatory region. FSSAI also reviewed the steps taken by the states and Union territory for the implementation of the Act.

- 1 K. Swarnkar's, Community Health of Nursing, N. R. Brother, 3rd edition, page no. – 347-349
- 1 [http:// www.google.com](http://www.google.com). Food Safety- Wikipedia, the free encyclopedia.

Nursing Responsibilities for A Patient Receiving Chemotherapy

Ms. Swaranita Dey

G.N.M. 2nd Year, Batch September 2012, School of Nursing, RKMS

Introduction: Chemotherapy is the use of antineoplastic drugs to promote tumor cell destruction by interfering with cellular function and reproduction. It includes the use of various chemotherapeutic agents and hormones. Oncology nurses are engaged in a collaborative practice with all members of the care team to provide optimal management of patient with cancer. The nurses are faced with increased responsibility for coordinating quality care with fewer resources.

Safety measure in handling chemotherapy

Cytotoxic drugs are generally hazardous, so minimum exposure is required. The undermentioned points are to be remembered :-

1. To use personal protective equipments like gloves, disposable gowns, respirators to prevent exposure to the Cytotoxic drugs.
2. To use personal safety measures like –
 - 1 To prepare Cytotoxic drugs in a vertical laminar flow hood.
 - 1 To wash hands after removing PPE (Personal Protective Equipment)
 - 1 To wrap gauze around the neck of ampoules

when opening to decrease droplet contamination.

- 1 To prime all IV tubing with normal saline.
- 1 To label all syringes and IV tubing containing chemotherapeutic agents as “hazardous material”.
- 1 To keep all foods and drinks away from preparation area.
- 1 To place an absorbent pad directly under the injection site to absorb any accidental spillage.
3. To safe disposal of Antineoplastic agents, Body fluids and Excreta is needed to be done.
 - 1 To discard gloves and gown into a leakproof container.
 - 1 To use leakproof containers to needles.
 - 1 To linens contaminated with chemicals or excreta of patients receiving chemotherapy should be kept in separate waste bag and labeled as “hazardous waste bags”.
 - 1 Use non sterile gloves for disposing body Excreta within 48 hours.

Nursing Management of Problems Caused by Chemotherapy :

Problem	Nursing Management
1. Nausea & vomiting	1. a) Teach patient to eat & drink when not nauseated. b) To administer antiemetics prophylactically prior to chemotherapy & as when required. c) To use diversional activities.

Problem	Nursing Management
2. Diarrhoea	2. a) To give antidiarrhoeal agents as needed. b) Encourage low fiber, low residue diet.
3. Hepatotoxicity	3. a) To monitor Liver function test.
4. Anemia	4. a) To monitor hemoglobin and hematocrit levels. b) Administer iron supplements and erythropoietin.
5. Thrombocytopenia	5. a) To observe for signs of bleeding(e.g. Petechiae, Ecchymosis), hence monitor for platelet counts.
6. Alopecia	6. a) To suggest ways to cope with hair loss (e.g- Wigs) b) Cut long hair before therapy. c) Avoid excessive shampooing, brushing & combing of hair.
7. Chemotherapy induced skin Changes like- 1 Hyperpigmentation (Increased colouration produced in body by deposition of pigment) 1 Telangiectasis (Localised collection of distended blood capillary vessels appearing as a red spot which looks like a spider) 1 Acral Erythema (Flushing of skin due to dilatation of blood capillaries in dermis)	7. a) Alert patient to potential skin changes. b) Encourage patient to avoid sun exposure.
8. Haemorrhagic cystitis (Bleeding from site where there is inflammation of urinary bladder)	8. a) To monitor manifestations such as urgency & frequency of haematuria. b) To administer supportive care agents to manage symptoms.
9. Peripheral neuropathy (Any of a group of disorders affecting the sensory & motor nerves in the peripheral system)	9. a) Monitor the urine output

Problem	Nursing Management
10. Pneumonitis	10. a) Monitor for dry hacking cough, fever & exertional dyspnoea.
11. Cardiotoxicity (Toxicity of Heart)	11. a) Monitor heart rate with ECG & cardiac Ejection fraction. b) Drug therapy may need to be modified for symptoms deteriorating cardiac function studies.
12. Fatigue	12. a) Tell patient that fatigue is an expected side effect of therapy. b) Encourage patient to rest when fatigued.

Management of Cancer Pain :

Moderate to severe pain occurs in approximately 50% of patients who are receiving chemotherapy. A thorough pain assessment by using the "Pain assessment scale" is mandatory. Data need to be obtained and documented at regular intervals on the location & intensity of pain.

Drug therapy, including non steroidal anti-inflammatory drugs, opioids & adjuvant pain medications should be used. Analgesics (Morphine, Pentanyl) should be given at regular schedule. Side effects of drugs is needed to be looked after.

Non-pharmacologic interventions including relaxation therapy & imagery is useful for pain management.

Psychological support :

A positive attitude of patient, family & health care provider toward cancer & cancer

treatment have an effect on the patient's quality of life. It is very much needed for everyone to exhibit a caring attitude, maintaining a relationship of trust, assist him/her in setting goals helping him/her to maintain hope. All these can provide Psychological support to a cancer patient.

Conclusion :

Providing nursing care to patients receiving chemotherapy presents many challenges. The nurse must have knowledge of Pharmacology of antineoplastic agents, proper techniques of drug preparation & administration & drug interactions and possible adverse effects of individual agents. Oncology Nursing will continue to develop as a dynamic element within the health care delivery process with meticulous nursing management of these case who considers themselves as terminally ill patients.

Reference:

- 1 Bucher Linda, Driksen S. R., Heitkemper M. M., Lewis S.L., O'Brien P.G., Medical Surgical Nursing, Published by Elsevier publishers, Seventh edition, Page no 275-300
- 1 Cancer guide <http://cancerguide.org>
- 1 Can support www.cansupport.org

Recognition and Early Management of The Critically Ill Ward Patient

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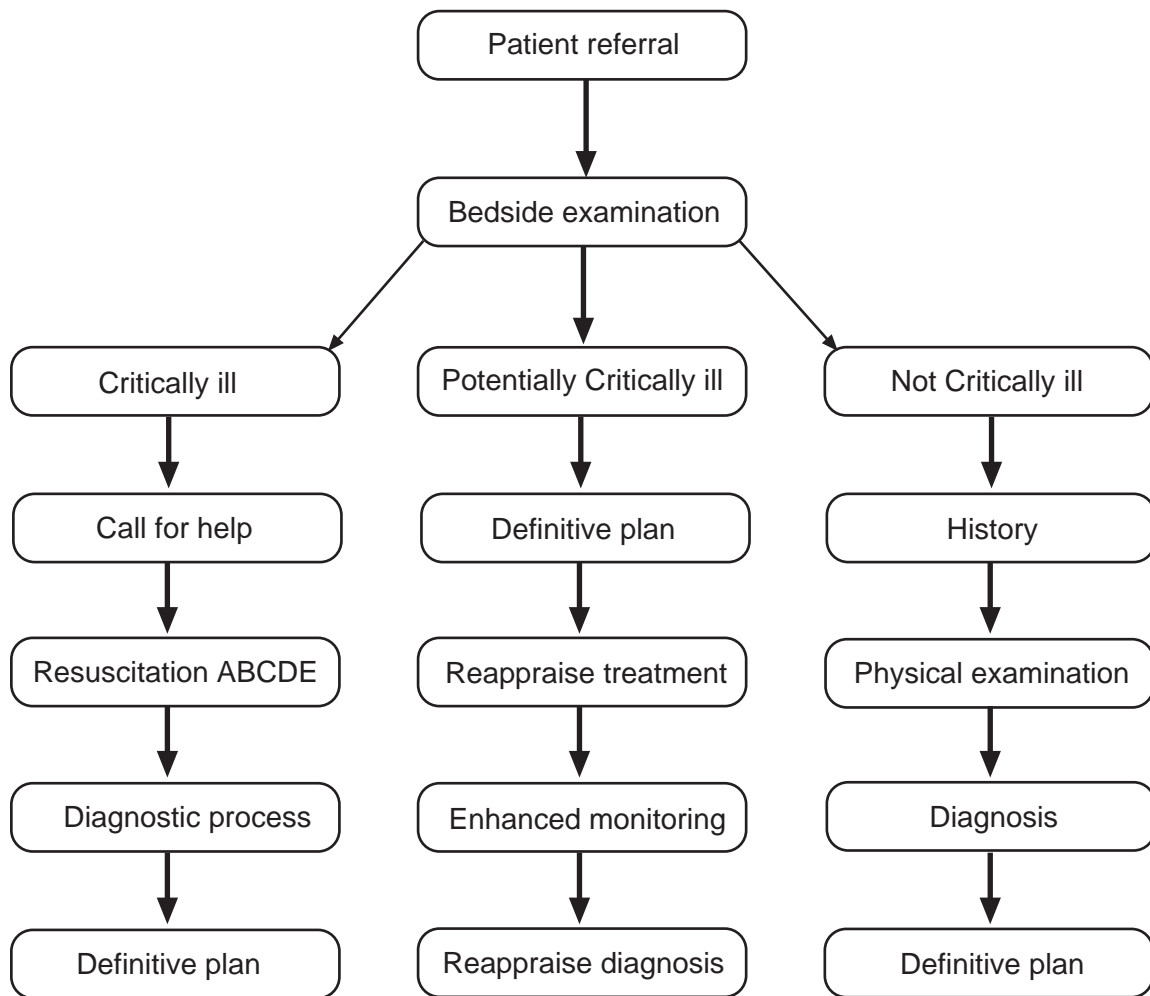
Critical illness is any disease process which causes physiological instability leading to disability or death within minutes or hours. Fortunately such instability can be reliably detected by deviations from the normal range in simple clinical observations such as level

of consciousness, respiratory rate, heart rate, blood pressure and urinary output. Here a very brief examination for cardinal features of critical illness is made that focuses on key aspects of neurological and cardio respiratory function.

Bedside examination for cardinal features of critically ill patients:-

Patient Category	Clinical Observations			
	Appearance	Neurological	Respiratory	Cardiovascular
Not critically ill	Normal	<ul style="list-style-type: none"> • Alert • Co-operative 	Normal pattern Respiratory rate > 8 < 20b/min	Heart rate -60-100b/min systolic blood pressure > 90mm of Hg
Potential critical illness	<ul style="list-style-type: none"> • Sweaty • Pale • Anxious 	<ul style="list-style-type: none"> • Agitation • Confusion • Eyes open to voice only 	<ul style="list-style-type: none"> • Accessory muscle use • Respiratory rate <8b/min or 20-30 b/min 	Heart rate >100b/min Systolic blood pressure <90 mm of Hg Urinary out put
Critically ill	<ul style="list-style-type: none"> • Grey • Blue • Mottled skin 	<ul style="list-style-type: none"> • Unresponsive or eyes open to pain only • Fitting 	Silent chest Respiratory rate < 8, >30 b/min Agonal respirations	Heart rate <50b/min Heart rate >150 b/min Systolic blood pressure < 60 mm of Hg Anuric

RECOGNITION AND EARLY MANAGEMENT OF
THE CRITICALLY ILL - WARD PATIENT



Proper Care of Intravenous Channel Site

Ms. Santa Sarbabidya
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A venous cannula is inserted into a vein primarily for the administration of I/V fluids and for administering medicines or blood.

I/V therapy should be safe and should cause less pain to the patient.

Some of the most commonly recognized complications of I/V therapy include phlebitis, occlusion in filtration, extravasation and infection.

To prevent all complications, some nursing measure should be followed :

- 1 Selection of I/V channels site. Try to select where vein is long, straight and accessible, ensuring not near any bony prominence and joint.
- 1 With the exception of emergency situation it is crucial that the patient's preferences are taken into account to prevent patient's pain phobia.
- 1 Proper hand wash before the procedure is very much important.
- 1 Always clean and make the area free from floral bacteria.
- 1 Prevention of complications and safe I/V management requires assessment, these can prevent devastating patient injuries.
- 1 All patients with an I/V access device should have the access site checked every shifted for sign of phlebitis.
- 1 Early recognition can prevent complication, Pain is warning sign, when pain is reported it should not be ignored as often this an indication of an associated risk, such as occlusion, phlebitis or infection.
- 1 Application of cold compress at least thrice a day can prevent pain and swelling.
- 1 Correct flushing technique can minimize the potential for intra luminal vascular access device (VAD).
- 1 Always loop the I/V or B/T set with VAD to minimize catheter movement improve patients comfort reduce I/V catheter restarts extend dwell times and significantly reduce overall complications.

Diabetes Foot Care

Ms. Soma Biswas
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Diabetes is a condition characterized by high blood glucose levels. Our body has an organ called 'Pancreas' which is responsible for producing insulin that in turn regulates our blood glucose levels. In diabetic patients either cells don't use insulin properly i.e. the insulin can't fully "unlock" the cell to allow glucose to enter (insulin resistance) or pancreas may not produce enough insulin (insulin deficiency). Glucose begins to accumulate in blood.

Constant high levels of glucose in the blood eventually lead to Diabetic complications which can drastically reduce your quality of life. It is important to take control of blood glucose levels so as to prevent progression into these complications.

Reference :

1 O'Brien JA, et al. "Direct Medical Costs of Complications Resulting From Type 2 Diabetes in the US." *Diabetes Care* 1998 21:7 pp 1122-8.

Check Your Feet Every Day!

Foot problems can literally develop overnight. It is essential to check your feet daily for the following:

- q Cuts, blisters or sores
- q Change in temperature (hot or cold)
- q Change in colour (pale, red, blue)
- q Swelling
- q Pain
- q Dry cracking skin
- q Sweaty skin
- q Athlete's foot or other rashes
- q Signs and symptoms of infection
- q Corns and calluses

1 Singh N, Armstrong DG, Lipsky BA. "Preventing Foot Ulcers in Patients with Diabetes." *JAMA*. 2005 Jan 12 : 293(2) : 217-28.

HOW TO TAKE CARE OF YOUR FEET

People with diabetes have to take special care of their feet. You should have a comprehensive foot exam every year. This page shows some more things you can do to keep your feet healthy.



Wash your feet in warm water every day.



Dry your feet well, especially between the toes.



Keep the skin soft with a moisturizing lotion, but do not apply it between the toes.



Inspect your feet every day for cuts, bruises, blisters, or swelling. Tell your doctor right away if you find something wrong.



Ask your diabetes care team how you should care for your toenails.



Wear clean, soft socks that fit you.



Keep your feet warm and dry. Always wear shoes that fit well.



Never walk barefoot indoors or outdoors.



Examine your shoes every day for cracks, pebbles, nails, or anything that could hurt your feet.

Signs of Stroke (Fast)

Ms. Sanchita Banerjee
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Introduction :

Stroke occurs when there is an ischemia to a part of the brain or hemorrhage into the brain. That results in death brain cells. The term brain attack is increasing, being used to describe stroke, it communicates the urgency recognizing the clinical manifestation of the same to treat as a medical emergency.



Recognize the signs of stroke call Emergency. A stroke is always a medical emergency. Using the FAST test involves asking three simple questions:

Face	Check their face. Has their mouth drooped?
Arm	Can they lift both arms?
Speech	Is their speech slurred? Do they understand you?
Time	Is critical. If you see any of these signs call Emergency straight away

Facial weakness, arm weakness and difficulty with speech are the most common signs of stroke, but they are not the only signs. Other signs of stroke may include one, or a combination of :

- 1 Weakness or numbness or paralysis of the face, arm or leg on either or both sides of the body.
- 1 Difficulty speaking or understanding
- 1 Dizziness, loss of balance or an unexplained fall.

- 1 Loss of vision, sudden blurring or decreased vision in one or both eyes
- 1 Headache, usually severe and abrupt onset or unexplained change in the pattern of headaches.
- 1 Difficulty swallowing.

The signs of stroke may occur alone or in combination and they can last a few seconds or up to 24 hours and then disappear.

Refferance:

- 1. American Stroke Association

Measures To Relieve Low Back Pain

Ms. Swagata Das
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Having a back pain is irritating. And most of us experience this problem at some point. Back pain can be of different forms-ranging from a constant dull ache to abrupt sharp soreness resulting from various reasons.

Pain in low back can relate to the body lumber spine, discs between the vertebrae, ligaments around the spine & discs, spinal cord & nerves, muscles of the low back, internal organs of the pelvis & abdomen & the skin covering the lumber area.

∨ Causes of Low back Pain –

1. Lumber Strain- It is a stretch injury to the ligaments, tendons & muscles of the low back.
2. Nerve Irritation – The nerves of the lumber spine can be irritated by mechanical pressure by bone or other tissues or from disease.
3. Lumber Reticulopathy – It is caused by damage to the discs between the vertebrae.
4. Bony Encroachment – Any condition that results in movement or growth of the vertebrae of the lumber spine can limit the space (encroachment) for the adjacent spinal cord & nerves.
5. Bone & Joint Conditions – It lead to low back pain include those existing from birth (congenital) those that result from wear & tear (degenerative) or injury.

So, How is Low Back Pain Treated?

Here are some simple self- help tips you can follow for a quick & effective back pain relief —

1. Keep Exercising – Regular physical activity is often the best remedy for back pain. Simple exercise like walking can be very helpful as people gets out of their sitting posture & puts the body in a neutral, upright position. Stay away from strenuous activities & avoid whatever motion caused the pain in the first place.
2. Limit Bed Rest – Studies show that people with short-term low back pain who rest feel more pain & have a harder time with daily tasks than those who stay active.
3. Maintain Good Posture – Poor posture can lead to back pain. If you are standing, stand up straight & keep your weight balanced on your feet. Make sure that your feet are shoulder –width apart & your knees slightly relaxed. Your shoulders should be straight line with your ears & lips.
4. Improve Flexibility– Too much tension & tightness can cause back pain. Put an equal load throught the body from the feet all the way up to the head. Always stretch before exercise or other strenuous activity & also before bed.

5. Keep a Healthy Weight – Each a healthy diet filled with fruits & vegetables & low on processed foods to avoid excessive weight.
6. Sleep The Right Way – Always sleep on a firm surface for back pain relief rather than soft mattress that pushes your back out of alignment. Back sleepers should put pillows under their knees. Side sleepers should place pillows between their knees to keep their spine in a neutral position.
7. Apply Ice & Heat – Heating pads & cold packs can comfort tender trunks. Using Ice for the first 48 hrs after an injury- particularly if there is swelling & then switching to heat.
8. Try Talk Therapy – Back pain is often seen with issues such as depression & anxiety. “Your emotional state colors the perception of pain”-Moroz says.
9. Use Relaxation Techniques – Meditation, deep breathing & yoga which help put the mind at rest. It will help reduce the perceived pain level.

References:-

1. http://www.medicinenet.com/low_back_pain/article.htm
2. <http://www.soine-health.com/conditions/lower-back-pain/lower-back-pain-symptoms-diagnosis>
3. http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm

A Short Case Report

Mrs. Soma Kundu
Dietitian, RKMS

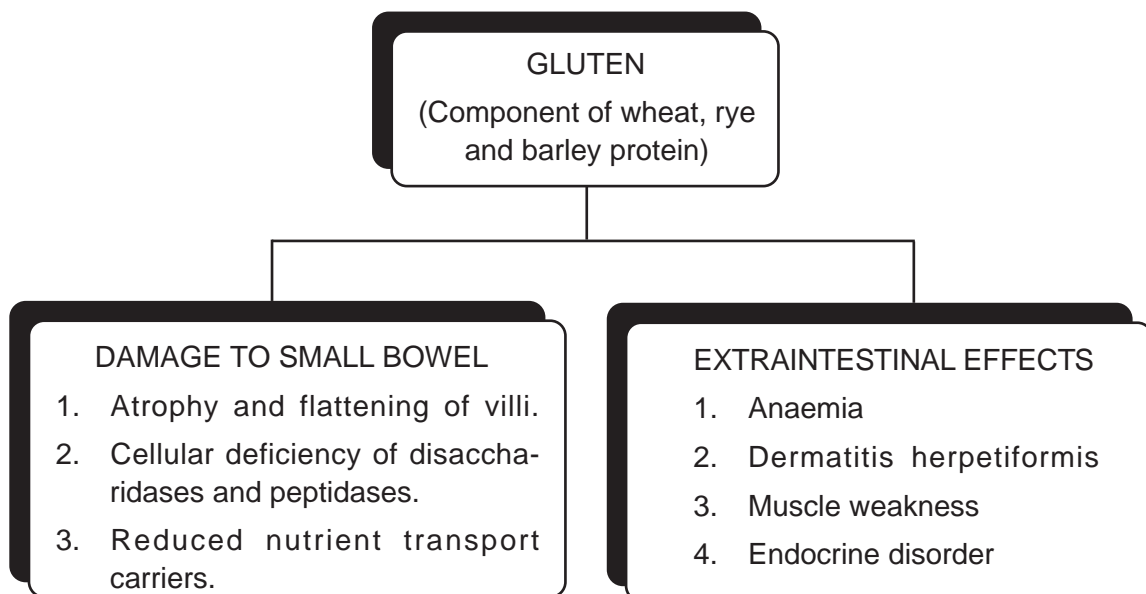
A 40 yrs. old middle class female admitted in our hospital with chief complain of vomiting and loose stool for several episodes. She has the above complain for a month ago. Different bio-chemical tests reveal that the patient has very low albumin level (Alb-1.1). Finding of endoscopy reveals Gastric erosion and colonoscopy finding was segmental colitis.

Final diagnosis was gluten sensitive Enteropathy or celiac disease.

Gluten is a type of protein found in wheat, rye, barley and other bakery products. Cells of villi of these patients become deficient in disaccharidases and peptidases needed for digestion and the carriers needed to transport nutrients into the blood stream. Decreased release of peptide hormone from small intestine also contributing to maldigestion.

The atrophy and flattening of the villi was also the cause for micronutrient and macronutrient malabsorption.

Pathophysiology of Gluten Sensitive Enteropathy



Medical Nutrition Therapy For Gluten Sensitive Enteropathy

1. Complete with drawl of gluten containing foods like wheat, rye, barley & oats.
2. All kind of bakery products such as white bread, brown bread, biscuit, cookies, cakes & buns are excluded from the diet.
3. Lactose intolerance also occurs of milk, curd can be given to the patient.
4. Fruits do not contain any gluten so all kinds of fruits are allowed according to patient's choice.
5. Rice based product like rice, puffedrice, flaked rice are allowed for celiac disease.
6. Egg is the richest source of albumin. Asthese patient has low albumin level. So egg albumin is freely given to the patient according to patient requirement.
7. Plenty of fluid and electrolyte are necessary to present dehydration and diarrhea.
8. Fish & chicken do not contain any gluten. So fish & chicken canbe given. If the patient is non-vegetarian.
9. Energy can be increased by addition of oil and sugar within the diet.
10. Above all careful scrutiny of all food labels during purchase of foods are very necessary.

Important Notes

All kinds of wheat products like —

Maida, Atta, Biscuits, Cookies, Wheat Noodles, Cakes, Pastry, White bread, Brown bread, Bun, Rye, Barley, Suji, Dahlia, Oats are strictly excluded from the diet.

How to Cope With Depression Without Seeking Professional Help

Ms. Arpita Jana
Clinical Instructor, School of Nursing, RKMS

Depression is a serious and common illness that touches many people. There are several basic techniques that may find to be very helpful in treating this condition. Keep reading for instructions on coping with depression without going to a professional.



Steps



1. Do Something For Others: This will build self esteem and create gratitude in others, but start small, don't be extravagant or extreme.



2. Use Positive Affirmations: Repeat positive statements like, "I can do it. I'm all right. Everything is getting better." Find other things like that to tell yourself.

3. Replace Negative Thoughts with Positive Ones: Instantly when a negative thought or feeling appears change your conscious mind: you can only think about one thing at a time, so stop negative thoughts by filling up with positive ones.



4. Talk To Your Closest Friend(s): The first and best step is to let people you care about knows your feelings. By doing this, you are learning some control, building esteem and growing a support base. When doing this, tell only someone/some people you can definitely trust.



5. Talk To A Counselor or Doctor At least Once: Nobody will have you to "put away" with being depressed. Medication or further counseling may be suggested, but the decision to take these recommendations are always yours. Again, by doing this you are taking some control.



6. Get A New Hobby: It may seem like an off-the-cuff remark, but taking a new, fun and interesting hobby increases your motivation, gives you a diversion and helps with concentration and it may also help in socialization.



7. Write Your Feelings: Try to understand yourself a little more. Don't be afraid of honesty. Understand that depression can be a very solitary illness, and so understanding yourself can make you more at ease with yourself.



8. Make Black-And-White Decisions: Don't procrastinate. You either will or won't get out of bed. You will or won't visit your friend's house. Don't think about it - do it! There's nothing to lose. Take control of yourself.



9. Make A List of 10 Things You Want to Do With Your Life Do Your Very Best to Work: Have a day out with friends to take your mind of everything.

- 1 Keep your 10 things simple and achievable; event-based. Don't write "be a good person", write "smile at the waitress every morning",
- 1 Enjoy your work. If you don't enjoy your work, talk to someone about how they enjoy it .
- 1 Juggling is a great hobby to take up, its the only recreation proven to increase the amount of gray matter in the areas of the brain relating to concentration and cognition.

1 In some women, depression may be caused (or worsened) by low hormone levels, most commonly progesterone. Progesterone helps keep serotonin levels from dropping too low, and low serotonin can cause depression. Anxiety-depression is most commonly seen, sometimes accompanied by severe mood swings and insomnia; some women may get more headaches / migraines.

Towards them. When you finish doing everything on your list, make another one.

Refferance :

1. www.wikihow.com
2. www.helpguide.org
3. www.ehow.com
4. www.manic-depressive.com

The Effects of Music Therapy on Anxiety Related To Terminally Ill Patients

Ms. Arpita Das
Clinical Instructor, School of Nursing, RKMS

Introduction :

Anxiety is a common symptom for patients diagnosed with a terminal illness, regardless of whether the patient has a predisposition to anxiety or not. This anxiety presents not only in patients, but also in their family, friends and caregivers. For those enduring intrusive treatment and ultimately palliative care, anxiety can become extremely debilitating and increases as patients become aware of their impending death.

Music And Music Therapy in Palliative Care :

Recorded music has been effective in managing anxiety for patients before, during and after undergoing surgery, and in reducing anxiety for patients on ventilators, and for those undergoing medical examinations/procedures.

Music therapy (provided by qualified music therapists, who engage the patient in live music experiences, including singing, songwriting, improvisation, and receptive methods), has an important role to play in the management of symptomatic issues within palliative care. A growing body of clinical work suggests that music therapy is effective in addressing physical, emotional, and spiritual, needs of palliative care patients. Research studies have also demonstrated the benefits of music therapy.

The research studies have conducted

measured the effect of music therapy on reducing anxiety for terminally ill patients.

Krout measured the effectiveness of music therapy to improve pain control, physical comfort, and relaxation. The study involved a single session music therapy intervention. Eighty subjects self-reported levels of pain control, physical comfort, and relaxation.

In addition, independent behavioral observations were made immediately before and after the session. Results were significant, and the study found that pain control, physical comfort, and relaxation were effectively increased with a music therapy session, both self-reported by the participant and reported by the independent observer.

Another study was conducted by Calovini with 11 terminally ill patients, examined state anxiety levels (defined by Lazarus 60 as unpleasant emotional arousal in face of threatening demands or dangers) within one music therapy session. A four-item questionnaire, and before and after readings of blood pressure, pulse rate, and extremity temperature were taken.

The physiologic measures were also taken every 15 minutes during the music therapy intervention. The study found that state anxiety was not statistically significantly affected by one music therapy session.

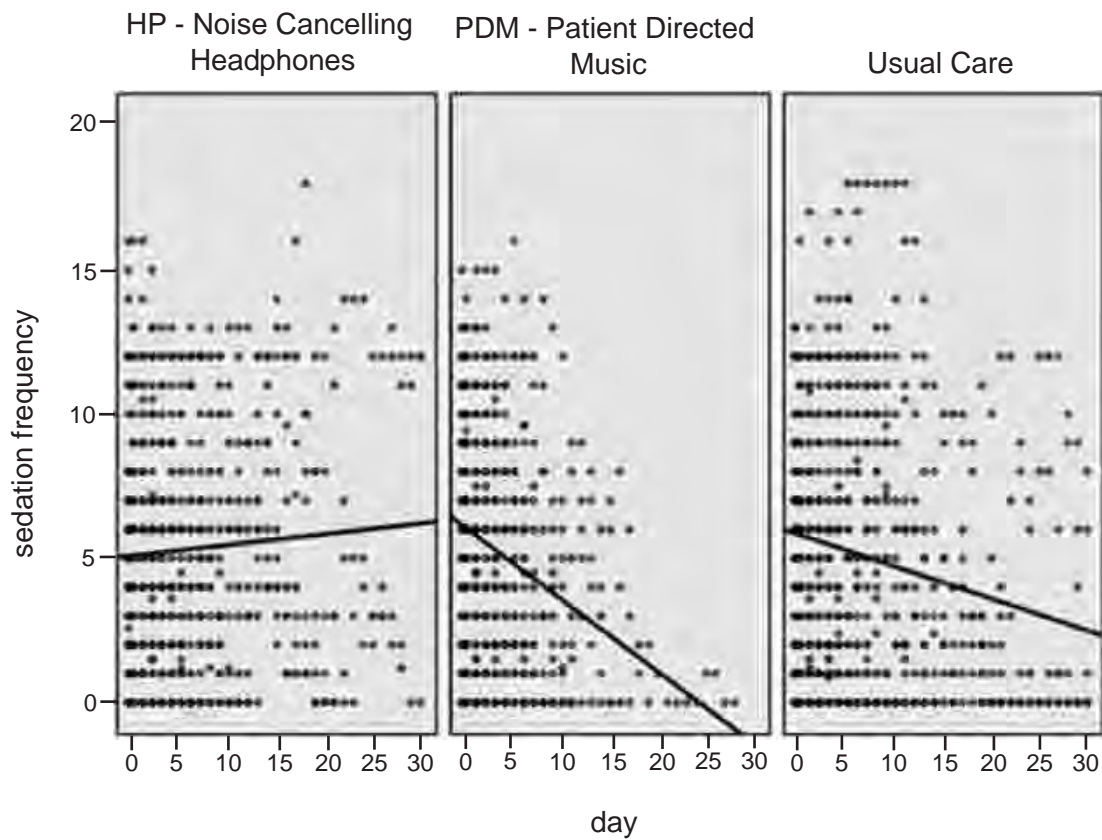
However, systolic blood pressure and pulse rate decreased, and finger temperature increased for the participants, which may indicate a trend toward reduced anxiety.

The study on the conducted effect of music therapy on pain relief, physical comfort, relaxation, and contentment was examined by Curtis on Nine terminally ill patients and three experimental conditions were used: like no music background sound, and music. While significant results were not achieved,

individual responses showed that the background sound condition appeared to have a negative effect, and the music intervention a positive affect.

Conclusion :

The Research studies shows that the use of music therapy is to manage anxiety for palliative care patients have varied in focus and design. Music therapy hence can be implemented on anxiety, depression related to palliative care of patients especially who are also suffering from other ailments.



Studies Done on Effects of Mobile Phones on Human Health

Ms. Monalisa Chakraborty
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Mobile phones are an excellent way to carry around germs, bacteria & the risk for this rises exponentially for devices belonging to doctors, nurses & other health professionals. Common allergens like pollen & dust are found on mobile phone's surfaces.

Many scientific studies have investigated possible effects of mobile phone on public health, both on residents & clients, which are as:

- Ø Thermal Effect : In the case of a person using a cell phone, most of the heating effect will occur at the surface of the head, causing its temperature to increase by a fraction of a degree.
- Ø Non-Thermal Effect : The communications protocols used by mobile phones often result in low-frequency pulsing of the carrier signal. Exposure to radio-frequency signal waves within parts of the brain closest to the cell phone antenna results in increased levels of glucose metabolism.
- Ø Blood Brain Barrier Effect : The maximum legal limit for mobile radiation, one protein in particular, HSP 27, was affected. HSP 27 (Heat Shock Protein) played a critical role in the integrity of the blood-brain barrier.
- Ø Cancer : Certain studies conducted by the researcher highlights on the "Cancer Effects", which negates the idea.

1 A Danish study (2004) that took place over 10 years found no evidence to support a link between uses of mobile phones & cancer.

1 A Swedish study (2005) that draws the conclusion that "the data do not support the hypothesis that mobile phone use is related to an increased risk of glioma or meningioma.

1 A German study (2006) that states no overall increased risk of glioma or meningioma.

But A study conducted by Hardell Lennart Dr. in 2007 from Örebro University in Sweden on 2 cohort studies and 16 case-control studies showed that Cell phone users had an increased risk of malignant gliomas, link between cell phone use and a higher rate of acoustic neuroma, tumors are more likely to occur on the side of the head that the cell handset is used, one hour of cell phone use per day significantly increases tumor risk after ten years or more.

In A February 2008 update on the status of the INTERPHONE study IARC (International Agency for Research on Cancer) stated that:

1 There is a link between mobile phone usage and certain brain tumour & it is anticipated that this danger has far broader public health ramifications than asbestos and smoking.

- 1 The use of cell phones before age 20 increased the risk of brain tumors by 5.2, compared to 1.4 for all ages.

The conclusion of the IARC (International Agency for Research on Cancer) was mainly based on the INTERPHONE study, which found an increased risk for glioma in the highest category of heavy users (30 minutes per day over a 10-year period), although no increased risk was found at lower exposure.

Ø Cognitive Effect: A 2009 study examined the effects of exposure to radiofrequency radiation (RFR) emitted by standard GSM (Global System For Mobile) cell phones on the cognitive functions of humans. Longer duration of exposure to RFR may increase the effects on performance.

Ø Genotoxic Effect: RF-EMF (Radio Frequency Electromagnetic Field) can alter the genetic material of exposed cells in vivo and in vitro way.

Electromagnetic Hypersensitivity: Some users of mobile handsets have reported feeling several unspecified during and after its use; ranging from burning and in the skin of the head and extremities, fatigue, sleep

disturbances, dizziness, loss of mental attention, reaction times and memory retentiveness, headaches, malaise, tachycardia, (heart palpitations), to disturbances of the digestive system.

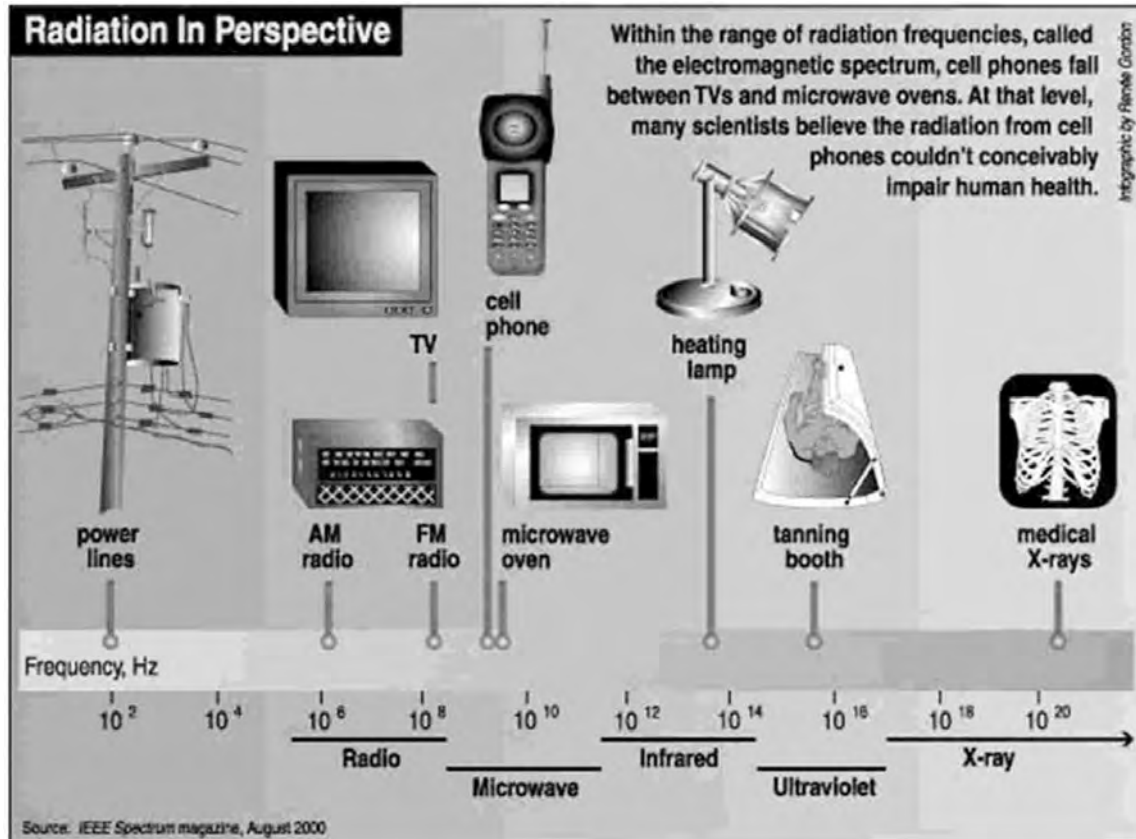
Power:

Newer phones are digital. The older analog phones are expected to be phased out by 2006. The major difference is that analog phones use much more power than digital. Analog use about 1.3 Watts, while a digital mobile phone is designed to operate at a maximum power level of 0.6 watts.

Frequency:

In the United States, mobile phones operate in a frequency ranging from about 850 to 1900 megahertz (MHz). In that range, the radiation produced is in the form of non-ionizing radiofrequency (RF) energy. This RF energy is different than the ionizing radiation like that from a medical x-ray, which can present a health risk at certain doses. Ionizing gamma rays and x-rays can cause cancer when their energy is absorbed by the tissue and chemical bonds are broken, damaging DNA. RF energy, on the other hand, produces heating of tissue.

Radiation Frequency:



Disadvantages of Uses of Mobile Phones:

- ∅ Electromagnetic waves alter (electric activity of brain) & cause disturbance in sleep.
- ∅ It cause difficulty in concentration, fatigue & headache.
- ∅ It increase reaction time in a time dependent manner.
- ∅ They increase the resting blood pressure.
- ∅ It reduce the production of melatonin.
- ∅ They are also implicated in DNA strand breaks.

- ∅ Mobile phones damage key brain cells & could trigger the early onset of Alzheimer's disease.
- ∅ Uses of mobile phone can cause brain cancer, mouth cancer & leukemia.
- ∅ Uses of mobile phone can increase tumor of auditory nerve.

Referances:

1. www.who.int/peh-emf/meetings
2. www.seas.upenn.edu
3. www.anextweb.com

Research Study to Evaluate The Effectiveness of A Planned Teaching Programme on Common Accidents, Their Prevention and First Aid Management Among Mothers of Toddlers in A Selected Rural Community of West Bengal

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Background of The Study :

Children are the most important group in all societies, not because they constitute about 40% of the total population, but because there is renewed awareness that the determinants of chronic disease in later life and health behavior are laid down at this stage. Around 10.6 million children die every year before reaching their fifth birthday. Together with infectious diseases, accidents resulting in injuries among children are the leading cause of death. In a World Health Organization (WHO) report, the number of deaths caused by accidents was estimated to be 3.5 million annually. Injuries cause more deaths in children between the ages of 1 to 4 years than in any other childhood age group.

Need for The Study :

Nurses can be instrumental in helping the nation achieve these goals by being primary care providers who provide counseling on safety precautions to parents and children.

Prevention of injuries and accidents can be achieved through effective health teaching programme.

Statement of the Problem :

A study to evaluate the effectiveness of a planned teaching programme on common

accidents, their prevention and first aid management among mothers of toddlers in a selected rural community of West Bengal.

Objectives of the Study :

- 1) To identify the common types of accidents among toddlers.
- 2) To assess the knowledge of the mothers of the toddler on different types of accidents.
- 3) To develop and validate a planned teaching programme (PTP) on common types of accidents, their prevention and first aid management.
- 4) To evaluate the effectiveness of Planned Teaching Programme in terms of gain in post test knowledge.
- 5) To find out the association between pre test level of knowledge of mothers with the variables like socioeconomic status, health related information.
- 6) To evaluate the opinionnaire on acceptability of the Planned Teaching Programme.

Variables Under Study :

Independent Variable: Planned teaching programme on accidents, their prevention and first aid management.

Dependent Variable : Knowledge of mothers and acceptability of planned teaching programme.

Conceptual Framework :

The present study is based on Rosenstock's health belief model (1974).

Methodology :

The research approach utilized for the study was evaluative research approach with one group pre-test and post-test design.

Setting of The Study :

The study was conducted in a ICDS centre of Buroshanti village, Singur under Ratanpur-II Gram Panchayat.

Population :

In the present study the population was mothers of toddlers in a selected rural community of West Bengal.

Sample : The sample of the study were selected mothers of toddlers in selected rural community of West Bengal.

Sampling Technique : Non probability convenience sampling technique was used to select an adequate size of the sample.

Sample Size :- For the present study forty (40) mothers of toddlers were given the questionnaire to assess their knowledge on accidents, their prevention and first aid management before and after implementation of planned teaching programme.

Data Collection Tools :

Tool- 1 Preliminary assessment regarding common types of accidents during last year.

Tool- 2 Demographic proforma.

Tool- 3 Modified Srivastava Socio-economic Status Scale.

Tool- 4 Health Related Information.

Tool- 5 Structured knowledge questionnaire on accidents, their prevention and first aid management.

Tool- 6 Opinionnaire on Acceptability of Planned Teaching Programme in terms of clarity, language, picture of the planned teaching programme.

Content Validity of The Tools :

Tool- 1 Preliminary assessment regarding common types of accidents during last year- 100% agreement.

Tool- 2 Demographic proforma - 71% agreement was given. They suggested to include code no. on the right side of the tool. The tool was modified.

Tool- 3 Modified Srivastava Socio-economic Status Scale- 100% agreement.

Tool- 4 Health Related Information- 100% agreement.

Tool- 5 Structured knowledge questionnaire on accidents, their prevention and first aid management - Out of 30 questions, 26 questions had 100% agreement. The remaining 4 questions had 71% agreement.

Tool- 6 Opinionnaire on Acceptability of Planned Teaching Programme in terms of clarity, language, picture of the Planned teaching programme - 100% agreement.

Reliability of The Tools :

The reliability for the structured knowledge questionnaire was calculated using KR-20 formula and the reliability coefficient was 0.84.

Data Collection Procedure :

The data was collected according to availability of subjects during the time schedule of 2 weeks (17.11.10- 30.11.10).

The study has two phases:

Phase - I : Preliminary assessment on common types of accidents was collected from mothers of toddlers on one day.

Phase - II : On the 1st day pre-test was given and the planned teaching programme was also conducted. On Day 8, post-test was administered and opinionnaire on acceptability of planned teaching programme was collected from mothers of toddlers.

Major findings of study were as follows :

- 1) Majority of toddlers (62.5%) had falls, 15% had foreign body aspiration, 10% had burns and only 2.5% had insect stings.
- 2) Majority (60%) of the mothers of toddlers were in the age group of <25 years.
- 3) Half (52.5%) of mothers of toddlers were under moderate SES.
- 4) Majority (55%) had low health related information.
- 5) The mean post-test knowledge score (27.3) of mothers of toddlers on accidents, their prevention and first aid management was higher than the mean pre-test knowledge score (17.8) of the mothers of toddlers on accidents, their prevention and first aid management.

“t” value was computed which indicates there was significant increase in knowledge after administration of planned teaching programme. (t= 45.23, p<0.05).

- 6) Chisquare computed between pretest knowledge of mothers with the variables i.e socioeconomic status, health related information was 5.18 & 6.22 respectively at df (1) significant at 0.05 level. There is an association between pre test knowledge level of mothers with the variables i.e socioeconomic status, health related information.
- 7) Opinion of mothers of toddlers regarding acceptance of PTP- 80% fully agreed to all 4 statement and 20% partially agreed.

The findings of the study revealed that the planned teaching programme was effective in increasing the knowledge of mothers of toddlers regarding accidents, their prevention and first aid management.

Recommendation :

From the findings of the present study following studies can be recommended.

1. A similar study may be conducted over a large population for better generalization of the findings using a probability sampling.
2. A comparative study can be undertaken in the occurrence of accident in selected rural and urban areas.
3. Similar study can be conducted on experimental research approach i.e. pretest and post-test with experimental and control group in order to identify the effectiveness of the intervention.

Ramakrishna Mission Seva Pratishthan



2 days workshop on "Neonatal Workshop" was organized in Ramakrishna Mission Seva Pratishthan on 17th & 18th November' 2014 by the nursing unit of this pratishthan.

The following topics, discussed by the Neonatologist & Nursing Experts are- Assessment of newborn, history & physical examination; Identification of high risk newborn; Recent trends in neonatal field; Management of neonatal disease condition;

Care of neonate at birth; NICU nursing care protocol; Care of extremely low birth weight neonate; Decision making ethical dlemmas, management of neonatal death & bereavement follow-up; Management of respiratory distress syndrome.

Hands on practice of neonatal resuscitation were done by the delegates.

Few photographs are as under :-

